

The Context for Supported Housing for people with severe mental illness in Wales

Why is housing with support so important?

Having a home of our own is one of the most basic and important of human needs. We all need a home – a place that is safe, secure, and comfortable – if we are to manage our lives effectively. And yet such a home is exactly what many people with severe mental illness do not have.

This is a serious problem for them and for their families. It is also a serious problem for mental health services, because providing effective care and support becomes much more difficult if a person is not appropriately housed.



This is emphasised in the document “Adult Mental Health Services in Wales: A Baseline Review of Service Provision” (Wales Audit Office, October 2005) which states: “Good quality, well managed housing is an important element of successful community care for people with mental health problems”, and continues “it is generally accepted that improving the provision of supported housing can reduce the need for hospital admissions and speed up discharge for those already in hospital”.

What is the current situation?

The Baseline Review found some pockets of good practice, but overall reported that the lack of accommodation with varying degrees of support is “a major concern” and that “many parts of Wales do not have adequate levels of supported housing for people with a mental health problem”. It recommended to the Assembly Government that: **“A comprehensive range of residential accommodation is needed with varying degrees of support ranging from low level and “floating” support to more intensive support in the shape of accommodation with 24 hour staff support.”** In detail the Baseline Review found:

- very few LA/LHB areas have undertaken needs assessments to establish accurately the type and extent of accommodation needed
- half of LA/LHB areas reported not having any high support (24 hour staffed) accommodation
- one third of LA/LHB areas reported not having any medium support (day staffed) accommodation
- just 7 (out of 22) LA/LHB areas reported having sufficient low support accommodation
- some areas reported using hotel or B&B accommodation as emergency housing
- less than half of LA/LHB areas award any special priority or weighting to a person with a diagnosis of mental illness in their Housing Allocations Policy
- few LA/LHB areas have developed any specific service initiatives targeted at homeless groups of people with a mental illness
- generally better links are needed between mental health and housing in planning services.

This lack of supported housing across Wales inevitably leads to pressures and inappropriate use of other mental health services, particularly hospitals. The Baseline Review found that “Delayed transfers of care can be a particular problem for patients on mental health wards” and “accounted for 20% of all adult mental health beds in some NHS Trusts”. The findings state “ward managers believed that many admissions could be avoided, and many patients discharged earlier, if a more comprehensive range of community services were in place,” including “more comprehensive housing with appropriate levels of support”.

In short, the Review findings question whether supported housing is genuinely treated as an essential element within the range of mental health services, and it questions the level of commitment to plan and develop such essential services.

Why have there been problems in commissioning Supported Housing services for people with severe mental illness?

Despite the publication of the original NSF in April 2002 and the requirement to have local comprehensive Health, Social Care and Well-Being Strategies in place since April 2004 there has been only limited and patchy development of supported housing. It is important therefore to ask why there has not been more comprehensive development, not least because identifying the answer may lead to future improvement.

The Baseline Review begins to give an answer when it suggests that “service development is made difficult and complex by fragmented commissioning arrangements”, and probably the single most important reason is that the **local partnerships** necessary for the development of good quality housing are just not in place. Developing housing with support inevitably involves a number of agencies working closely together, rather than being the responsibility of one agency. Those agencies include local Housing Authorities, Social Services Departments, LHBs, Housing Associations, social care providers, and NHS Trusts. Even when such partnerships are working well together, they face a range of complexities before supported housing will be successfully developed. These complexities include:

- **Understanding and sharing each others’ expertise and area of work**

Housing commissioners often have limited understanding of mental health issues, and Social Care and Health Commissioners have limited understanding of the processes for planning and building housing. Sharing each other’s expertise is essential.

- **Capital funding and conflicting priorities**

Partnerships have to understand each other’s funding streams, so that finance for capital is successfully linked to revenue finance and, given the shortage of social housing and long waiting lists, mental health commissioners have to be confident in asserting the priority of mental health.

- **Lead-in times**

Even when local partnerships are working well, building new housing requires lengthy timescales. The actual building time (6 months for a small project to 18 months for a large programme) is often less than the time required for the preliminary work of identifying and buying a site, gaining planning permission, designing the buildings and obtaining building warrants. It is imperative, therefore, that mental health commissioners maintain partnerships that will produce new housing year after year over the longer term.

- **Operational complexities**

While the housing is being built or adapted, good operational systems are required to ensure prospective tenants are identified at an early stage, and that the appropriate support is commissioned. This is important not only to make good use of the new resource, but also to avoid lengthy initial void periods which will discourage housing providers in investing in future schemes.

There is the added complexity of the current commissioning structure in Wales. There are currently 44 separate local agencies commissioning health and social services in Wales: 22 LHBs and 22 LAs. Some LAs and LHBs work together across wider areas, partly overcoming this problem. Commissioning structures are also currently being reviewed. We believe that Wales needs a far more streamlined solution to commissioning that leads to more even services across Wales – and less bureaucracy. In the event that regional commissioning for supported accommodation is put in place, the same principles for effective commissioning presented in this guide will still apply.

The above points are real complexities, complexities this Report aims to help with. However, once good partnerships are in place, good mental health supported housing will follow. The best local partnerships will then produce a manageable and steady supply of new tenancies year on year. The commissioning model on page 6 aims to help commissioners with these essential initial stages towards supported housing.

Clients' perspective on the current provision

In our consultations with Hafal clients and carers, and with health professionals and commissioners, the general picture painted for us is one of “**poor planning and commissioning**” leading to **poor provision and experiences for service users**. We have identified six major areas of concern:

1. Lack of Planning and Partnerships

Across Wales we have found the need for more effective local partnerships to commission and develop supported housing. We have also found that there is work to be done by commissioners to systematically assess and anticipate need, and plan services to meet that need. The failure to plan and commission supported housing for people with severe mental illness has led to the shortage as evidenced in the Baseline Review. Where such partnerships and planning are in place, and there are examples of cooperative planning, good quality supported housing has followed. However, such examples tend to be the exception rather than the norm.

2. Passive and Negative Commissioning

In the absence of effective local partnerships with housing, mental health commissioners can only react to immediate need, seeking any housing solution for individual service users at points of crisis. Hafal believes that this is a negative approach to dealing with severe mental illness – reacting to crisis, rather than planning and commissioning services to prevent crisis.

3. Disjointed services

Disjointed services inevitably lead to people remaining in inappropriate accommodation, putting further pressure on the mental health system and leading to poor experiences for service users. In practice such pressures are occurring at some critical points including **Acute Wards** and **Medium Secure Units** where people are having to stay unnecessarily in hospital, leading to the “blocking” of much needed and expensive resources.

Hafal clients, along with other service users, suffer the consequences of this failure to plan, commission and provide supported housing. They experience **poor provision**, characterised by accommodation which is:

- 4. Paralyzing** – provision that does not encourage and support a person's recovery, simply because it is the wrong accommodation for their needs. As one Hafal client recently said after an extended period in hospital, “I was there just because there was nowhere appropriate for me to go to”. Other clients are stuck unnecessarily in high support housing, when they are ready to move to lower support housing which is not available. All this is costly and a waste of resources. It also impairs a person's mental health, because it is essential to a person's recovery that they move on as soon as they are ready.
- 5. Pessimistic** – provision that does not offer the prospect of further recovery. Too many people are placed where they live relatively impoverished lives in often large and institutional settings, perhaps a long way from the area they know, and are denied the experience of returning to ordinary housing. Others move into high cost crisis housing which lacks sensitivity to a person's needs. For example, in **private developments** in this lucrative market, people are often given one-to-one support which is not only massively expensive, but can also be anti-therapeutic as being watched all the time is simply not empowering for the person. Hafal believes that a **recovery ethos** must be central to all housing services for people with severe mental illness, so that every service encourages and empowers people to progress towards increasing recovery and independence as soon as they are ready. Ideally such housing with support should be offered early in a person's illness so that they are less likely ever to reach a point of crisis and be hurriedly, inappropriately and expensively accommodated.
- 6. Removed** – provision that takes people away from their local areas simply because local supported accommodation is not available. Again such out of county placements tend to be a poor and expensive response. To be therapeutic and to reduce stigma, supported housing should be provided within the person's local community, and as close to their previous home, family and friends as possible.
- 7. Replacement of one institution with another** – the current view of provision of crisis services around a crisis house is simply the replacement of an acute ward with a new institution. People want crisis support in their own home.

Future Supported Housing

What has the Assembly Government pledged to do about housing for people with severe mental illness?



A clear vision for future supported housing is included in the Revised Adult Mental Health National Service Framework (October 2005). Standard 3, “Promotion of opportunities for a normal pattern of daily life”, sets out the help and support people with mental health problems and their carers need to live as fulfilled lives as possible including help and support to **access and maintain good quality housing**. The relevant Key Actions are:

Key Action 9: Each Local Authority area is to ensure there is a range of housing options with appropriate levels of support available for people with mental health problems by end 2009/10. They should work in tandem with Registered Social Landlords (Housing Associations) and the private (and private rented) sector to fulfil this aim.

Key Action 9a: Housing options are to range from 24 hour staff support to floating and low-level support for individuals in the community with equality of access to mainstream housing opportunities. The housing options are to be provided in collaboration with the independent sector and other partners.

Key Action 9b: Services are to be provided for homeless people with mental health problems which identify and meet their care and support needs, and which are comparable in quality of care to those who are housed.

Key Action 9c: Teams admitting people to hospital are to consider practicalities such as keeping up rent or utilities payments as part of the care plan. They are to work with housing and advice agencies to ensure that people will not be homeless following discharge, and that their housing conditions do not undermine their recovery.

Future Commissioning

How should commissioners set about implementing Standard 3 of the Revised Mental Health NSF? In the following pages of this Report, we offer practical guidance to help improve supported housing for people with severe mental illness in Wales.

On pages 6 and 7 we set out a **model for positive commissioning**, followed on page 8 by a **model for the supported housing continuum** envisaged within the Revised NSF, with a **case study** for a 24 hour, high support project on pages 10 and 11.

On pages 12-14 we outline the Recovery Programme developed by Hafal, and the further help and advice available for commissioners from Hafal.

Below: Hafal's "Finding the Key" Conference (2006) brought together Hafal clients and carers, health professionals and commissioners to discuss the current state of housing services for people with severe mental illness in Wales.



A Model for POSITIVE PLANNING AND COMMISSIONING

1. Partnerships not Politics

When organisations work closely together and put partnership before politics, there will be a solid foundation on which to build better supported housing.

Commissioners must:

- make a commitment to forge and build an effective partnership to develop economic supported housing,
- assess and understand need, and agree clear plans to meet that need.

Where such planning and commissioning is in place, there will be a steady supply of new housing for people with severe mental health problems year on year.

2. Proactive not Passive

With effective local partnerships and plans in place, mental health commissioners can commission with confidence the right quality of support to link to the housing for their areas. Commissioners must:

- set out their commissioning plans to add to, and fill gaps in, their local continuum of housing with care and support,
- build lasting and effective partnerships with local housing and support providers.

When such commissioning plans are in place, local providers will be available to offer quality support based on recovery (see page 12).

3. Continuous not Disjointed

As new services are commissioned, commissioners must:

- work to have in place the full continuum of supported housing for people recovering from severe mental illness, from high support housing to floating support,
- review their commissioning plans with providers on a regular basis.

When the full continuum is in place the incidence of “bed blocking” that blights current crisis services will reduce and, even more importantly, enable each service to contribute appropriately to the ladder or escalator to recovery.

...leading to POSITIVE PROVISION

4. Progressive not Paralysing

Planning supported accommodation positively and in partnership will result in housing that appropriately meets identified need and will ensure that all mental health services, especially hospital places, are better used. Service users will experience supported housing which:

- limits their time in hospital and positively increases their mental health,
- is appropriate to their needs and focuses on their recovery.

5. Positive not Pessimistic

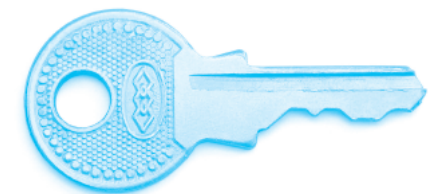
By working in partnership with housing and support providers, commissioners can ensure accommodation is based on principles of recovery and encourages clients to progress when they are ready to do so. Service users will experience supported housing which:

- provides them with a home of their own with reasonable standards,
- offers support and encouragement to aid their recovery and take as much responsibility for their lives as possible.

6. Included not Removed

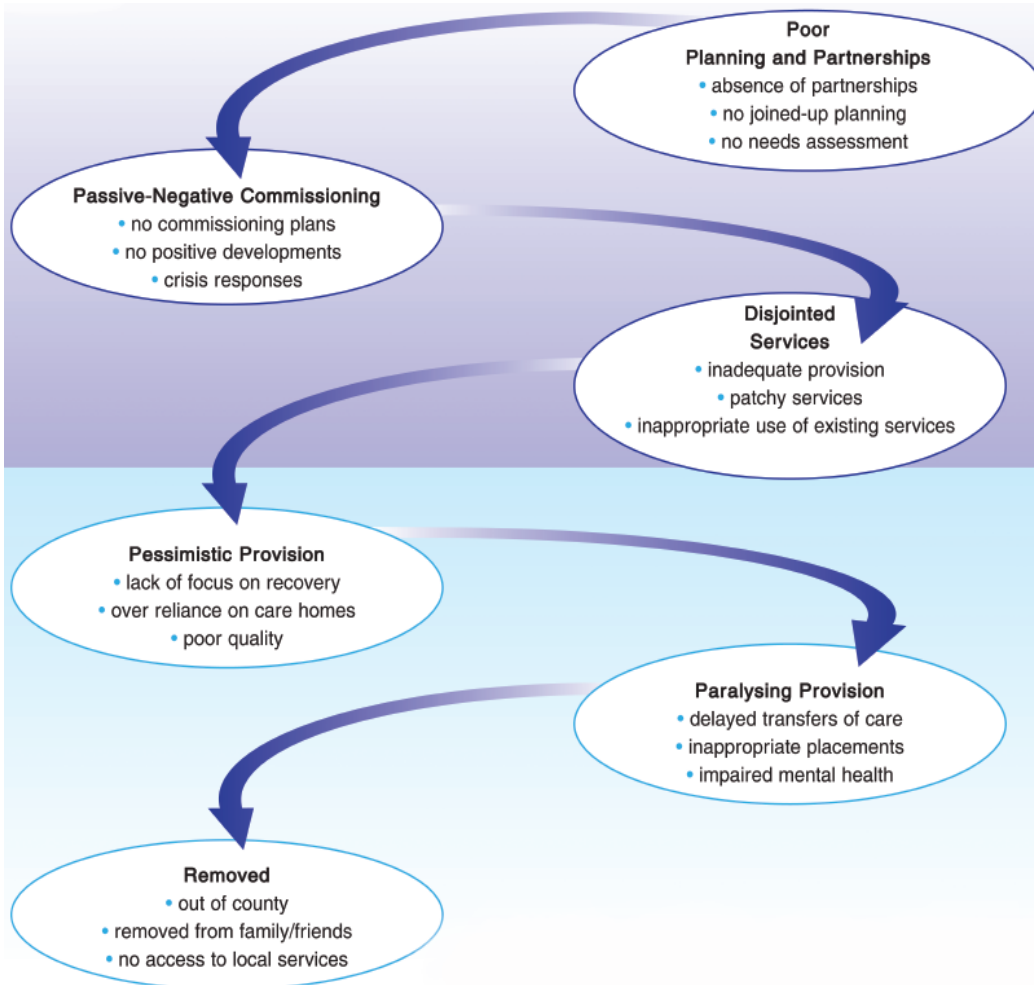
Ensuring supported accommodation is available within all local communities will prevent people moving out of county and be more cost-effective. Service users will experience supported housing which:

- reduces feelings of stigma and isolation which are so obstructive to the recovery process,
- facilitates access to a wide range of local community activities to better aid their recovery.



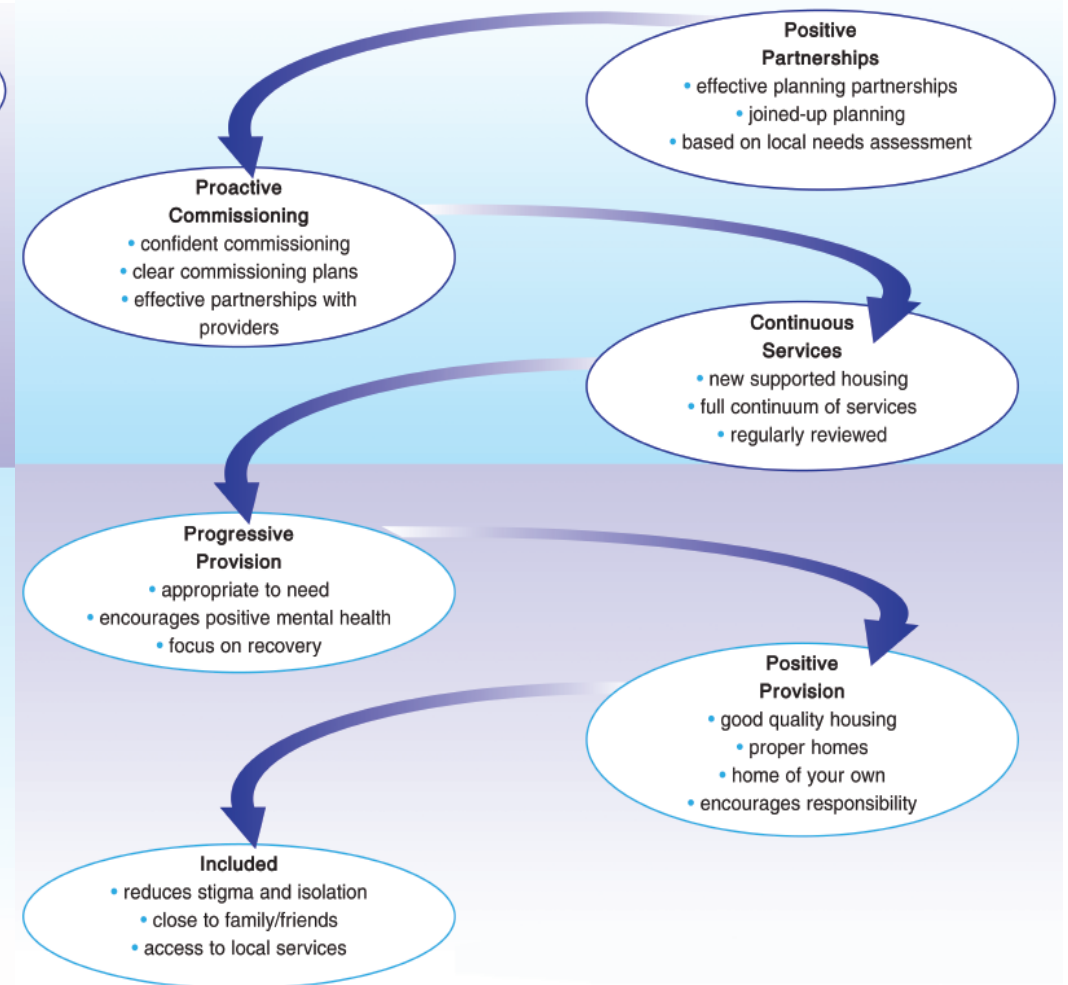
Negative Commissioning and Positive Commissioning: a Comparison

NEGATIVE COMMISSIONING



...leading to **NEGATIVE EXPERIENCES**
for clients

POSITIVE COMMISSIONING



...leading to **POSITIVE EXPERIENCES**
for clients

The housing continuum: from hospital to independent living

Here we present a **positive model** for a supported housing continuum based on the experiences of Hafal clients and carers, and the recommendations of health professionals and commissioners we have worked with. We include indicative figures for the number of places required for each service level, per 100.000 population, based on long-standing epidemiological research.* However, these figures are likely to represent the minimum service level required and should be used as a **starting point** only. They should be tested out within a local needs assessment and be regularly reviewed as the level of supported housing provision increases in a local area.

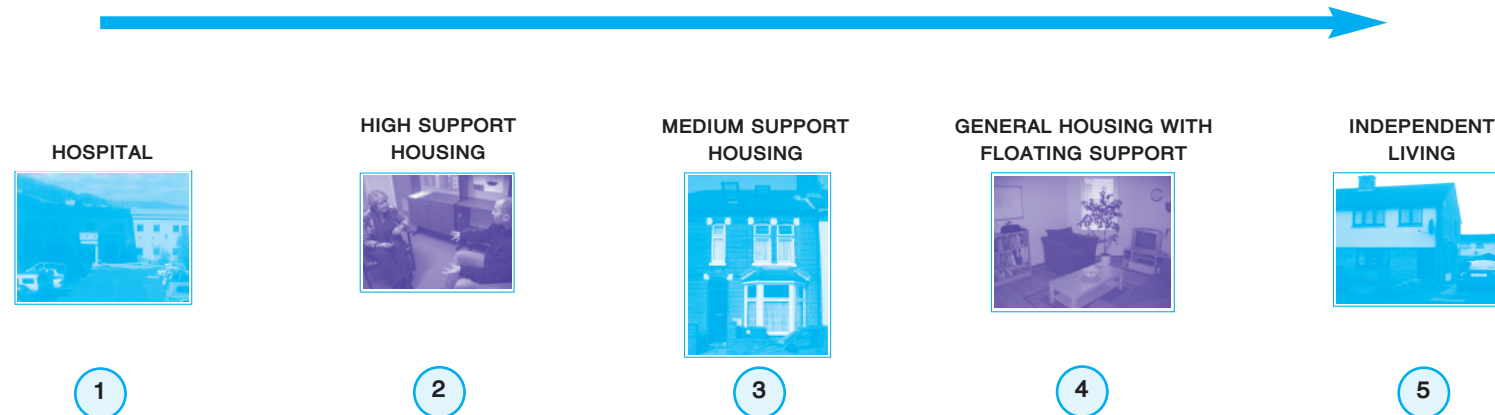
** J. K. Wing, Mental Illness, Epidemiologically Based Needs Assessment*

1 Hospital Rehabilitation Services

Some people with severe and active psychiatric illnesses may not yet be able to manage living outside hospital. However, such people may no longer need to remain on an acute ward and their recovery may be impaired if they do. Hospital rehabilitation services, therefore, offer the most intensive care and support on the supported accommodation continuum. Whilst this level of care and support lies outside the area of supported housing covered by this Report, it is closely allied to it and should be included in commissioning plans. The actual accommodation should look very similar to Twenty Four Hour Supported Housing, with the addition of consultant led/nurse managed care and support.

Estimated level of places required per 100.000 population: **20 places**

RECOVERY



2 Twenty Four Hour High Support Housing (Assured Shorthold)

Well supported housing is required for people who are ready to be discharged from hospital, or may be in danger of unnecessary hospital readmission, and who continue to have high support needs. It offers an alternative to people remaining in hospital, moving to a Care Home, or failing in their existing tenancy leading to eviction and homelessness. It offers people with severe mental health problems the opportunity of living successfully in a home of their own. **So what will it look like?**

Housing – The best 24 hour supported housing will be relatively local to the person, although, as a specialist resource, it may only be available within one or two settings in a LHB/LA area. It will be in ordinary, well maintained housing perhaps, but not necessarily, owned by a Housing Association. It will not be a registered Care Home, but will offer a person their own tenancy. It could be in shared housing, with perhaps 3 or 4 people sharing a house, or in clustered one or two bedroom flats linked (electronically if not physically) to a core area for staff and tenants. Tenants will have tenancy agreements and there will be security of tenure of one form or another.

Support – Such supported housing will have a dedicated staff team. Where tenants have high support needs, two or more staff will offer support over 24 hours including access to waking night staff. Where tenants have medium support needs, access to a sleeping night staff member will be more appropriate. Tenants must also have access to the full range of services through CMHTs, including the Care Programme Approach (CPA) and day services.

Estimated level of places required per 100.000 population: 30 places

3 Medium Support Housing (Assured Shorthold)

Medium supported housing offers cost effective support to people with severe mental health problems. It is the right level of support for people who still need significant support to maintain and manage their lives, but who can largely manage their own personal care and can increasingly take back control of significant areas of their lives. **So what will it look like?**

Housing – The best Medium supported housing will be available in local areas, with a number of tenancies in a LHB/LA area. It will be in ordinary, well maintained housing perhaps, but not necessarily, owned by a Housing Association. It could well be in individual, but clustered, one or two bedroom flats linked (electronically if not physically) to a core area for staff and tenants, but could also include the option of shared housing for those not wanting to live alone. Tenants will have secure tenancy agreements.

Support – Such supported housing will probably have a dedicated staff team. The Team will offer support over the week, determined by a person's individual support plan, and access to an on call system 24 hours a day. Tenants must also have access to the full range of services through CMHTs, including CPA and day services.

Estimated level of places required per 100.000 population: 20 places

4 General Housing – Independent living with support (Assured Tenancy)

Mental health services should always have a view towards helping people take a further step towards recovery, and towards being able to live their lives in the place they want and in the way they want. For some people this will mean the goal of completely independent living. For others it will mean living in their own home knowing that, as they need it, they can access the help and support they need. Such support could be provided through **floating support**, through a day service or both. **So what will it look like?**

Housing – People will be living in their own home, whatever that means. It could mean the home they own, the home they rent, or the home they share with family or friends. Importantly it is the home where they want to stay and need some support to help them stay there.

Support – Some people may manage at home with the support of their CMHT and access to day services. However, people with a severe mental health problem may need **floating support** as the key to enabling them to stay in their own home as they recover from severe mental illness. Remaining in your familiar surroundings can be one of the most important factors of recovery; it avoids the disruption or discomfort of living in an anti-therapeutic environment and enables people to maintain their way of life more effectively. In every LA/LHB area there should be a range of floating support appropriate to the recovery stage of the patient. It could range from daily visits to just one home visit a week. The type of support offered would depend on individual circumstances and could include:

- advice and assistance with budgeting and dealing with bills
- help in developing cooking and cleaning skills
- advocacy and support to find other specialist help, for instance a drug or alcohol service.

Importantly where a person is living with family or friends who offer important support, those carers may need their own support.

Estimated floating support required per 100.000 population: for 40 people

Case study: partnership working in practice

Hafal has recently collaborated with a number of statutory and non-statutory organisations in Ceredigion to develop an innovative approach to the provision of housing with support to clients with very high needs.

What is special about the Aberystwyth's High Needs Housing Project, which opened in 2006, is that it combines high quality general housing stock with intensive, 24 hour support. Each person has their own flat, furnished to a high standard and with a fresh and inviting feel, which offers the kind of home in which people actually want to live. The project has a dedicated staff team which provides a therapeutic environment and enables clients to remain in their own home through most episodes of crisis or relapse, providing stability for people who have just left hospital and are working towards independent living.

Not only does this mean that clients can be close to their families at a crucial time in their recovery, it has also meant a big reduction in the cost of their care. Out-of-area services for this group cost Ceredigion Local Health Board and Ceredigion County Council far more: at least twice as much as care provided by the new project.

The success of the project is based on a committed and effective partnership, bringing together no fewer than five organisations and agencies – Ceredigion Social Services, Hafal, Cymdeithas Tai Cantref (the principal Housing Association in rural West Wales), Ceredigion Local Health Board and the Pembrokeshire and Derwen NHS Trust.

It was conceived back in 1999 when these five organisations met together and has of course taken time to develop. The partnership visited a number of services across the UK, but found no model which provided the obvious solution and therefore evolved their own. Importantly the support is based on Hafal's Recovery Programme which aims to empower clients to create their own recovery plan, addressing all areas of life and which is regularly reviewed and revised.

In summary key elements of the service specification are:

Housing – Housing is provided by Cymdeithas Tai Cantref, which has leased a small block of flats in a residential street near the centre of the town. The front door has a security system and Flat 1 is used as the staff and communal area. The rest of the block offers one bedroom self contained flats (plus a communal laundry area in the basement) to 7 people who are tenants of the Housing Association. Flats are semi furnished with white goods provided, but leaving tenants plenty of scope to furnish and personalise their own flat. Clients have short assured tenancies and pay rent and a service charge to the Housing Association. The whole building is finished to a high standard.

Support – Hafal provides support, with a 17-strong staff team. The team offers 24-hour support, with at least two members of staff on duty at any time, including waking night cover. There is additional capacity to offer tenants individual support when needed. To be referred to the project, prospective tenants must have high support needs and be subject to the higher level of CPA.

Don Cumming, the Registered Manager of the project, explains: "The project not only provides the right environment. It is also backed up by a methodical Recovery Plan which belongs to the client but is supported by staff. One of the key principles of the Recovery Programme practised here is a 'Whole Person Approach' which gets the client to look at all areas of their life. So in many ways this isn't just a housing project: it enables clients to look at issues such as education, medication, other therapies, social life, physical health and money as they approach recovery."



One Client's Experience

Peter, one of the previous tenants, offers this perspective: "I was back and forth into hospital about three times. They were always trying to find me a place so I could move out of hospital. There were a couple of places we tried: there was a place in Bristol, but I didn't want to go there because it was a farm – with no television – and I didn't want to learn farming. Then there was a place in Wrexham. But I wouldn't have been cooking for myself or anything like that. I wouldn't have been learning life skills. And they were both a long way from my home in Ceredigion.

"Following a placement in Swansea I was referred to the Hafal project. Being in the same county as my family was important. I could jump on the bus, it was only a few quid and I was home in less than an hour. I was no longer relying on other people to take me back and fore.

"The reason I came here was to prove to myself that I could be more independent. There were staff on call 24 hours a day but there were only two formal visits a week, which went down to one. When I needed I could live independently. I tended to call them when I was cooking meat so that I knew I was cooking it properly.

"I had a really nice, well-equipped and modern flat there. It was my own space: I had privacy and independence but I knew that I could access support at any time. Having this flat definitely helped me to recover. The project provided a stepping stone towards independence. It acted like a bridge between being in hospital and moving on to the next stage. For people who have been in hospital for a long time it's a really important step because it would be difficult to move in to a flat on your own. I haven't had that big jump, I've gone through different stages.

"I become more confident since moving to the project and developed a strong sense of purpose. I have also become Tenant's Representative and I sat on interview panels. Making decisions integral to the running of the Project meant that I felt I had an important role. Doing a college course in drama, lighting and sound helped my confidence too.

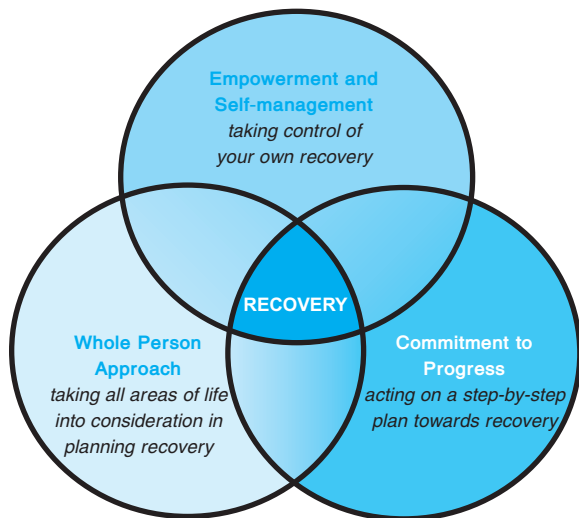
"I firmly believe that this housing project was a pivotal point in the process of recovery. Recently I moved on to the Hafal lower-support Ystwyth project – I have been allocated a flat in Ceredigion by Cantref and get floating support from the Hafal Ystwyth team.

"I'm enjoying more independence and feel like it's more my own flat. I've got more freedom and I feel happier about having friends round to visit."



Recovery: the whole picture

Getting the right housing can be a very important part of recovery from a severe mental illness, but we believe that to be effective, recovery requires a much broader approach. From the experiences of its many members and clients Hafal has found that there are **three** components essential to recovery. These are:

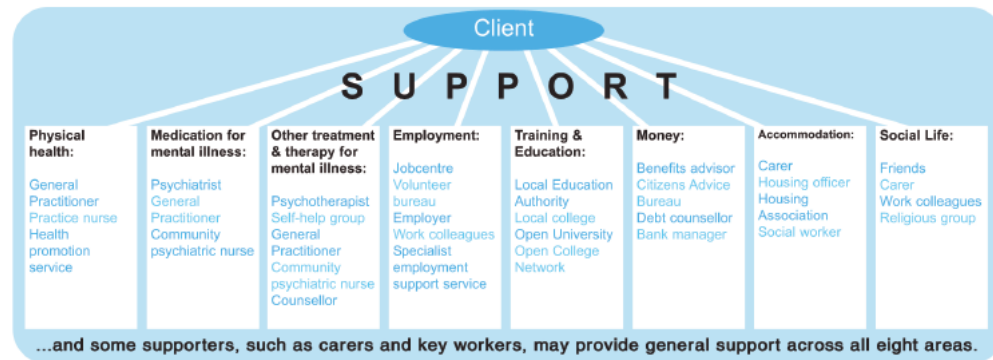


1. Empowerment and self-management

Empowerment means exercising rights and responsibilities in making choices about life.

Self-management means taking the actions required to lead a life based on those choices.

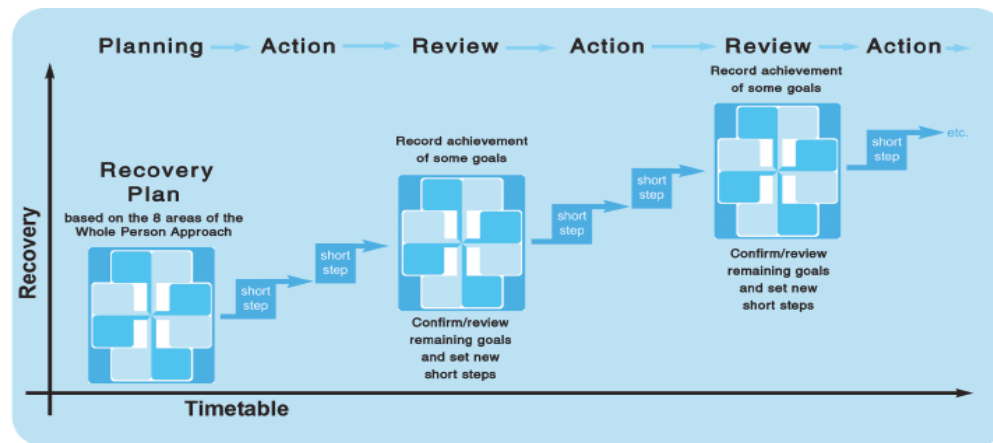
Achieving empowerment and self-management does not mean having to make choices and take action alone and without support. When a person takes the lead in making plans and taking action they still often need the help and support of other people. These supporters can be chosen according to their specialist skills and knowledge or because they are friends and family willing to help. **Some examples of supporters are:**



2. Commitment to progress

Recovery depends on actively taking steps to improve life. It is vital to agree and act upon a step-by-step, goal-focused plan. The key plan for people with severe mental illness is the required Care Plan through CPA (the Care Programme Approach).

Too often planning concentrates on assessment: in other words it says a lot about where the individual is at a particular point but not about where they want to go. Alternatively plans may include long-term goals but not the simple, short-term steps that need to be taken to achieve them. A good plan needs to hold its focus on long-term goals but include the intermediary, less intimidating steps which allow a person to take action. **The process of recovery based on effective planning can be illustrated as follows:**



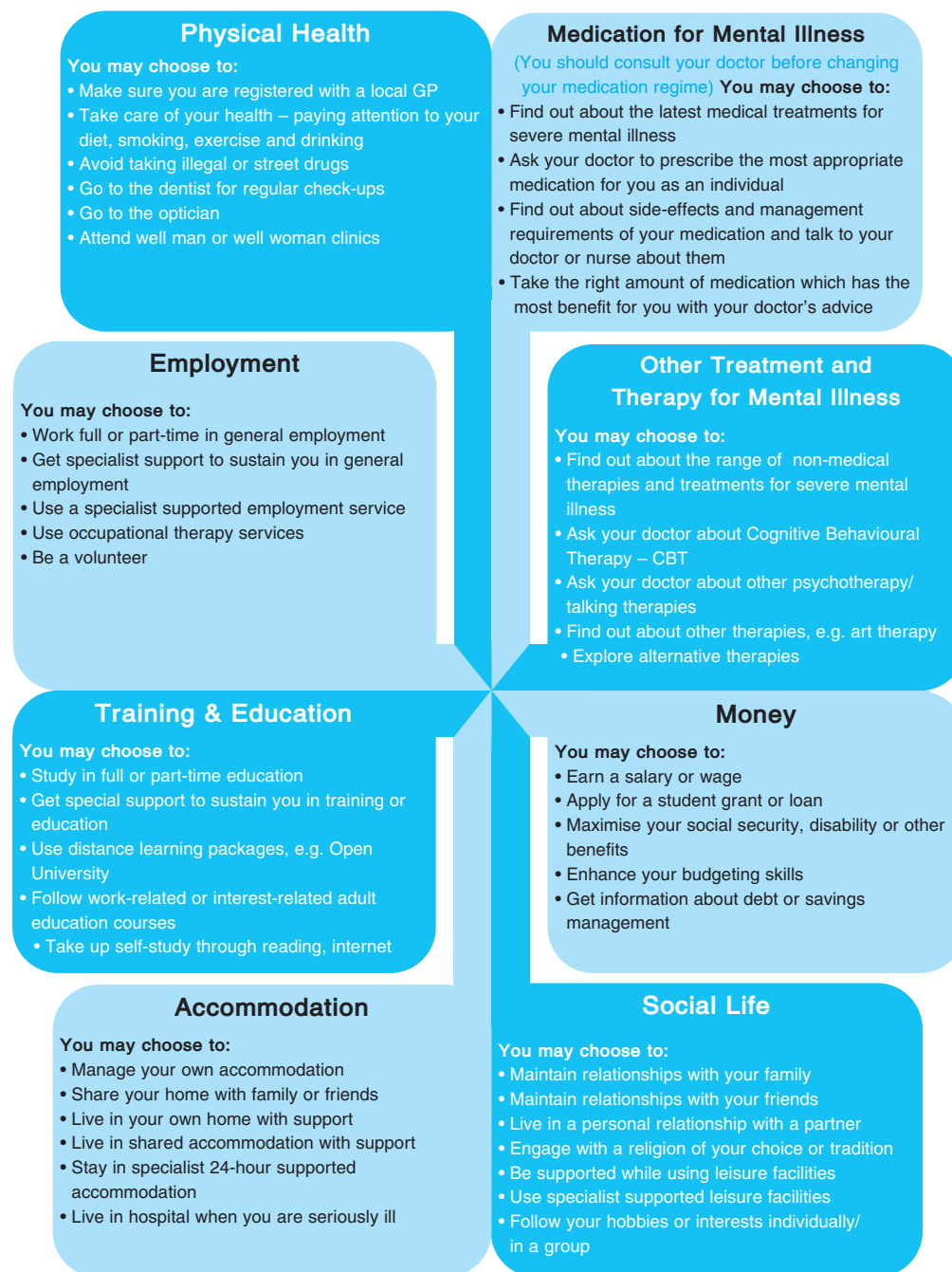
3. A 'Whole Person Approach'

Recovery is not just about medication or other therapies which deal directly with symptoms. These can be very important, especially for those who have experienced severe mental illness, but mental health is built on much broader foundations.

For any one individual the biggest step to recovery of mental health may be finding a great place to live, getting a job, establishing a good relationship with their family, meeting new friends or identifying a professional who can help them work through their problems. Usually there are a set of different things which are important to an individual's recovery.

We believe that recovery requires a "Whole Person" approach (sometimes called a 'holistic' approach). This means addressing all key aspects of life which together contribute to well-being. By setting goals in all areas of life people can approach recovery more comprehensively. Opposite we set out the Whole Person Approach along with some example goals which people might set in the eight areas detailed opposite.

For more information on Hafal's Recovery Programme, contact Hafal for a copy of the *Recovery Guide*, or visit: www.mentalhealthwales.net



about hafal

the mental health charity run by clients for clients

Hafal is the principal organisation in Wales working with people recovering from severe mental illness, their families and carers. Every day our 130 staff and 150 volunteers provide help to over 700 people affected by severe mental illness across all the 22 counties of Wales.

Hafal is run by the people it supports: people with severe mental illness and their carers and families. The charity is founded on the belief that people who have direct experience of mental illness know best how services can be delivered. In practice this means that at every project our clients meet to make decisions about how the service will move forward and the charity itself is led by a board of elected Trustees, most of whom have either had severe mental illness themselves or are the carers of a person with a mental illness.

Our Mission

'Hafal' means equal. Our mission is to empower people with severe mental illness and their families to enjoy equal access to health and social care, housing, income, education, and employment, and to:

- achieve a better quality of life
- fulfil their ambitions for recovery
- fight discrimination.

All of our services are based on our unique **Recovery Programme**. Recovery means regaining mental health and achieving a better quality of life. Many people with severe mental illness can make a full recovery; others can make far greater progress than has traditionally been thought possible. Hafal's Recovery Programme involves creating a step-by-step plan identifying goals in key areas of life and the supporters who can assist in achieving those goals.

Hafal is committed to improving the inadequate state of supported housing for people with severe mental illness in Wales, and can offer further advice, support and consultancy to commissioners in implementing Standard 3 of the Revised NSF. Contact us to:

- arrange an initial meeting to discuss what advice and support you need
- access more detailed needs assessment and project development checklists, tailored for your specific needs
- gain from our expertise with project planning and development.

Our Service

Hafal delivers key services to both people with severe mental illness and their carers. These services include a range of activities for both clients and carers including: employment training; housing support; resource centres; befriending; arts projects; inpatient advocacy; family support; and carers' support services.

Hafal also supports clients and carers in providing a much-needed voice in the planning of mental health services. We campaign vigorously through research, publications and media work, and through direct contact with AMs and MPs, to improve services for clients and families and to remove the stigma and isolation associated with severe mental illness.



Hafal

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Charity number 1093747.

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