Our impact

Impact report 2025-2026

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CHT
Community Housing & Therapy

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We are CHT, a specialist mental health charity that, since 1994, has supported over 2,000 people experiencing severe or complex mental health conditions to live more fulfilling lives

We would like to acknowledge and thank the residents, staff and volunteers who shared their quotes, experiences and stories in this impact report.

> You make people feel like people, valued and treated like they matter. I've lived in some places in the past which have offered a room and that's it

Resident feedback 2026

CEO’s welcome

I’m delighted to be able to say that CHT has had a strong year, increasing our occupancy, celebrating the first graduates of our Diploma in Relational Practice in Mental Health, and having no less than four of our residents working for the NHS.

These are the ‘swan moments’, when we seem to glide serenely through the water, but beneath the surface, there is a great deal of paddling going on!

Daily interpersonal work supports people with histories of compound trauma from long or multiple psychiatric admissions who struggle to cope with a daily life they may not want.

On top of that, staff have embraced a revised clinical model and a new information management system designed to cut back on the amount of admin and paperwork they need to do while still maintaining the systems to monitor crucial interventions and safety procedures.

We’ve run workshops for staff and for residents, and every week we’ve held community meetings, reflective groups for staff and residents, psychosocial groups, individual and group therapy, cooking and cleaning groups, and all sorts of activities in every community.

Within all of this, we’ve focused as an organisation on increasing quality, and our staff conference next year, which is organised, devised and presented by the staff themselves, will be themed around quality.

So what does increasing quality mean for an organisation like CHT? I think it means ensuring that the therapeutic value of the individual, personal interactions between staff members and residents are the best they can be - because that’s what leads to the ‘swan moments’.

I would like to offer my heartfelt appreciation to both staff and residents for the trouble they take and the work they do together to make CHT what it is: and I do hope you’ll enjoy reading about some of their achievements in this report.

Dr Peter Cockersell
Chief Executive

Chair's welcome

It's a welcome task for me to introduce this year's Impact Report, which shines a light on some of the work that CHT has been doing over the past year, & on some of the people doing it.

CHT faced internal and external challenges in the previous year, and the Board are very pleased to say that the organisation has come through that and is now in a good position.

I would like to thank the Trustees: they have been a consistent, engaged and committed presence throughout this period, as well as shaping the future through CHT's next 3-year business plan, which will begin implementation next year.

I would also like to thank the generosity of the funders and our supporters who have enabled us to do more than we could possibly do just with fees.

I also want to thank the commissioners who have and do entrust their patients to us, and of course the staff and residents who do the work.

This year, the organisation is focusing on the quality of the service we offer our residents, building on the excellent work the leadership and staff team of CHT have done over the past three years in renewing our clinical model, policies and procedures, and information management systems.

This focus, together with the infrastructure the organisation has put in place, provides a strong platform for CHT's development going forward.

In our next 3-Year Plan, we have proposals for stronger partnership working with several NHS Trusts, new communities both large and small, and further developments in our training offer.

While recognising the challenges that face healthcare currently, and especially mental healthcare, the Trustees believe that CHT is very well positioned to offer real value to both the people experiencing severe mental distress and to those who commission services for them.

CHT can offer the prospect of recovery to many psychiatric patients and of cost savings to many health commissioners: that's a powerful combination. These pages provide some insight into how we do that.

Michael Watson
Chair of Trustees

Our approach to recovery

Since 1994, CHT has provided adults experiencing severe or complex mental distress with a safe home, a supportive community, and therapeutic support to help them heal from trauma, form supportive relationships, and (re) build meaningful, hopeful lives.

Our way of working combines evidence-based approaches like Psychologically Informed Environments (PIE), neuroscience, and psychodynamic formulations and recovery plans alongside therapeutic community principles and holistic, person-centred support. Relationships, reflection, and emotional wellbeing are at the core of everything we do.

Our clinical model, outlined to the right, combines five elements that support residents to (re)build a life that feels meaningful and fulfilling.

At CHT, the path to recovery is a shared journey, not a solitary climb.

Our staff have low caseloads, so they can build relationships, trust and offer steady, person-centred support for as long as it's needed.

Residents can make choices about their care, join group activities, and develop skills for work, education, or volunteering. When they are ready to move on, we help them with the transition, often to lower support or more independent living.

Alongside the lasting benefits to our residents, our approach also helps health and social care services save money by preventing unnecessary hospital stays.

Our fees are much lower than NHS inpatient care or private providers, making it feasible for commissioners to be able to invest in the quality, long-term support people need to recover.

We supported 77 people last year who otherwise would have been in hospital, saving health services an estimated £9 million

81% of residents responding to our satisfaction survey said they felt supported to make decisions about their support & care

1 Engagement
Being part of the community

We know new residents are likely to feel uncertain or unsafe when they first arrive. From the outset, we create an environment where people feel heard and supported to engage with community life and build connections with staff and peers. Starting at assessment and continuing throughout a resident's journey, our engagement approach is rooted in empathy, active listening, and the principles of being with and doing with rather than doing for; recognising that building trust and meaningful community engagement takes time.

2 Attachment
Building supportive relationships

Part of each resident's Recovery Plan, co-created at the start of their journey and revisited regularly, is to develop strategies to build and manage relationships with others.

Through our structured therapeutic programme of groups, various community engagement opportunities and gentle encouragement through regular keywork, we support residents to form positive, supportive attachments within the community and externally, build understanding of how people relate to each other, develop healthy boundaries, build trust and a sense of belonging.

3 Containment
Creating feelings of resiliance

Containment means providing a safe, reliable environment where distress can be expressed, received and understood. Through consistent relationships, clear boundaries and a thoughtful formulation based approach, we help residents make sense of feelings and experiences that may otherwise feel overwhelming. Our structured programme, 1:1 psychotherapy, keywork and everyday support from staff and peers offer opportunities to experience difficult emotions with someone alongside them, gradually building their own capacity to hold and understand those feelings.

4 Exploration
Discovering what's possible

Exploration means having the safety and support to be curious about oneself, others and the wider world. We support residents to discover what matters to them, understand their needs and boundaries, and try new ways of relating and participating in life. With encouragement from staff and peers, residents can take manageable risks, learn from experience, and explore interests, relationships, work or education at their own pace, developing a greater sense of possibility & choice.

5 Autonomy
Greater choice & control

We help residents build and maintain autonomy by enabling them to make informed choices about their care, set goals, and gradually increase their responsibilities. Taking on more responsibilities and being more autonomous usually comes before a resident moves on from our care, usually to lower-supported housing, their family home, or their own flat.

Working with complex needs

We tailor our support to each person's unique experiences and needs, taking a person-centred approach rather than focusing solely on symptoms or diagnoses. In this way, we can support people with complex needs, including multiple mental health diagnoses, physical health issues, substance use and behaviours that may be challenging, to live more independently.

We offer support to the following groups:

- Adults (18+) with severe or multiple mental health diagnoses.
- People who would otherwise be in hospital or have trouble accessing specialist services due to the complexity of their needs.
- People who have experienced repeated trauma, self-harm, or substance use.
- People leaving hospital who need more support than supported living services can offer.

Our residents live with the following mental health diagnoses:

- Personality Disorders **(52%)**
- Depression & Anxiety Disorders **(48%)**
- Schizophrenia & Psychosis **(43%)**
- Trauma & Stress-Related Disorders **(18%)**
- Mood-related Disorders **(9%)**

Many also experience co-occurring conditions such as:

- Substance use **(47%)**
- Neurodiversity **(22%)**
- Physical health condition **(9%)**
- Learning disability **(6%)**
- Eating disorder **(5%)**

47% of our residents have more than one mental health diagnosis, and 18% have three or more mental health diagnoses

Data above reflects our resident cohort in 2025-2026

> [Here] you treat everyone the same. Something I didn't have at home with my mum and dad

Resident feedback 2026

Our communities

Our communities are welcoming homes where residents are encouraged to join in daily life. Each one has private rooms, shared living areas, regular keywork, and a structured therapeutic programme.

We offer three levels of support, depending on the resident's needs.

Our CQC-regulated **High Support** communities include Highams Lodge, Waltham Forest, Lilias Gillies House in Croydon and Mount Lodge, Eastbourne.

For those with greater autonomy and needing less intensive **Medium Support**, our Therapeutic Recovery Communities are Richmond House in Richmond, George Dooley House, and Onkar House in Ealing.

When residents are ready for more independence, we offer **Lower Support** semi-independent accommodation at Fairhall Court in Surbiton.

The staff in our communities receive specialist training in order to effectively support residents to develop life and social skills through daily routines and shared responsibilities to help the community run smoothly.

Shared responsibilities include cooking, cleaning, and budgeting groups to keep shared spaces tidy and plan shopping lists and meals, and regular community meetings, which allow residents and staff to discuss activities, challenges, and make decisions together.

Residents help design their community's weekly programme of activities, and plan social events like movie nights, day trips, or meals out together.

All communities have an active creative activities programme that includes art therapy, crafts, movement and music.

Communities also offer different workshops and life skills training, psychosocial groups where residents pick wellbeing topics, and involvement activities such as Peer Support Groups through our Experts by Experience programme.

In addition to regular groups and activities, residents receive regular one-to-one on-site psychotherapy, and regular keywork from their Therapeutic Practitioner.

92% of residents told us that we work hard to involve them in activities and be part of the community, and 93% said we take the safety of the community seriously

“I have been quite stable since I have been at Fairhall Court and happy with the support I receive. I also trust I can reach out to staff when I need it”

Resident feedback 2026

Connection through activities

We support residents to choose and organise social activities together, a process that can help strengthen decision-making skills, build friendships and create a feeling of belonging.

This year, residents enjoyed meals at local restaurants, cinema trips, bowling, and smashing crockery in a 'Smash Room'. They explored the Natural History Museum and the Sealife Centre in Southend, and enjoyed ice creams on Brighton beach.

Residents enjoyed a **cookery workshop** at Lilias Gillies House, where they learned about gut health and how to make tzatziki.

> **"You involve me in groups, support me with my care & how to be in society"**
> **Resident feedback 2026**

One resident told us that "it really helped to see there are different ways to cook and how making meals together can really affect the mood of the room"

Horticultural therapy at Highams Lodge gave residents a supportive, hands-on way to connect with nature, with many residents using the harvest from the garden for food, drinks and even haircare.

Residents organised fundraising activities that raised almost £1,000 for items or activities, chosen together at community meetings. Four residents also take part in our Fundraising Committee.

Resident fundraising included a craft and bake sale at The Beacon shopping centre, where our Mount Lodge community raised £337 for a trip to Drusillas Park in East Sussex. Highams Lodge held a bake sale to develop a garden sanctuary, and residents at Lilias Gillies House organised a craft sale to buy community sports equipment.

We also saw positive outcomes among residents taking part in our Creative Activities programme, which offers art therapy sessions, resident-chosen workshops, and materials for self-led projects to provide a safe alternative way for residents to express emotions, connect with others, and build belonging.

Over half of participants told us they learned something new, and **70% reported improved feelings of wellbeing** by taking part in creative activities.

80% of residents taking part in activities said they felt more connected to other residents and staff

85% of residents told us
they know how to speak up
or complain and feel
comfortable doing so

Our outcomes

We measure our impact by the progress residents make toward recovery goals and the lasting change they achieve. We also use outcomes data and resident feedback to demonstrate our effectiveness, evaluate our services, identify what we are doing well, and drive continuous improvement.

K's journey from crisis to stability

K joined one of our Therapeutic Recovery Communities in early 2022 following a period of significant mental health turmoil. In the five years prior to joining our service, K had experienced nine mental health hospital admissions, spending a total of 617 nights in hospital. They also had a history of self-harm and had one serious suicide attempt.

During their time with us, K's outcomes improved substantially with no suicide attempts or incidents of self-harm. They did require three hospital admissions early in their journey with us, one for physical health and two for mental health reasons, but these totalled just eight inpatient days.

K continued to make good progress during their time with us, progressively becoming more active in the community and taking on more responsibilities. Earlier this year, with our support, K was able to successfully step down to a lower supported living service.

We saw an average 72% reduction in mental health hospital admissions among residents within the first 18 months of their placement

We also saw an average 71% reduction in incidents over 18 months

54% of our residents are currently employed, volunteering, in education, or engaged in other external activities

We celebrated seven residents who like K, moved to lower support or independent living this year

The impact of psychotherapeutic interventions on our outcomes

As the clinical lead at Highams Lodge, I've seen the impact of psychotherapeutic interventions when they're embedded within a community.

Historically, therapeutic communities had strict entry requirements and high expectations and were accessible only to a small number of people diagnosed with long-term mental health conditions. But here we intentionally welcome people with severe mental distress, often excluded elsewhere for being "too high risk."

At CHT, the psychotherapeutic intervention is not limited to a weekly session but is delivered by the *whole team* through a structured, consistent weekly therapeutic programme offering 24/7 support and containment. Staff have regular supervision, clinical meetings, and reflective practice, creating an environment where the whole community is contained and supported.

Many residents arrive at CHT with histories of broken relationships and disrupted lives. Their clinical notes read like a series of abrupt endings: discharge, relapse, non-engagement, eviction, admission, repeat. Many have been involved with services for years but rarely had the chance to be met where they are and begin their recovery journey.

Change for our residents often begins in small moments such as when a resident who sits silently for weeks gradually joins a community meeting, or when someone lashes out in fear but is surprised to be welcomed back, or when someone who spent years rejecting professional help, had absconded from hospital and slept rough, begins to stay during crises or after an argument with another community member.

These small moments are clinically significant. They show trust being built in the community and in the relationships at its heart.

Staff perspective

Valentina Chiricallo
Psychotherapist

Setbacks are accepted as part of recovery, and when the whole community responds to distress with curiosity instead of fear and supports one another, and when peers challenge each other with honesty grounded in care, you see the power of a community that comes together and supports each other through difficult times.

Over the past four years, I've witnessed what's possible when people are given the right environment. Placement breakdowns drop, breaking long cycles through acute services; self-harm intensity and frequency often decrease, and emergency calls are greatly reduced. Staff and residents grow together, learning to celebrate progress, navigate challenges, learn, repair, and move forward together.

Resident skill development

Our communities are strengthened by the diversity of perspectives and experiences everyone brings, and we have continued to increase resident involvement and embed co-production across our organisation this year.

People with lived experience sit on our Board of Trustees and Senior Management Team. Residents participate in organisational committees, ensuring they are able to influence strategy and improvement across our organisation.

We believe the people who use our services have a crucial voice in shaping them. We encouraged residents to share their thoughts and suggestions at community meetings and quarterly reviews. Residents also take part in our annual survey to help us understand their experiences and how to improve our services. The survey results are included throughout this report.

Our Expert by Experience (EbE) programme, led by Vikki, our Lived Experience Coordinator, offers training and development opportunities accessible for all residents.

This year, Vikki supported **five residents** to contribute to staff induction training and share their experiences of receiving support. **Sixteen residents were involved in workshops**, including 'Train the Trainer', about how to design and deliver training for facilitators with lived experience.

We have welcomed out first lived experience volunteer, a former resident of CHT, and created a package of support and training. This allows former residents to use their lived experience to support others whilst building skills, confidence and work experience.

The EbE Programme also offered **28 Lived Experience Peer Groups** over the year, a supportive space to share learning, build confidence and develop leadership skills.

> **"[I learnt] how to conduct myself in a professional environment and how to work round mental health [and] how the seating is arranged and pre-planning the environment to make it feel psychologically safe"**
>
> **Train the Trainer feedback**

Our EbE programme is supported by:

COMMUNITY FUND

89% of residents said they feel that staff treat them with **kindness and respect**

Dual perspectives on trauma

Our residents often arrive in our communities carrying trauma, harmful coping strategies and feelings of uncertainty. At the same time, our staff experience the emotional impact of supporting people through distress and navigating complex situations.

As a Psychologically Informed organisation, we provide the support and containment that enable both staff and residents to tolerate difficult emotions and build resilience.

This article, adapted from a presentation co-developed by staff and residents, shows that while individual experiences may differ, staff and residents often move through similar emotional pathways. Recognising these experiences helps us better understand one another and create environments where both residents and staff feel supported.

Understanding how staff experience trauma

The first time I saw self-harm, I was shocked and took those feelings home. I felt increasingly responsible for keeping everyone safe and wanted to fix things, but I didn't know how to sit with pain.

Over time, I became a 'favourite' among residents, which felt like an honour but also a burden. I thought, "If I'm not here, everything will fall apart." I felt I could never step back and felt guilty when I tried. The emotional cost included sleep loss, intrusive thoughts, replaying events, emotional detachment, and burnout. I realised I couldn't handle this alone. I had to reach out to other staff and use the tools available in the community. I learned to use supervision, reflective spaces, journaling and teamwork to hold these painful emotions. I learnt that healing is relational and that staff need recovery spaces as much as residents. I learnt I don't have to carry things alone.

Understanding our residents' experiences

When someone has experienced a similar trauma to you, you really feel it. It can be comforting, in that you are not alone, but also evoke a reaction. Initially, there were quite a lot of triggers...I saw people actively struggling with the same things...I was angry and worried about other people.

I felt defensive because of my memories of restraint in hospital and people saying I was a risk....I gradually saw that people here understand what comes with mental illness and trauma. I never expected I would still be alive at this point and coping.

I used to hold a lot for other people, and I've been able to share things in therapy and keywork, which are safe spaces for me. I've learned how to say no. I learned that the more I share, the less consumed by it I am.

How volunteering is playing a role in my mental health recovery

Resident perspective

We support residents to discover opportunities and new interests, and explore ways they might want to get involved in education, employment or volunteering. Here, one of our residents shares how he's found meaning and healing through his experiences volunteering.

I started volunteering because, in the past, I've never done much in the way of positive things. And I just thought it was time for a change. I've achieved a lot in the last few years, and I just wanted to continue doing more positive things. I think the staff here suggested volunteering in a local shop or something. That's where I got the idea.

I got in touch with an organisation called Shepherd's Star, which offered a six-week programme called the 'Explore to More' course.

The course offers opportunities for training in things like DIY, getting a barista qualification, and a volunteering opportunity at Kew Gardens.

I've now gained skills in coffee making; it's a bit of an art form, and it takes time and patience. I now volunteer at Shepherd's Star making coffees and at Kew Gardens doing litter picking.

Volunteering is helping me become more social. It's helping me cope with things like depression and anxiety.

When I was younger, I was never as sociable as I am now. I found it very hard to socialise properly.

Volunteering at Shepherd's Star also got me my first job in a café, which was great. It didn't work out because the manager had to make a few cuts, and unfortunately I was one of them, but it gave me a real sense of achievement.

At Kew Gardens, it's nice to walk around and just take in nature and the people there are fantastic. I do other things besides litter picking. On my rounds, if I see anything that's not safe, I can report it.

In the beginning, I was very nervous about volunteering, but I pushed through it.

I think just the fact that I've gotten out of bed and just the fact that I have managed to keep this routine, this structure, and do something so positive is a big deal, considering the person that I used to be.

If I can, I want to achieve more. I want to get another job and then start working again, because I think I'm capable of that.

54% of our residents are currently employed, volunteering, in education, or engaged in other external activities

Sharing our learning

We are committed to sharing our learning in relational approaches to recovery and each year take part in conferences, training and special events.

CEO Dr Peter Cockersell and collaborator, Dr Sione Marshall, launched their new book, **'Implementing Psychologically Informed Environments (PIE) & Trauma Informed Care: Leadership Perspectives'**, at an online event, where chapter authors, including CHT's Deputy CEO Jalil Kane and our Head of Training Iwona Munia, shared their experiences applying PIE at CHT, the NHS, and local authorities.

Iwona delivered a presentation at the Freud Museum for the **Polish Association of Psychodynamic Psychotherapy** (Rzeszów area) on how the CHT model supports adults with complex mental health needs.

Peter spoke at the **European Conference on Integrated Care & Assertive Outreach** in Copenhagen with Dr Alessandra Martinelli and Professor Jaap van Weeghel about new ways to improve mental health systems and help people join their communities.

Peter also gave a presentation at the **BigSpd (British and Irish Group for the Study of Personality Disorder)** conference on "Leadership in Psychologically Informed Environments and Trauma Informed Care".

CHT staff also attended **The Consortium of Therapeutic Communities (TCTC)** conference, where Qayanat, our Therapeutic Practitioner at Lilias Gillies House, presented on her growth as a practitioner and the challenges of vicarious trauma.

We were also incredibly proud of the fourteen graduates of our accredited **Level 7 Diploma in Relational Practice in Mental Health**, who received their certificates at a graduation ceremony at the Freud Museum in March.

Our accredited Level 7 Diploma is for professionals working with adults experiencing emotional and psychological distress or mental health challenges who want to deepen their understanding of relational practice in mental health treatment and recovery.

Students this year included CHT staff and learners from the NHS. Feedback was overwhelmingly positive, with all students rating materials, seminars, lectures, communications and reflective groups as **'Good'** or **'Excellent'**.

QUALIFI APPROVED CENTRE

Congratuations to the
fourteen graduates of our
Level 7 Diploma in Relational
Practice in Mental Health

Developing & supporting staff

We invest in staff training, reflective practice, and supervision so that everyone has the skills and confidence to provide the quality support needed for our residents.

We are delighted that **eleven staff members** completed our Level 7 Diploma in Relational Practice in Mental Health, and a further eight will begin the next course start date in September.

Among them was Alistair, our Service Manager at Highams Lodge, who shares his experience of returning to study as an adult learner.

“Before joining CHT, I had worked with people living with autism, those experiencing homelessness, and young people exiting gangs, but not in mental health. I was nervous at first, having not studied as an adult for decades, but learning with colleagues who shared my concerns helped.

At CHT, positive risk-taking is central to resident recovery. I thought about this when I felt stretched. Reflective practice at the end of each day provided important support with this.

I learned about interpersonal dynamics, mental health, suicide, group work, and safeguarding. The course also gave me a greater understanding of my role in relationships at work and personally.”

We were also pleased to offer all of our Team Leaders the opportunity to start their **ILM Level 4 Diploma in Leadership and Management** this year.

Alongside benefits like training and time allocated for personal therapy within working hours, we have also enhanced our **Employee Assistance Programme,** which offers 24/7 confidential support to all staff and their family members.

In November, we held our annual staff conference on the topic of 'development'. Teams across our communities shared their development journeys over the past twelve months, discussed ideas for a CHT-wide trip for staff and residents, and learned about opportunities to develop their skills and experience in 2026.

> **“I loved the theme for the staff conference and the opportunity for the individual teams to express themselves within it. I loved all the various sections of the day”**
>
> **Holly Moore, Service Manager**

We'd like to thank our wonderful staff
for their dedication and care

The Elly Jansen Award

The Elly Jansen Award is the annual celebration of research and creative approaches in therapeutic communities. The Award is managed by CHT and is a legacy of Elly Jansen OBE, a prominent figure in the development of therapeutic communities globally.

The winner of the 2025 Original Article Award was Marilyn Ruttley, a senior caseworker and expert-by-experience speaker, for her article **"I had skills to offer; I wasn't just a patient".**

Drawing on interviews, focus groups and her own experiences, Marilyn showed how including people with lived experience in research can boost confidence and skills, and provide educational and psychosocial benefits alongside therapy. Marilyn presented her paper at the annual TCTC Conference, and the paper is soon to be published in the Mental Health Review Journal.

Remembering Elly Jansen OBE (1929 - 2025)

Elly Jansen died this year, aged 96, after a lifetime dedicated to the field of mental health and the development of therapeutic communities globally.

Surviving trauma in wartime Holland, Elly established her first therapeutic community in Richmond in 1959, living there alongside the residents.

Its success led Elly to establish the Richmond Fellowship, through which she promoted the reintegration of mental health patients into mainstream society, and which expanded internationally to Australia, New Zealand, India, Hong Kong and the United States, among others.

She published two influential books and went on to found several other charities (including what became CHT).

Elly brought compassion to mental health treatment, with an approach that emphasised community, self-acceptance, and positive risk-taking, to promote the reintegration of mental health patients into mainstream society.

Elly's legacy endures through her lifetime's work and the Elly Jansen Award, which continues to positively impact mental health care worldwide.

My placement experience

Volunteer perspective

Alice Turay, Student Mental Health Nurse

Training institutions increasingly recognise the quality of our relational model of care, and this year we welcomed students in modalities such as art therapy, Gestalt therapy, social work and mental health nursing to our communities. Here, Alice Turay shares her experience on a placement at Highams Lodge.

My decision to become a nurse followed an experience where someone I knew faced some challenges, and I didn't know how to support them.

This is the first placement where I've seen such strong interactions between staff and residents. Residents take an active role in their care and raise concerns at community meetings. My first meeting was fascinating: one resident chaired, another took minutes. I hadn't seen this level of responsibility in a mental health setting!

I've really enjoyed the hands-on experience and getting to know the residents.

On Tuesdays, I join community meetings and a reflective group where staff and residents share successes and discuss concerns or challenges from the week. In budget meetings, residents order food and plan community meals. On Fridays, there's a film night where residents choose the film to watch.

In other placements, I've had minimal interactions with people being treated, outside of administering medications. Here, it's different. It feels like a community and a home. I really get the sense that staff are here to support, not to do things to or for residents.

I am gaining valuable learning and cannot wait to share my experiences with others on my course!

Thank you

Like many other charities, we have faced a financially challenging year due to the broader economic climate in the UK.

Integrated Care Boards and local authorities, our key commissioning partners, have experienced budget pressures which, in turn, have led to longer waiting times for funding approval and increased pressure on us to reduce costs, even as demand for support for people with complex needs has grown. Fundraising has also been challenging, with greater competition for trust income and cost-of-living pressures making it harder for people to donate to good causes like ours.

As a result, although we remain financially stable, we spent more than we received this year and are operating at a deficit. However, we are entering the new financial year on a stronger footing.

Our Board of Trustees has approved a new three-year plan to ensure long-term financial stability, deliver high-quality support to all who need it, and restore our reserves over the next twelve months.

We are incredibly grateful to our donors and funders, whose generosity ensures we can continue offering our support, which would not be possible through statutory funding alone.

Thank you to our donors and funders

The Adint Charitable Trust
Chalk Cliff Trust
David Family Foundation
The National Lottery Community Fund
The Percy Bilton Charity
The Shanly Foundation
The Vernon N Ely Charitable Settlement
Westfield Health
William Allen Young Charitable Trust
WO Street Charitable Foundation

Thank you to our Trustees

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Sebastian Oram
Neelam Khawani-Connett

Thank you to our partners

Looking ahead

As demand for community mental health and crisis support continues to grow across the UK, our work has never been more important. To ensure we can meet the increasing need for person-centred, quality care, we aim to:

Expand our services

We plan to expand our services to high-need areas and develop additional move-on flats to meet the growing need for supported living services, increasing our capacity across all our services.

Strive for excellence

We aim for CHT to be recognised as a benchmark for high-quality residential rehabilitation and clinical practice for people with complex presentations. In the next few years, we are commited to achieving Enabling Environments accreditation and demonstrate sustained or improved quality across all communities.

Amplify residents' voices

We will further develop clear and defined routes for resident voice and co-production by expanding the Lived Experience Co-ordinator role, formalising resident feedback mechanisms, and embedding the 'co-production working group' model in system improvement.

Share our learning

We will explore transitioning our Diploma to a hybrid programme and continue offering a Lived Experience Bursary to help reduce financial barriers to professional growth. We will work on becoming a UKCP-accredited clinical training provider and will expand our external training programme so our expertise and learning can reach wider audiences.

CHT

Community Housing & Therapy

> “There is more freedom here than in hospital. There’s always someone to talk to. I enjoy cooking and having the use of the kitchen. I enjoy going on trips”
>
> Resident feedback 2026

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MINDFUL EMPLOYER

QUALIFI APPROVED CENTRE

FR FUNDRAISING REGULATOR