

Changing Faces Strategic Plan 2011-16

What is *Changing Faces*?

Changing Faces is the UK/world's leading not-for-profit organisation seeking individual, professional, institutional, legal and social transformations for people with disfigurements.

Note: 'Disfigurement' is a collective word referring to the effect that any trauma or medical condition or their treatment can have on the appearance of a face or body, making it look different, unusual, scarred or asymmetrical, or cause it not to function normally. It is used in the UK's Equality Act 2010 protecting people from discrimination.

At the beginning of April 2011, *Changing Faces* has 30 full-time staff posts: a London HQ team of psychologists, teachers and advisers, backed up by fund-raising and operational support and part-time Officers in five English Regions, Wales, Scotland and Northern Ireland. Over the last 19 years, the charity has achieved much for people with disfigurements and their families: supporting thousands of individuals, bringing about change in health care, education and employment practices, achieving legal protection against discrimination, and launching the Face Equality campaign.

What's the problem that *Changing Faces* is addressing?

- The face is the centre of a human being's self-image, the canvas on which personality and mood is portrayed and the signal box in all social encounters; the appearance of other parts of their body also affects a person's self-image and how others see them
- Facial and other disfigurements have many causes – from birthmarks, clefts and cranio-facial syndromes, scarring from accidents, violence, warfare, cancer and its treatment, eye or skin conditions and facial paralysis. They affect at least 1.3m people in the UK and millions more worldwide – and that does not include those with amputations, arthritis etc.
- Evidence shows that, in today's highly looks-conscious British (and global) society, people with disfigurements are more likely than others to be vulnerable to debilitating self-consciousness and social anxiety, depression, low self-esteem and self-confidence
- They are also subject to prejudice and discrimination because public attitudes towards disfigurement are still pervasively negative. This can cause them to feel socially isolated, sometimes suicidal, and to be un- or under-employed or unable to achieve their potential
- Throughout the UK, professionals and policy makers in the NHS, the education system and employment services admit that they fail adequately to address the psychological and social challenges faced by men, women and children with disfigurements.

What is *Changing Faces* aiming to do about this?

Our Vision is a world in which people with disfigurements are confident, valued and included as citizens, students and employees, and receive comprehensive health care that fully addresses their psychological, social and practical needs.

Our Mission is to demonstrate what help should be provided, to argue for its widespread availability, to raise awareness of disfigurement prejudice and to campaign for a fair society.

How does *Changing Faces* seek to achieve this vision?

We seek to bring about five ‘transformations’ in the UK and internationally to achieve this:

1. Individuals: we seek to help people of all ages and their families transform their experience of a disfigurement as a barrier to success to being able to live confidently and achieve their aspirations
2. Professionals: we seek to support the transformation of professionals’ ability to provide psycho-social support and advice in health, education and workplaces
3. Institutions: we seek to transform health, education and related systems so that they routinely ensure excellent services and inclusive education and workplaces
4. Legal protection: we seek to transform the legal protection for people whose faces or bodies are unusual so they are not exposed to harassment, bullying or discrimination
5. Society: we seek to transform public attitudes from seeing disfigurement as tragic, life-limiting or unpleasant to celebrating facial and physical diversity.

To achieve these transformations and in consultation with users, *Changing Faces* has to

- provide excellent psycho-social help and demonstrate how it can be delivered
- provide best-practice training and advice for professionals
- advocate for high standards for health services, education and employment practices
- lobby for improved anti-discrimination legislation and codes of practice
- challenge public attitudes to embrace face equality and end disfigurement prejudice.

To achieve the transformations, *Changing Faces* also needs to find additional streams of philanthropy and income to ensure that we can employ experts and have sufficient resources to achieve all our goals. We know that the next few years will be very tough for fund-raising but there is no doubt that, if we can secure significant investment, we can bring about major quality of life improvements for many people and long-term savings for the whole economy.

Our strategic plan for the next 5 years

Over the next 5 years, *Changing Faces* aims to radically increase our efforts to make these five transformations. We have made good progress on all of them over the last 19 years but now intend to scale-up in relation to the first two, enlarging our platform on all the others:

We have pioneered and provide a unique package of help, *FACES* (see next page) for people with disfigurements which is accessed by about 500 people directly each year or by others online – and some others, but far too few, can find similar help via the NHS. We now seek to make *FACES* much more locally accessible to many more who can benefit from it.

So our aspiration in 2011 is to create, train and start to establish local teams of new professionals – *Changing Faces Practitioners* – to deliver *FACES*, while at the same time, to continue our advocacy for better health care, inclusive schools and workplaces, and campaign for a fair society for everyone who looks different. In the longer run, we envisage *Practitioners* operating within the health system thereby transforming mainstream care.

We aim to implement this vision in the UK and gradually, as funds are raised, in other countries too in suitable forms working with local partners and fellow NGOs.

So what does this mean in practice for 2011-12?

The charity will now work with a two-pronged Annual Plan for which we will seek major philanthropic investment. The Plan, in broad terms, comprises two Programmes:

1. **Changing Lives:** our unique 'FACES package of help' (see box) delivered by our London team enables people (and their families) to manage the psychological and social impact of their disfiguring condition and thereby gain self-esteem and self-confidence. We now aim over the next 3 years to make FACES much more widely available to individuals and families throughout the UK by positioning 8-10 regional teams of specially-trained **Changing Faces Practitioners** around the UK and by offering FACES in self-help format via our website. The Practitioners will also support local health professionals, teachers, employers and others to develop their expertise to help their patients, students and staff.

The FACES Package: FACES enables individuals to adjust successfully to a disfigurement – our experience and research confirms that this adjustment is facilitated if they:

Find out so that they have realistic information about their condition and its treatment

Gain a positive '**Attitude**' about their future built on resilience and determination

Cope with their feelings by discussing them with family, close friends or a Practitioner/professional

Exchange and share their experiences with and learn from others in similar situations

Strengthen their **Social skills** to manage other people's reactions and make new friends.

2. **Changing Minds:** we aim to continue to roll out the Face Equality campaign to promote fair treatment and equal opportunities for everyone irrespective of their appearance by:
 - advocating for better mental health/psychological services for people whose condition affects their appearance
 - finding new creative ways to raise public awareness (including through the media, TV, film, advertising and Facebook/social networking)
 - influencing schools and employers to create inclusive environments for people with disfigurements
 - lobbying politicians at all levels in the UK for sound anti-discrimination legislation.

During 2011 we will focus on developing and funding these programmes in the UK. In 2012, our 20th Birthday year, we will launch an Appeal to extend the impact *Changing Faces* has in the UK and internationally in ways to be determined during 2011 by fact-finding visits and consultations. The Annex describes our initial international thinking.

To underpin these Programmes, we will be stepping up all our PR and fund-raising activities especially in the regions and countries of the UK and will also invest in our operational support team and IT/database to ensure these are as efficient and modern as possible.

March 2011

ANNEX: International thinking as described in the Strategic Plan 2010-15

For many years, we have been acutely aware of the psycho-social needs and injustices associated with disfigurement in other countries, especially in low-income ones. Although the needs expressed are culturally specific, disfigurement makes people vulnerable to a similar set of problems wherever they live: low self-esteem and diminished self-confidence, social and economic disadvantage and exclusion, and negative and uninformed public attitudes. Furthermore, medical/surgical care is often unavailable, inaccessible and too expensive, especially in low-income countries, than in the UK. The physical and aesthetic effects of disfiguring conditions are therefore more publicly displayed making functional and psycho-social problems are more likely.

The evidence of this comes primarily from anecdote, reports and from discussions over the years with professionals working in the field who have asked for our help/advice:

- *Pakistani plastic surgeon: “We are struggling here to deal with the massive physical toll of injury and disease which patients present to us; the work that Changing Faces does on the psychological and social aspects has yet to begin – but we need to make it happen.”*
- *South African social worker: “Your programme has enabled us to transform the life prospects of our patients as they try to re-build their lives after major burn injuries; many more people should hear about it.”*
- *Swedish support group leader: “It was great for us to find out that there was a group that had already done so much of the work to enable us to support parents of children born with (this) condition effectively.”*

To date, we have decided strategically that, although *Changing Faces* has something very significant to contribute to addressing these needs, we were not yet in a position to act. Our responses since 1992 have been limited – but nevertheless significant and appreciated.

Now, however, building on the UK experience, we are determined to move into the international field. After pro bono advice from Deloitte’s, we plan, with corporate investment and charitable foundation support of up to £500,000 pa:

- to respond to international enquiries including with translated self-help advice
- to develop ways for people in other settings to adapt the Face Equality campaign
- to create 2-4 ‘Proof of Concept’ projects in key locations in India, SE Asia or Africa
- to pilot partnerships with active NGOs in other countries, such as the Smile Foundation (in South Africa), Acid Survivors’ Foundations, and Operation Smile Train
- to build our resources, manuals and e-learning for health/education professionals
- to become active in international conferences and policy-making fora.

We believe that, with new leadership, funding and acting as a small stone making big ripples, *Changing Faces* can bring new empowerment to individuals and families, new ideas and resources to professionals, and new optimism and fairness for all who have disfigurements.

We also believe that in developing an international presence, we will enhance the charity’s profile, authority and funding as a whole – and that there will be some projects we can instigate from/in the UK which can have UK and, if we wish, international dimensions (eg: e-learning for health professionals, social networking).