MENTAL HEALTH DAY SERVICES REPORT

1. Summary

1.1 This report presents a review of Mental Health day services provided in the community in Bath and North East Somerset.

2. Background

2.1 The drive to modernise day services for people with mental health problems and improve recovery and social outcomes is in line with current policy and legislation. Local day services have evolved over time and as a result provision is uneven. There have been changes and developments in the service in recent years but there had not been a systematic review of local provision and commissioning arrangements. The review has been undertaken to address this need.

3. Development of Mental Health Services

3.1 A full report of the review is attached. It was initiated in advance of the wider change programme for Mental Health services but is informed by the same principles and values and is an important element of the whole system developments that are proposed in the report “Developing Mental Health Services in Bath and NES”. The recommendations of the Day Service Review are included in that wider change programme.

4. Recommendations

4.1 To note the content of the Review and its contribution to the development of mental health services in Bath and NES.

4.2 To agree the recommendations in the context of the change programme proposed in the report to the JCB on 12th June “Developing Mental Health Services in Bath and NES".
Review of Mental Health Day Services for People of Working Age in Bath and North East Somerset

1. Background – reasons for the review

1.1 Social Exclusion

The Social Exclusion Unit report ‘Mental Health and Social Exclusion - 2004’ identified very clearly the extent to which adults with mental health problems were socially excluded -

‘Only 24% of adults with long term mental health problems are in work and too many spend their time inactive and alone. Mental health problems are estimated to cost £77 billion per year through care costs, economic losses and premature death. Severe mental health problems are relatively rare and are strongly associated with poor social outcomes. Depression and anxiety are more common, with the highest rates found among socially disadvantaged groups.’

Consultation conducted by the Unit with service users identified the need for more opportunities and support to enter employment and for greater opportunities to participate in mainstream social and recreational opportunities. Day services have a key role to play in promoting social inclusion but the report spelt out a radical agenda for the way in which day services are provided in the future.

The action plan attached to the report gave day services 6 key objectives –

- Offer access to supported opportunities
- Provided person centred provision; to cater for all individuals, including those with the most severe mental health problems
- Develop strong links and referral arrangements with community services and local partners
- Provide befriending, advocacy and support to enable people to access local services
- Involve people with mental health problems in service design and operation
- Focus on social inclusion and employment outcomes

1.2 Policy Background

The drive to modernise day services for people with mental health problems and improve recovery and social outcomes is in line with current policy and legislation including –

National Service Framework for Mental Health – DoH 1999
Mental Health and Social Exclusion – ODPM 2004  
Independence Well Being and Choice – Adult Green Paper DoH 2005  
From Segregation to Inclusion : Commissioning guidance on day services for people with mental health problems  
Supporting People into the Mainstream – Implementing women –only day support (DoH /NIMHE 2006)  
Our Health Our care Our Say - a new direction for community services, White Paper, Dept of Health Jan 2006

‘From Segregation to Inclusion : Commissioning guidance on day services for people with mental health problems’ – identifies 4 key functions for day services

I. Provide opportunities for social contact and support e.g. somewhere to go during the day with opportunities for social contact and peer support on a drop in basis

II. Support people to retain existing social roles, relationships and existing activities, this can include social roles, friendships, employment, education and activities.

III. Support people to access new roles, relationships, and mainstream social /leisure opportunities of their choosing

IV. Provide opportunities for people with mental health problems to run their own services and provide mutual support

1.3 Recent changes in local provision

Local day services have evolved over time and as a result provision is uneven across the area. The employment team has proved successful in supporting people into work and helping people to retain employment but it is working at full capacity and there is frequently a waiting list. Collaboration with partner agencies and mainstream service providers has brought benefits in terms of accessing universal services but service users tell us that this is something that they would like to see developed further. There clearly are gaps in the service; women and other service users with caring responsibilities still find it difficult to access any kind of day service. At the same time, some service users are using Direct Payments giving them greater flexibility and choice.

The nature of local building based day services has changed in recent times with the closure of the Green Park facility and the transfer to Combe Park. Bath MIND have vacated the premises in which they provide their drop in facility. Although there have been changes and developments in recent years, there has not been a systematic review of local provision and commissioning arrangements for some while.
1.4 Role of Mental Health Strategic Development and Implementation Group (SDIG)

The SDIG is a multi agency group including service users, which operates under the aegis of the Joint Commissioning Board. The SDIG instigated the review of day services so that it could make informed recommendations to the Joint Commissioning Board regarding the strategic direction of future commissioning. The working group will report to the SDIG in March 2007.

2. Objectives of the Review

2.1 To gather views from service users, carers, staff and service providers about
   • what they value about current services
   • what areas of need are currently not met by services
   • how they would like to see services develop

2.2 To review the current provision
   • nature and scope of in-house services
   • nature and scope of commissioned services
   • Direct Payments – take up
   • resources – workforce, budgets
   • take up of services – number of users and pattern of use
   • referral patterns and criteria for accessing services

2.3 To evaluate current outcomes for service users
   • assessment and care planning
   • access to mainstream activities
   • moving into and retaining employment
   • well being and health
   • information and choice

2.4 To map local partnerships and community provision

2.5 To map gaps and inequalities in service provision

2.6 To identify future needs/demands

2.7 To formulate recommendations for the Mental Health SDIG about future models of day service provision.

3. Structure and Methodology of the Review

3.1 The review has been led by a Steering Group with the following members –

Andrew Evans - Rethink,
Jenny Knowland – Bath MIND,
Ron Bevan, Supported Living Services, Bath and North East Somerset Council
Anne Kendall - Group Manager Mental Health Bath and North East Somerset Council (left in October)
Meryl Williams – Service User
Sue Sherrin - Bath MIND
Becky Zbijowski – a psychology student working with AWP.
Grant Davis - Bath MIND
Pam Richards – Group Manager Social Services, Bath and North East Somerset Council

3.2 The Steering Group undertook some initial research and reviewed current policy initiatives and good practice. They chose the life domains identified in Toolkit for Redesigning Mental Health Day Services in London¹ as a starting point and asked stakeholders whether these should form the basis of mental health day services. The domains are –

- Social contact
- Education (all types excluding employment)
- Art and culture
- Sport and leisure
- Volunteering and community involvement
- Employment (including employment training)
- Faith and meaning

Questionnaire - The questionnaire was designed by the Steering Group and circulated to service users, practitioners and carers to seek their views on day service provision locally. It was analysed and collated by Becky Zbijowski, a psychology student working for AWP.

Stakeholder Day - The Steering Group organised a stakeholder day on 31st October 2006 which was well attended by service users, carers, and representatives from the voluntary, statutory and community sectors who provide services relevant to the domains (see above). Workshop discussions gathered views on how services and activities could be improved and made more accessible to people with mental health problems.

Mapping - The mapping of local services (statutory, voluntary, and community) – a questionnaire was designed by Rethink and then distributed and collected by Ann Robb from Community Support. Mapping current and future demand for the service was undertaken using data from the AWP database MARACIS, the results from the questionnaire and discussions with managers of the current services.

The review findings were collated by Pam Richards, Strategic Planning Manager, Social Services.

¹ Redesigning Mental Health Day Services – A Modernisation Toolkit for London – Care Services Improvement Partnership Sept 2005
Recommendations were agreed by the Steering Group.

4. Views of Service Users, Carers, Practitioners and Service Providers

4.1 Questionnaire

Views were sought from service users, carers and practitioners via a questionnaire (see appendix 1).

The life domains were used as the basis for asking people to reflect on the adequacy of current provision and the priorities for development.

The response rate to the questionnaire was relatively good – 98 service users participated, however these were mainly users of current day services and there were very few responses from the many other service users who receive a service from the CMHTs. 22 practitioners and 13 carers responded. The questionnaires invited comments as well direct answers and these provide a helpful insight about what is valued about current services and what people feel should be the priorities for the future.

Conclusions

- There was a strong majority view that there was a need for some exclusive day services for people with mental health problems.
- The need for social contact was rated as most important with all participants and was a theme running through all the responses.
- Other domains, particularly sport and leisure, were considered important. Faith and meaning had the lowest score of all the life domains.
- The questionnaire revealed a considerable lack of information about other resources and facilities available.
- Practitioners and service users identified a need for more personalised support tailored to the needs of individuals.
- Concern was expressed that the needs of specific groups of users – young people and women were not being met adequately through the existing services.
- Although there was high support for exclusive mental health services, it was also felt that there should be more support to help people use mainstream services.
- Support to gain employment was rated as important.
- There was considerable support for more time being spent on mental health promotion and early intervention.
- 85% of service users identified provision of weekday daytime activity as very important whilst the number rating weekend daytime provision as important was around 39%. 42% identified provision on weekdays.
evenings as very important but this number reduced to less than 30% for weekend evenings.

- It was felt that more funding was required to develop day services and that more assistance was needed for service users to overcome some of the financial barriers to accessing mainstream services.

### 4.2 Stakeholder Day

A stakeholder day was held in October and was attended by service users, carers, practitioners, providers of day services, providers of mainstream services and representatives form other voluntary organisations and community groups.

Workshops were held on the following areas

- Volunteering
- Sports and Leisure
- Faith and meaning
- Employment
- Education and learning
- Art and culture

The workshops discussed :-

- The benefits of participating in these areas
- The kind of services that are working well now
- The kind of services they would like to see these developed in the future
- The issues and barriers to participation

### 4.3 Key Messages

- Many existing day services are highly valued by both service users and carers.
- Opportunities to participate in art, leisure and sporting activities were important to service users.
- Educational and learning opportunities were valued but people felt there should be more community based courses for enjoyment and to build confidence.
- There are some good partnerships with outside agencies but these need to be developed and expanded.
- Service users need a clear pathway and individualised programme and help to navigate the system in order to help them to move on.
- There is a need for more and better information to help people to access mainstream services.
- Health promotion and prevention should be a key part of day service provision.
- Different provision is needed to address the needs of younger people and people with caring responsibilities.
5. Mapping Current Provision and Gaps in Services

5.1 Directly provided or commissioned

### Statutory Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Main activities</th>
<th>Social Inclusion Rating</th>
<th>Numbers using service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miles House Day Hospital</td>
<td>Therapeutic</td>
<td>Mental health setting</td>
<td></td>
</tr>
<tr>
<td>Community Support Work Service, Social Services</td>
<td>Social, educational arts and culture</td>
<td>Mainstream but within MH group</td>
<td>120</td>
</tr>
<tr>
<td>Mosaic, Social Services</td>
<td>Social, educational arts and culture</td>
<td>Mainstream but within MH group</td>
<td>29</td>
</tr>
<tr>
<td>Work Development Team, Social Services</td>
<td>Employment, education, volunteering</td>
<td>Mainstream</td>
<td>45</td>
</tr>
<tr>
<td>Direct Payments</td>
<td>Social, educational, volunteering</td>
<td>Mainstream</td>
<td>3</td>
</tr>
</tbody>
</table>

### Voluntary Independent Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Main activities</th>
<th>Social Inclusion Rating</th>
<th>Numbers using service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rethink, Commissioned Block contract</td>
<td>Social, educational, arts and culture, sports</td>
<td>Mainstream but within MH group</td>
<td>60</td>
</tr>
<tr>
<td>Bath MIND, Commissioned block contract</td>
<td>Social, educational, arts and culture, sports</td>
<td>Mainstream but within MH group</td>
<td>125</td>
</tr>
<tr>
<td>N.E. Somerset Arts, Commissioned</td>
<td>Art and culture</td>
<td>Mainstream but within MH group</td>
<td>*</td>
</tr>
<tr>
<td>Mendip Vale Workshops, Commissioned block contract and spot contract</td>
<td>Employment,</td>
<td>Mainstream but within MH group</td>
<td>4 block places plus some spot places</td>
</tr>
<tr>
<td>Nature works, Spot contracts</td>
<td>Employment</td>
<td>Mental health setting and Mainstream but within MH group</td>
<td>Around 12 places per week</td>
</tr>
</tbody>
</table>
5.1.1 The majority of commissioned activity does take place within the community but most service users experience this activity as part of a mental health group. There is some individualised support offered for service users but this is limited. The take up of direct payments is very low.

5.1.2 There have, until recently, been 2 day centre bases in Bath. The centre in central Bath (run by Bath MIND) is in the process of closing and the other centre is located out of the centre and attendances have dropped since this facility moved from a central location.

5.1.3 Most of the groups have good links with the wider community and church groups which leads to service user participation in arts, sports, keep fit, community education and volunteering. Many of the services listed above work collaboratively with a range of other agencies including Job Centre Plus, the Benefits Agency, and the Bath and NE Somerset Sports and Active Leisure Team, Community Learning Service and the Arts Development Team. In addition many staff have links with community based groups and churches.

5.1.4 Some practitioners make use of the Care Forum database Room 102 which lists a range of local agencies, services and activities. The Community Development Service also produces a guide for Norton Radstock and Chew Valley but not for Bath. However, there are gaps in knowledge and it is still difficult for service users to find out this information for themselves and navigate the system. Liaison with the faith community and other community groups could be helpful in mapping this.

5.1.5 Most activities are offered as a weekday service. There is a Wednesday evening service run by Community Support and a Saturday service provided by Retthink.

5.1.6 The Work Development Team provides support to service users considering entering employment and to those who are at risk of losing their job. A report written by the team in March 2006, ‘Employment and Mental Health’\(^2\) points to research which demonstrates the value of early intervention in helping people with mental health problems retain jobs. This is especially effective at the primary care level and leads to reduced visits to the GP.

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\(^2\) Employment and Mental Health – the role of the work development team and job retention-compiled by Ron Bevan, Supported Living Manager, March 2006
reduced medication costs and fewer referrals to secondary care services. The Tomorrow’s People specialist employment charity, which bases staff in GP practices, has had great success working with disabled people and people with mental health and supporting them back into work.

5.1.7 The Work Development Team would like to expand this area of their work but currently has no capacity to do so. This is identified as a gap in provision. A new Employment Forum which brings together the Work Development Team, the Community Day Services Team and other statutory services such as JobCentre Plus is working on pathways into employment. Occupational therapists play a key role in assessing the work skills of service users and assisting with the preparation for work.

5.1.8 Natureworks, and Mendip Vale Workshops offer paid supported employment. Genesis provides work and volunteering opportunities at their workshop and elsewhere. All these organisations have the potential to develop as social firms/enterprises which would provide additional work opportunities.

5.1.9 The mapping of services suggested that there was some duplication of activity i.e. two centre based facilities in Bath although MIND is a drop in facility and service users do not need to be on an ICPA. The closure of the MIND drop in centre offers an opportunity to review the nature and location of this type of provision.

5.1.10 There is some evidence that services are rather open ended and many individuals are not supported to move on. A more systematic approach to focusing on outcomes and wider life goals for individuals needs to be implemented.

5.1.11 Service users valued sessions that they had attended which focused on health promotion and helped them to take exercise. They would welcome more support to maintain mental health and well being. This preventative approach is recognised in the White Paper ‘Our Health Our Care Our Say’ which recommends that this should be included in the future development of Choosing Health initiatives. The Paper also advocates greater involvement by primary care in tackling mental ill health.

5.1.12 The rural areas of Bath and NE Somerset have limited provision and service users often require assistance with transport to participate. The Chew Valley area presents particular challenges. The edges of B&NES are rather blurred as service users on the fringes often look to other places such as Bristol for work and leisure activity.

5.1.13 The average age of service users attending the day services is 48 years which is significantly higher than the average age of service users in the

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3 Our Health Our Care Our Say – a new direction for community services, Dept of Health Jan 2006
service. This suggests that the service is not adequately meeting the needs of some younger service users (see par 7).

5.1.14 There are far fewer women using the service than men, there are currently 2 women only groups in Bath. NE Somerset Arts ran successful sessions for women suffering from post natal depression – Out of the Blues and Blossoms. Participation by women is often restricted because they have caring responsibilities so more work needs to be undertaken to establish the kind of support and activity they need.

5.2 Wider Provision Community Provision

<table>
<thead>
<tr>
<th>Other services which provide services/opportunities for service users</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
</tr>
<tr>
<td>Community Day Services Team (Bath and NE Somerset Council)</td>
</tr>
<tr>
<td>Genesis Project – workshop, computer training, Lifeline for homeless people</td>
</tr>
<tr>
<td>Envolve – environmental projects</td>
</tr>
<tr>
<td>Adult Community Learning</td>
</tr>
<tr>
<td>Bath City College</td>
</tr>
<tr>
<td>Radstock College</td>
</tr>
<tr>
<td>Aquaterra</td>
</tr>
<tr>
<td>Drugs and Housing Initiative – The Shed</td>
</tr>
</tbody>
</table>

This review has not included the support provided by Supported Living providers and schemes but recognises that this plays an important part in supporting people in the wider community and enabling them to access to mainstream activity. Clearly there is some overlap and it is important for commissioners and providers to work closely together to maximise all the support available and avoid duplication and repetition of assessments and support.
6. Outcomes for Service Users

The use of outcome focused plans for people using day services is limited and not systematic. Most service users accessing day services will have an ICPA but this is not required for access to all services, for example, people using the MIND drop in centre or their advocacy and befriending services do not necessarily have an ICPA. The Enhanced Care Programme Approach lists the following potential needs in the assessment –

- Employment
- Income and welfare benefits
- Accommodation
- Physical health
- Domestic support
- Cultural and faith needs
- Independence and social contacts
- Psychological therapies
- Direct payments

The assessment and planning process concentrates on identifying the need and referring to an appropriate service. In general, the plan does not record desired outcomes or the goals that the service user wishes to achieve. All the work and research on promoting recovery and social inclusion indicates that a key to success is the agreement with the service user of a tailored individualised support plan⁴. This process should start with the commissioner and it can then be worked up in detail with a support worker. This also requires regular review to ensure that general outcomes are being achieved including recovery goals. This process of review requires greater continuity and communication between the acute and community sector to promote early intervention when support plans are not working.

The person centred planning approach is already well developed in the Work Development Team. Some independent sector providers also have very good person centred practice, for example, MIND works with the service user on a Personal Development Plan and Rethink produces an Individual Recovery Plan. This approach is also central to the concept of self directed care and individual budgets. Supporting People providers also agree support plans with service users. There is potential here for overlap and duplication of assessment and planning where several service providers are involved.

Clear outcome focused care plans and individualised support plans are the key to developing a more inclusive day service with the emphasis on recovery but there needs to be greater co-ordination and regular reviews for this approach to be really effective.

⁴ From Segregation to Inclusion: Commissioning guidance on day services for people with mental health problems – CSIP DOH Feb 2006
7. Unmet Needs

Current Service User Profile across the Mental Health Teams (Jan 2007)

<table>
<thead>
<tr>
<th>Team</th>
<th>Age 18-25</th>
<th>26-45</th>
<th>46-65</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath North</td>
<td>57</td>
<td>209</td>
<td>176</td>
<td>216</td>
<td>226</td>
</tr>
<tr>
<td>Bath South</td>
<td>76</td>
<td>249</td>
<td>175</td>
<td>231</td>
<td>269</td>
</tr>
<tr>
<td>NE Som.</td>
<td>42</td>
<td>173</td>
<td>136</td>
<td>157</td>
<td>193</td>
</tr>
<tr>
<td>Recovery</td>
<td>5</td>
<td>51</td>
<td>18</td>
<td>54</td>
<td>20</td>
</tr>
<tr>
<td>ACT</td>
<td>9</td>
<td>37</td>
<td>9</td>
<td>29</td>
<td>12</td>
</tr>
<tr>
<td>IHTT</td>
<td>2</td>
<td>12</td>
<td>7</td>
<td>6</td>
<td>15</td>
</tr>
</tbody>
</table>

ACT = Active Community Team
IHTT = Intensive Home Treatment Team

Nearly all these service users have a CPA recorded. There are similar numbers of female service users to male service users across the teams. The percentage of service users recorded as from a black or other ethnic group minority group is approximately 4%.

The profile of users of day services is not very representative of the user population as a whole the following groups are under-represented
- Women
- Younger people.

The comments of practitioners indicate that there are groups of service users for whom the current commissioned day services do not provide a very appropriate service - this includes
- People who have a dual diagnosis
- People who are homeless
- People in rural areas

8. Resources

The total expenditure on day care (health and SS) = £624,000
(this excludes any specific individual work undertaken by care co-ordinators and professional practitioners)

Expenditure breakdown

24% provided by AWP MH Trust = £150,000
76% provided by Social Services = £474,000
34% of SS funding is spent on commissioning services from the voluntary and independent sector = £212,000

90% of funding is spent on block contracts
10% is spent on spot contracts

Funding streams

Mental Health Grant (paid to Social Services) = £150,231

Service users are not charged for using day services but do pay at a concessionary rate for using outside facilities as part of group activities e.g. sports centres.

9. Summary of Findings

The working group has drawn the following conclusions from its review of day services

- There is a clear need for some exclusive day services for people with mental health problems.
- There remains a need for some kind of resource centre in central Bath which is readily accessible from all parts of Bath and beyond. Ideally this centre would offer both structured group work and social space plus access to information and advice.
- The majority of commissioned services are group focused rather than being based around individual support.
- 90% of commissioned services are based on block contracts which reduces the flexibility for extending direct payments and individualised support.
- There is limited evening and weekend support in the current day service provision. This is particularly important for people who are socially isolated.
- Service users and practitioners want to see more resources devoted to supporting people to use mainstream services and promoting social inclusion.
- There is limited use of a person centred planning approach. The Work Development Team provides a good model of practice and produce personalised support plans tailored to the needs of individuals. Other independent providers also work on support plans with service users. There is a need to ensure that these plans are joined up and also link with Supported Living plans.
- More attention should be given to promoting Direct Payments to support a more personalised approach.
- There is considerable knowledge within the day service about local resources but this could be expanded and needs to be made more accessible for service users in order to help them to make choices.
• There is evidence of good partnership working and this has been the key to enabling service users to participate in all the life domains. This approach would benefit from further development.
• Expanding services to help people into work and to retain employment was seen by everyone as a key priority.
• Early intervention was seen as particularly important in retaining employment. This is currently underdeveloped and ideally should be developed in primary care with GPs playing a key role in identifying and referring people at risk.
• The role of occupational therapists was viewed as very important in the assessment and development of skills for work.
• Better communication between the acute health services, CMHTS and the community sector could help to avoid hospital admissions
• There are groups of service users who are under represented in the current day service – young people, women, people with a dual diagnosis, and homeless people. Day services need to adopt different approaches and services to include these groups.
• Providing a day service in the most rural part of the authority is challenging and very dependent on the provision of transport.
• A need for more health promotion, particularly with regard to mental health and emotional well being, was identified.

10. Recommendations

Vision

Day services will promote physical and emotional wellbeing and provide support to regain and maintain mental health. The service will be based on the principles of recovery, self help, early intervention, and social inclusion. The service will challenge discrimination and negative views of mental health.

Model

This is an outline model of the way the working group would like day services to develop over the next three years.

Person centred planning

• Introduce an outcome focus to all care plans
• Develop a systematic Person Centre Planning Approach in developing support plans across the service (including commissioned services)
• Ensure that there is co-ordination of support planning between providers of day services and other providers such as Supported Living
• Promote the regular review of care plans involving providers of day services and service users to ensure that outcomes are being achieved and needs met

Services and Commissioning
• Maintain some MH exclusive service in central Bath but limit investment in building based support
• Use the centre (above) as a resource centre to offer a base for group work, social support and information and advice
• Refocus commissioning to increase resources for vocational services including early intervention in primary care to promote job retention
• Reduce the amount of service commissioned through block contracts in order to increase the capacity for more individualised support including DPs
• Work closely with the Health Promotion Services in both the Council and the PCT to ensure that mental health and well being is included in future programmes of work
• Build the capacity for more services to be user led

Building Capacity
• Create a new development worker role from within existing resources to work with partner agencies to expand opportunities in all the life domains
• Re-focus the support worker role to provide more individualised support and less group work
• Develop an action plan to reach under represented groups of service users
Model for Day Services

- CMHTs and other Mental Health Teams
- Acute Care
- Providers of Supported Living
- Vol Orgs providing Mental Health services & support
- Primary Care
- Support Plan with clear outcomes
- Social Inclusion
  - Work / Volunteering / Arts / Sport / Leisure / Education / Learning
- Resources (single point of entry)
  - Information/advice
  - Home support
  - Befriending
  - Advocacy
  - Health promotion
  - Employment Support
  - Direct Payments
  - Preventative Service (Primary Care)
  - Community development
  - Community support
  - Day Services (centre, groups)

Final ver March 2007