



## StreetDoctors Strategic Plan 2015 - 2018

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## 1 - Introduction

Youth Violence is the third leading cause of death for young people. Although crime rates are falling, the rates of youth violence are still too high, with youth violence in London and other major cities such as Manchester, Liverpool and Birmingham regularly making the headlines as yet another young life is lost. The subsequent suffering and distress for victims' families, friends and the local community is deep and lasting and impossible to measure.

StreetDoctors began in Liverpool in 2008 when two medical students were teaching a general first aid class at a Youth Offending Team Centre. They were shocked that all the young people had witnessed a violent attack and yet did not know how to help someone who was bleeding. They realized that teaching young people who are likely to witness violent attacks exactly how to call for help and what to do before professionals arrive could save lives. Working closely with the local Youth Offending Team they devised the idea of StreetDoctors – teaching young people lifesaving first aid skills, informing them about the actual medical consequences of violence, and encouraging them to take responsibility and make positive choices. Young people responded positively to the sessions and as demand increased Drs. Nick Rhead and Simon Jackson involved their friends and course mates and founded the first StreetDoctors team. Originally called The Liverpool Project, the idea spread via Facebook and since then StreetDoctors has grown year on year.

In 2013 Dr. Charlotte Neary-Bremer founded the national charity, and we now have 13 teams in 10 cities across England, with 247 volunteers, and an ambition to scale further. In 2014 we taught 1012 young people and by the end of 2015 we plan to have reached 2500 more.

This is our first strategic plan. In it we set out how we will grow the scale and impact of our work, and develop our sustainability over the next three years (2015-2018).

We intend to sharpen our focus on improving the quality of our delivery, evaluating our impact and telling the StreetDoctors story more widely.

We want to develop new pathways for the young people we deliver to, supporting them to co-deliver sessions alongside our volunteers and ultimately encouraging them into employment, education and training opportunities within the health sector.

We will strengthen the engagement and progression routes for our existing volunteers and reach out to former volunteers through the creation of the StreetDoctors Alumni network.

Finally we will continue to build for future sustainability, diversifying and growing our income streams, and making sure we have a strong support team in place.

## 1.1 – StreetDoctors’ Vision, Mission, Ambition and Values

StreetDoctors’ **vision** is:

A world in which every young person is free from youth violence.

Our **mission** is:

To reduce morbidity and mortality in young people from youth violence by giving them the skills and confidence to save lives.

Our **Ambition** is:

A worldwide movement of medical students, medical professionals and young people committed to eradicating youth violence.

### Values

- ✎ We value **volunteering**. Volunteers lead our local delivery with support from our central team, and their contribution informs and influences the strategic direction of StreetDoctors.
- ✎ We believe **young people are a part of the solution** to youth violence and therefore our service is *friendly, non-judgmental, practical, fun and interactive*.
- ✎ We are an **inclusive** organisation and **believe in people’s potential** – we value diversity, welcome and respect difference and operate within an equalities framework and best practice.
- ✎ We value **collaboration** –partnerships with other services and agencies are vital in order for us to achieve our vision.
- ✎ We are **professional, compassionate, and trustworthy**, in keeping with our calling as medical professionals.
- ✎ Furthermore we are **dynamic, light-footed and flexible** as an organisation, able to adapt to a changing external environment and respond to the needs of young people.

## 1.2 - The Current Context

Youth violence is the third leading cause of mortality for young people. Some of these deaths happen because the young people present panic, don't act and don't call for help.

There are 6.5 million young people aged between 10-19 years in the UK as of mid-2013<sup>1</sup>. This accounts for 12% of the UK population.

From health and crime statistics we know that:

- ✉ The numbers of young people that are being referred to Youth Offending Teams, and the numbers of first time entrants to the youth justice system are falling. However hospital admissions due to violence have only slightly reduced after plateauing and still remain significantly higher than they were 10 years ago.
- ✉ In 2011/12 7.6% of 10-15 year olds reported suffering a violent crime equating to 566,000 violent incidences. Over two thirds of these resulted in an injury.
- ✉ The peak age of hospital admission due to violence in the UK is 18 years old.
- ✉ Young men aged 16-24 years old are four times more likely than the general population to fall victim to violence.
- ✉ In 2010/11 there were 12,963 emergency hospital admissions for assault among 13-24 year olds.

A recent large scale study into the public health impacts of violence<sup>2</sup>revealed:

- ✉ There are 2.5 million violent incidents in England and Wales each year. They result in 300,000 emergency department attendances and 35,000 emergency admissions into hospital.
- ✉ Violence is estimated to cost the NHS £2.9 billion every year. This figure underestimates the total impact of violence on health as, for instance, exposure to violence as a child can increase risks of substance abuse, obesity and illnesses such as cancer and heart disease in later life. The total costs of violence to society are estimated at £29.9 billion per year.
- ✉ Much like many infections, violence is contagious. For instance, exposure to violence, especially as a child, makes individuals more likely to be involved in violence in later life.
- ✉ Violence shows one of the strongest inequalities gradients with emergency hospital admission rates for violence being around five times higher in the most deprived communities than in the most affluent.
- ✉ Violence impacts on mental well-being and quality of life, prevents people using outdoor space and public transport and inhibits the development of community cohesion.
- ✉ Violence prevention is a critical element in tackling other public health issues.

For StreetDoctors this indicates:

- ✉ That violence continues to be a significant issue for young people.
- ✉ Targeted work with young people, who are at most risk of being both perpetrators and victims of violence, may be most effective in reducing violence overall.
- ✉ There is a longer term public health benefit to early and prompt intervention in order that violence does not become habitual and embedded behaviour for young people.

1 Office of National Statistics. Population Estimates Analysis Tool, Mid-2013. Pivot-table analysis

2. Bellis, Hughes, Perkins, Barnett (2012) *Protecting People, Promoting Health – A Public Health Approach to Violence Prevention for England* <http://www.cph.org.uk/wp-content/uploads/2012/11/ProtectingPeoplePromotingHealthAPublicHealthApproachToViolencePreventionForEngland.pdf>

## 1.3 - Other Approaches

StreetDoctors are aware of a range of services targeted at preventing and reducing youth violence and there are some interventions in particular that focus on the medical consequences of youth violence:

- ✚ The Medics Against Violence (MAV) Programme in Scotland uses healthcare professionals who volunteer to help young people stay safe by giving them an understanding of the consequences of violence and how to avoid it. The programme is delivered in schools using a lesson plan that sits within the 'Curriculum for Excellence'.
- ✚ The Growing Against Gangs and Violence (GAGV) educational programme visits schools across five London boroughs, with support from surgeons, who discuss the choices and consequences of violence and wounding with Y6 and Y7 pupils (10 to 12-year-olds). In addition, The Barts and the London Major Trauma centre piloted a one-day Damage Control Surgery course to teach immediately life-threatening surgical techniques for the management of severely injured trauma patients.
- ✚ Classroom Medics deliver Drug & Knife crime workshops to raise awareness amongst school-aged children of the consequences of making poor decisions.
- ✚ A similar approach has been delivered by the Metropolitan Police as part of a Decisions and Consequences workshop to Year 9 pupils in schools.
- ✚ Redthread is a youth organisation based in South London. They have formed partnerships with Kings College and St Mary's at Paddington Hospitals to place experienced youth workers in A and E departments offering a range of services to young people who have been the victims or perpetrators of serious violence. There are plans to roll the programme out across the south east from April 2015.

All of these interventions make a valuable contribution to multi-agency efforts to raise awareness in young people of the consequences of violent crime.

However, as far as we are aware there are no other organisations that have StreetDoctors' unique strengths and approach.

## 1.4 - The Strengths of StreetDoctors Approach

- ✎ Our intervention is brief but potentially significant – we give young people the information and practical skills they need in order to be able to act when someone is bleeding or unconscious.
- ✎ We discuss the medical consequences of violence, supporting young people to recognise that there is no ‘safe place to stab someone’. As importantly we treat them as trainee ‘life-savers’ with the potential to make a positive contribution to someone else’s life.
- ✎ Our teaching is memorable, straightforward, fun, interactive and practical – we get young people on their feet practicing what to do.
- ✎ StreetDoctors volunteers are non-judgmental and friendly – we frame violence as a public health issue for young people.
- ✎ Our teaching is carried out by trainee medical professionals, and targeted at those young people who are at an increased risk of violence.
- ✎ We are youth led – most of our volunteers are under 25 and are therefore young people themselves. (Research into desistance highlights the effectiveness of peer teaching and the importance of relevant role models).
- ✎ Our volunteer delivery model means we are a lean organisation with funds going directly to supporting delivery.
- ✎ Finally and most importantly the passion, enthusiasm and dedication of our volunteers is to make a difference to the lives of young people at risk of violence.

## 1.5 - Our Impact so Far

By the end of 2015 we estimate that we will have reached 5500 young people since we began in 2008, 1012 of those in 2014, and 2500 in 2015. Over the course of the last two years our systems for monitoring the impact of our work have improved substantially, with the result that we are now collecting accurate data regularly across all our delivery teams.

We already have stories of the impact of our teaching on young people, with four confirmed cases of young people acting to offer first aid. Two cases involved young people stopping bleeding and calling an ambulance, one involved a young man performing CPR on his uncle until the ambulance arrived, and recently a young person helped his friend who was involved in a road traffic accident, putting him into the recovery position and calling for help.

In 2014 and 2015 we are working with independent evaluation consultants Red Quadrant to improve our evaluation processes and methodology. We have developed a clear theory of change for the impact of our work with young people, and Red Quadrant consultants are working alongside our volunteers to support them to collect evidence against key indicators of change. Our first full independent impact report will be produced at the end of 2015, with an interim report due at the end of March 2015.

We continue to receive positive feedback from young people, from our delivery partners and from medical professionals.

*'People have never been enthusiastic about learning first aid before...but the feedback I've been getting is really positive. Whatever it is that you're doing is working. Young people are buzzing when they come out of the sessions and that probably wouldn't be the case if we'd got [another organisation] to do it'*

- Deputy head of Birmingham Youth Service

*'Thank you for today...you've really inspired me...because of what happened to my dad...you've inspired me to save lives...like you were saying about being able to teach other people this stuff...I want to do that...'*

- Young man after a session in HMP Feltham Young Offender Institute

*'Letting someone die by not helping isn't worth it over some rivalry'*

- One young person talking to another during a session in Liverpool

*'Before going through A – Alert we asked what they'd do if they saw someone bleeding. One girl said that it depended who it was - if it was a stranger she'd call an ambulance and leave but if it was someone she knew she'd call an ambulance and apply pressure. By the end of the session she said wouldn't want someone's death on her conscience and she'd help anyone. She was getting quite passionate about this at the end and was trying to persuade others to help strangers.'*

- Volunteer reflection after a session in Birmingham

We want to reach more young people at risk of violence, and to deepen and strengthen StreetDoctors' impact.

## 2 - Strategic Goals 2015 – 2018

Therefore our **Strategic Goals** for 2015 – 2018 are:

- 📌 To reduce the numbers of young people who die, or are injured as a result of youth violence.
- 📌 To reduce the likelihood of young people at risk engaging in youth violence.
- 📌 To increase the likelihood of young people at risk making positive choices that benefit their own and others' well-being.

Internal Goals:

- 📌 An evidence led, impactful, volunteer and youth led movement.
- 📌 A lean and sustainable organisation.

## 2.1 - Where we will direct our services

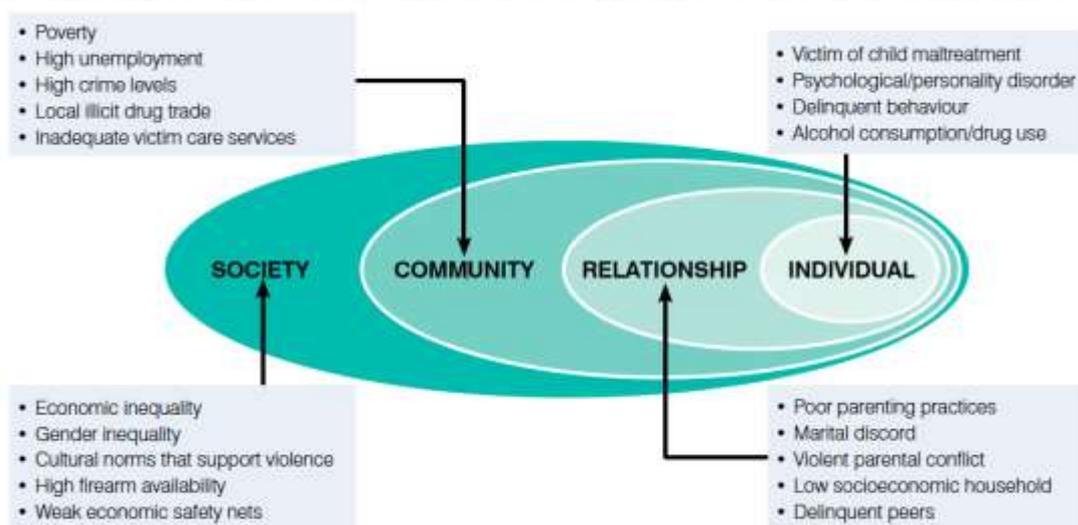
We want to direct our services at those young people who are at highest risk of youth violence. Research shows that they are more likely to be on the scene when someone gets injured. Furthermore we think our teaching can have greatest impact on this group of young people.

Therefore we work with:

- 📄 Young people who are already within the youth justice system, serving community or custodial sentences.
- 📄 Young people in alternative education provision (e.g. Pupil Referral Units)
- 📄 Civil and public sector organisations working with young people at increased risk of violence.
- 📄 In areas where local indicators demonstrate a higher risk of youth violence we work with schools, youth and community centres and other organisations and agencies where we can reach young people. (See the diagram below. Indicators include high unemployment; poverty; high crime levels; local illicit drug trade, and cultural norms that support violence, e.g. gang and group violence).

### Risk factors for youth violence

**Figure 4.1:** Some cross-cutting risk factors for violence



Adapted from World Health Organization, 2004

## 2.2 - What Success will look like in 2018

Strategic Goals	Strategic Objectives	What success will look like in 2018
To reduce the numbers of young people who die, or are injured as a result of youth violence	More young people at risk of violence with the skills and willingness to deliver life saving first aid when someone is bleeding or unconscious.	We will significantly increase the numbers of young people we teach. In 2018 will be teaching at least <b>4000</b> young people every year. We will have taught <b>10,000</b> young people cumulatively with a steady increase year on year. Credible evidence that young people's life saving skills and willingness to act are enhanced by StreetDoctors' intervention.
	More teams, in areas of greatest need, delivering high quality impactful training.	Established credible data sources for identifying areas of greatest need, nationally, and UK wide. Teams established in areas of greatest need in England, and other UK countries. A model for piloting international expansion. Teaching delivery regularly reviewed ensuring it is up to date, relevant and accessible for young people. 10% of all sessions delivered by StepWise young people alongside medical volunteers Annual training programme in place for new and existing volunteers
To reduce the likelihood of young people at risk engaging in youth violence	More young people at risk of violence choosing not to engage in youth violence.	Credible evidence that StreetDoctors' intervention supports young people to desist from violence.
	Young people at risk actively contributing to eradicating youth violence.	10% of all sessions delivered by StepWise young people alongside medical volunteers. 75% of our teams will be delivering Step 1 of the StepWise programme, (young people co-teaching alongside volunteers).
To increase the likelihood of young people making positive choices that benefit their own and others' well-being	Young people at risk with increased opportunities for employment, education and training.	StepWise Programme developed with at least 20 young people taking up employment, training or education opportunities through the StepWise programme. Clear progression pathways for young people and accompanying relevant accreditation.

<p>An evidence – led, impactful, volunteer, and youth led movement.</p>	<p>Credible relevant evidence of our impact on young people and volunteers</p>	<p>Robust data monitoring and collection systems in place for local teams.  A strengthened and adapted theory of change for young people and volunteers  Randomised Control trial results with QMUL published.  Annual impact report  We will be able to tell a powerful credible story of the impact of StreetDoctors training on young people.  We will have young people who are ambassadors for StreetDoctors.  Publishing of pieces of research on wider issues of youth violence carried out by volunteers.  Awards in recognition of StreetDoctors work towards eradicating youth violence.</p>
	<p>Make sure we remain volunteer led; harnessing the enthusiasm, ideas and commitment of our volunteers so that they inform and influence at every level within StreetDoctors</p>	<p>Volunteers active at every level within StreetDoctors, as trustees, as ambassadors, as teachers, and as spokespeople for the organisation.  Clear internal communication channels and transparent structures in place providing a diverse range of opportunities for volunteers to get involved and contribute.  Clear volunteer progression routes including opportunities for research, further training, publication and recognition of volunteer achievement and contribution.  Increase in volunteer retention.  Places on StreetDoctors teams sought after by student medics.</p>
	<p>Widely communicate our impact, learning and outcomes.</p>	<p>We will have relevant up to date case studies.  Annual Impact Evaluations will be published to our website  Communications plan in place and implemented  Influencing public policy as necessary to further objectives</p>
	<p>Key strategic partners (youth, medical and others) in order to support the eradication of youth violence.</p>	<p>We will have secure and strong partnerships with amongst others:  London Air Ambulance  Other trauma and Emergency Medicine experts  National and local youth organisations  Local delivery partners for both our first aid teaching and our peer mentoring  Medical press representatives  Youth press representatives  Medical schools and other medical professionals training colleges  Membership of relevant national networking and influencing organisations  Relevant government departments and networks</p>

	Strengthening volunteer engagement, and developing the StreetDoctors Alumni programme	<p>We will have a StreetDoctors Alumni Programme that encourages volunteers to remain part of StreetDoctors beyond graduation.</p> <p>We will have developed a range of different ways for volunteers to deepen their engagement with StreetDoctors according to their interests in further training, research and publishing.</p>
A sustainable and lean organisation	Diversifying and increasing our funding streams to ensure sustainability	<p>We will have a fundraising and income generation strategy in place with clear targets and milestones</p> <p>Turnover to have doubled by 2018.</p> <p>We will have increased the proportion of our income from individual donations; major donors, local team fundraising, and StreetDoctors alumni network and reduced our reliance on trust income.</p> <p>We will have increased our efficiency in collecting fees from our delivery partners, and increased our income from delivery partners in line with our increased reach.</p> <p>Delivery partners will recommend us to potential partners.</p> <p>We will have ambitions to grow these other income streams towards becoming more sustainable.</p> <p>Unrestricted reserves remain equal to at least 3 months expenditure.</p>
	A capable and resourced HQ team to supporting volunteer delivery	<p>We will remain lean with a small central support team, with targeted specialist roles that will empower and enable our volunteers to deliver.</p>

## 3 - Our Operating Model

### 3.1 - Sustainable Growth and Sustainable Income

In 2013 we had 6 delivery teams operating across England.

By the end of 2015 we will have 16 delivery teams, with 300 volunteers, reaching 2500 young people, and will have grown by nearly 300% in size over a 30 - month period.

We want to continue to grow our impact and our reach. However we also want to grow in a way that is sustainable and that develops strong foundations. Therefore, although we will continue to grow, the rate of growth will be slower than previously. By the end of 2018 we plan to double our turnover, and to double our impact with regard to the numbers we reach through our teaching.

We are committed to remaining:

**Lean** – i.e. focusing resources where they create most value, and avoiding expensive inflexible solutions

**Simple** – i.e. low cost, accessible and inviting, based on a simple compelling idea that serves a clear need

**Social** – i.e. thinking like a movement, high levels of peer to peer help, highly participative and cooperative, challenging the status quo and conventional wisdom

**Clean** – i.e. sustainable, less energy and resource intensive, making good use of what is already there.

#### Trust and Foundation Income

At the moment nearly 80% of our income comes from trusts and foundations. In the short term we will continue to rely on this form of income so that we can strengthen and build our capacity, and in order to give us time to grow our income from other sources. However, we will decrease our reliance on it year by year to below 40% of our income, as other sources of income grow.

#### Delivery Partner Income

We plan to increase the income from delivery partners by:

- 📌 Strengthening our relationships with delivery partners, building in regular review and feedback opportunities
- 📌 Linking local team finances with our new IT system overseen by the central support team ensuring better overall financial management.
- 📌 Ensuring that we invoice promptly and chase when necessary
- 📌 Increasing the number of our delivery partners overall in line with our projected growth targets.

#### Individual giving

We have a small number of regular donors. We plan to increase this through:

- 📌 The development of our StreetDoctors Alumni Programme.
- 📌 Making it easier to give through a range of different channels.
- 📌 An annual StreetDoctors fundraiser raising the profile of the organisation and encouraging individual donations.

#### Local Team Fundraising

We plan to increase the fundraising income from local delivery teams. The most inspiring and convincing ambassadors for StreetDoctors are our volunteers. Local team fundraising activities also have the benefit of building stronger and more social teams.

We recognise that local teams will need concentrated specialist support in order to increase the amount that they fundraise.

### **Major Donor giving**

We plan to engage the support of a small number of major donors by:

- 📌 Developing and strengthening our connections with philanthropic networks.
- 📌 Actively developing our connections with philanthropists and potential major donors within the wider medical community.

### **Other sources of income**

In addition we will explore other potential sources of income including corporate sponsorship and corporate giving.

## **3.2 - Impact Measurement and Research**

With support from NESTA, StreetDoctors has invested in its monitoring, evaluation and impact measurement processes.

We will continue to develop our theory of change for young people and for our volunteers, and we will embed current learning, tools and approaches into our annual cycle particularly through the work of the Research and Evaluation Taskforce.

We will collect data and evidence of impact from young people, volunteers and delivery partners to build a compelling story of our impact on youth violence.

We will continue to work with Queen Mary's University, London to support a Randomised Control Trial measuring the impact of our teaching on young people's resilience to violence and well-being.

We will support volunteers to develop and publish specific pieces of research as part of their academic studies, that support StreetDoctors in identifying those who are in greatest need of our teaching, and how best to target our services.

## **3.3 - Quality Assurance**

We aim to provide a consistently high quality of delivery across all our delivery teams. To this end we will further develop joint working between all of the taskforces, and in particular between the Research and Evaluation and Teaching Development taskforces.

We will embed feedback and review processes into local team delivery, through an annual delivery partner survey, and regular collection of feedback from young people and delivery partners.

We will provide volunteers with excellent basic training in the knowledge and skills necessary for delivery. We will also provide them with an ongoing annual training programme in order to further develop their skills.

### 3.4 - StreetDoctors Current Delivery Model

#### Recruitment

Street Doctors uses a careful and competitive recruitment process to build teams of 10-20 volunteer medical students and doctors in each local area. Recruitment is based on applicants' ability to communicate in an engaging, inspiring and non-judgemental way.

#### Training

Volunteers are trained by certified trainers in haemorrhage control, basic life support and child protection at our annual training conference. Experienced volunteers support new volunteers and ensure a high standard of teaching is delivered. We constantly seek to improve our teaching through evaluating and reviewing sessions to ensure quality remains high.

#### Role Allocation

Local teams allocate specific roles to members: Team leaders and co-ordinators take responsibility for overall leadership and scheduling. The liaison officer leads on developing and maintaining relationships with local delivery partners. Fundraising & Comms lead on local team fundraising. Resource officer leads on managing team expenses and invoices to delivery partners. Social Secretary leads on organising social events. Research and Evaluation leads on data monitoring and collection. Teaching and Development leads on reviewing content and quality assurance.

#### Delivery

Two or three volunteers teach 6-10 young people at the local centres (youth leader must be present). Two 45 - 60 minute simple and interactive sessions using various techniques including role plays and DVDs. StepWise peer mentoring programme in development with planned roll out in 2016.

#### Volunteer Leadership

Four themed task forces are responsible for operational and strategic development. Task forces are made up of one volunteer from each location. Progress is facilitated through regular taskforce and strategy days. Volunteers are involved at every level of the organisation, e.g. at board level, on recruitment panels etc.

#### HQ:

- Supports all aspects of local delivery.
- Ensures that the voices and views of volunteers are represented throughout StreetDoctors, and specifically through the annual recruitment of a Medical Director from the volunteer body.
- Collates and collects local data and evidence to tell the story of our impact on vulnerable young people.
- Ensures that StreetDoctors operates within legal, financial and regulatory frameworks and in line with our charitable objectives.
- Works with the trustees to oversee the long-term strategic direction of the charity.
- Ensures there are sufficient funds for us to fulfill our strategic objectives.

### 3.5 - StreetDoctors Planned Delivery Model

We will continue with our current volunteer led model of delivery and strengthen it as follows:

- 📄 Through the StepWise programme as young people join our volunteer teams to co-deliver teaching sessions.
- 📄 There will be clear and transparent pathways for volunteer progression within StreetDoctors according to interest including a continuing training programme, research, presenting and publishing opportunities.
- 📄 Our central support team will expand so that it has expertise in volunteer fundraising, peer training, and research and evaluation in order to better support volunteer teams.

Volunteer delivery will be supported by the central support team who will manage and oversee operational delivery, (income, finances, administration, management).

StreetDoctors will continue to be supported by our board of trustees who will oversee all aspects of governance and support the central support team to deliver the strategy.

As young people graduate from our StepWise Programme we will look for education, employment and training opportunities through our partnerships with other medical professional and health organisations and agencies

Our StreetDoctors alumni will be ambassadors and spokespeople for StreetDoctors opening up further opportunities for delivery, for placements for StepWise graduates, mentoring and placements for volunteers, for income generation, and for influencing policy.

### 3.6 - Partnerships

We recognise that StreetDoctors can only achieve its vision of a world free from youth violence by developing strong collaborative partnerships with our local delivery partners principally but also with key strategic partners in the youth justice, youth, volunteering, health, and medical sectors.

Our approach to partnership will be collaborative, aiming to add value to what others are doing, and make use of StreetDoctors unique strengths and capabilities.

### 3.7 - Capabilities and Culture

We will continue to develop the culture of StreetDoctors in line with the values of the organisation and in the spirit of our founders' vision of StreetDoctors as an innovative, inspiring, energetic, dynamic and student volunteer led organisation.

We will invest in the skills, experience and talent of our staff team to make sure that we are an attractive employer and can attract the best talent.

We will make sure that we provide a comfortable and enjoyable working environment and ensure that we have adequate HR policies and procedures in place particularly as our small staff team grows.

We will use the skills of generous volunteer experts in the fields of law, HR, communications, personal development, fundraising, IT, finance and other areas.

We will continue to grow and develop our board, making sure that we have the expertise and skills at board level in order to support our plans.

### **3.8 - Safety and Security**

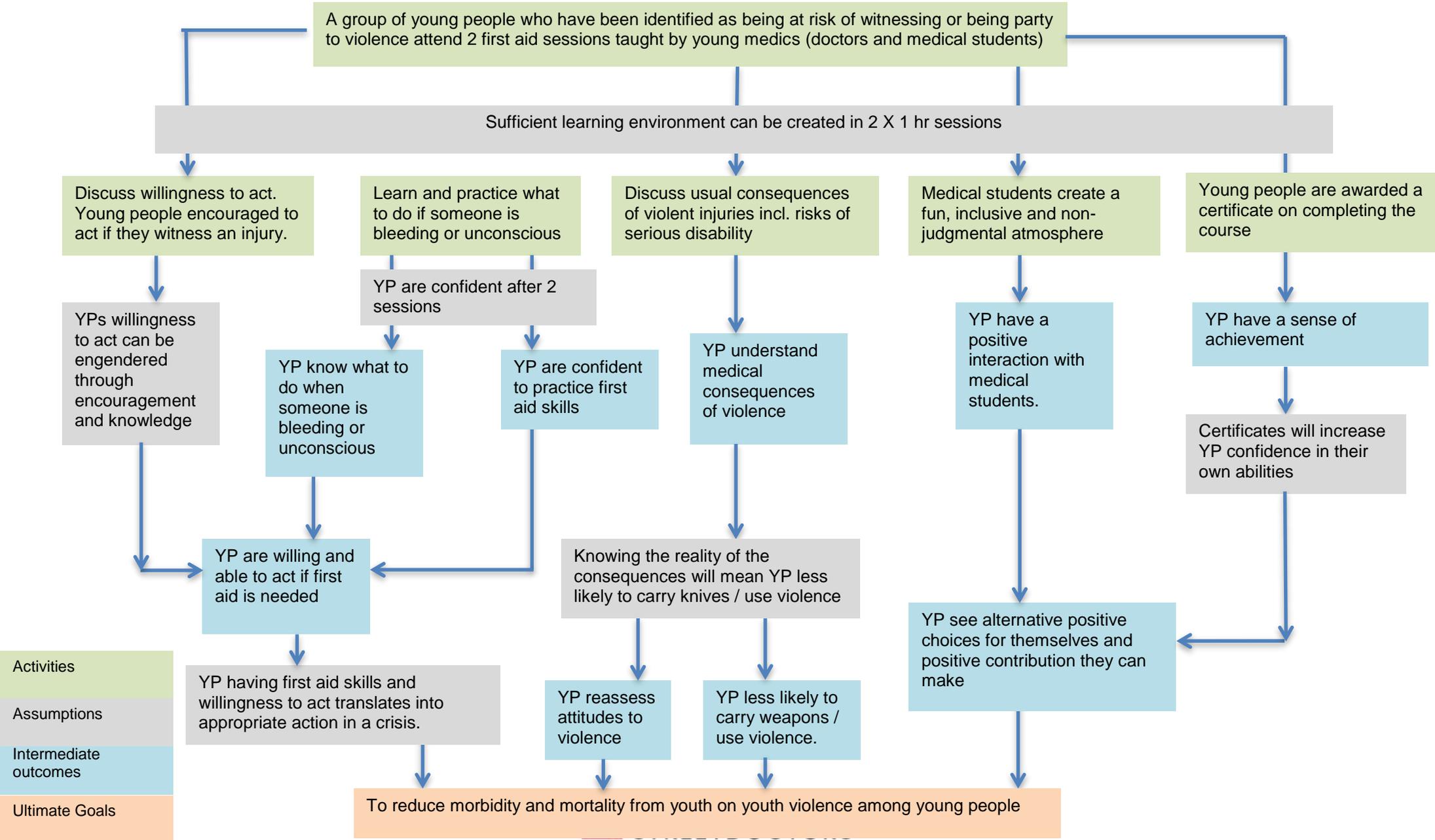
The safety of the young people we teach, the young people that participate in our StepWise Programme, and the young people who volunteer for StreetDoctors is of the utmost importance. We will make sure that all of our volunteers and staff are regularly updated and trained in Safeguarding, Child Protection and Vulnerable Adults.

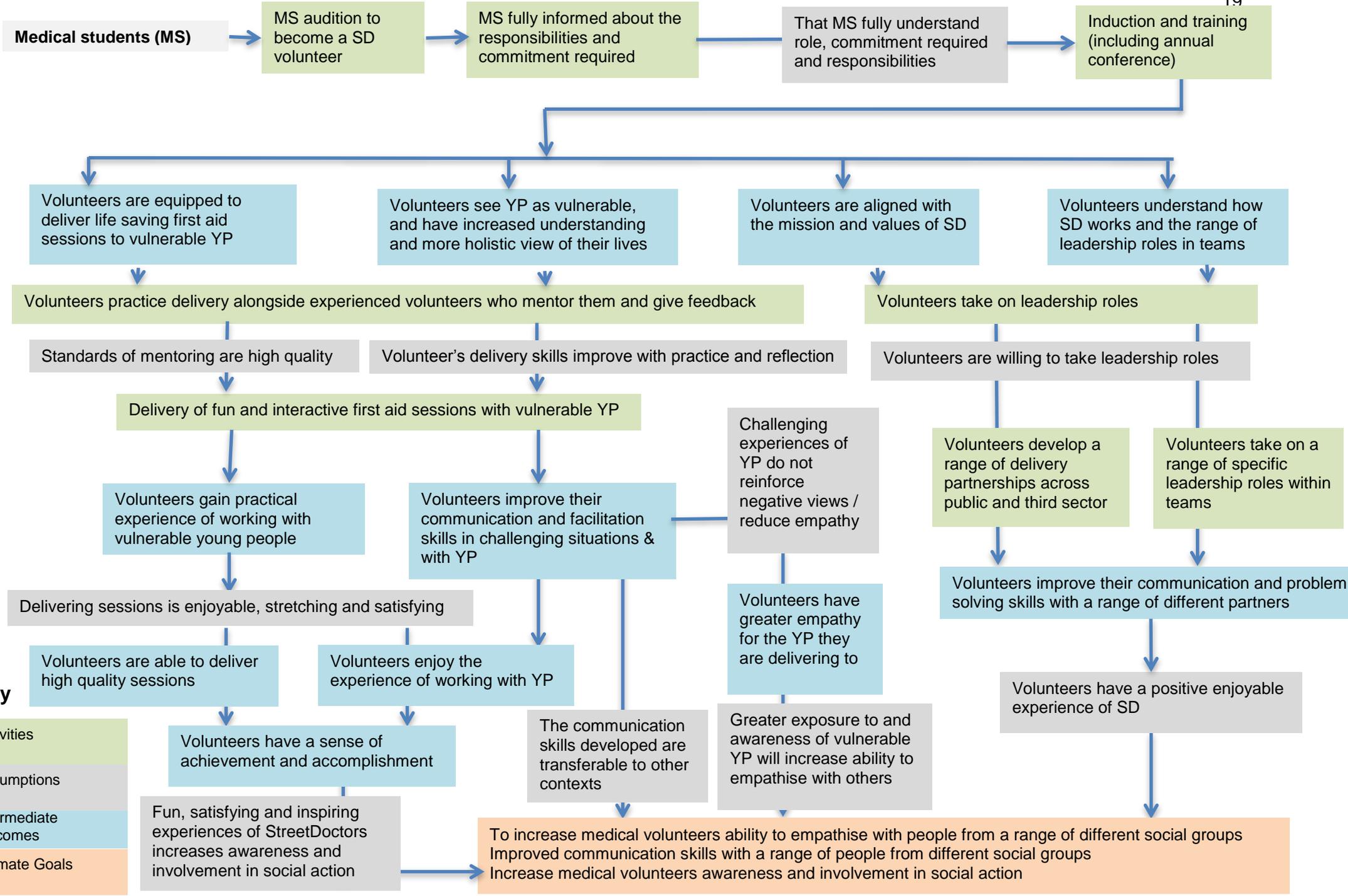
The board is responsible for assessing and managing risk, and the CEO is responsible for making sure that all of our operational practices meet legal requirements as minimum, and best practice if possible. By 2018 we will ensure that all teams know, understand and operate the StreetDoctors best practice model and that there is a culture of continuous improvement embedded throughout our delivery model.

## **Appendices**

A: Theory of Change for Young People – Page 17

B: Theory of Change for Volunteers – Page 18





**Key**

- Activities
- Assumptions
- Intermediate outcomes
- Ultimate Goals