This year, we have made huge progress in identifying and forming new partnerships that will help us to support more people on their journey to independent living. We want to reach more people with complex needs or who are in contact with the criminal justice system, and in January, we were selected by the Department of Health to lead a major trial site of Liaison and Diversion Services in London. We are now working in partnership with three NHS trusts to deliver services in 13 custody suites and seven courts, making sure that people can access the support they need and aren’t unnecessarily held in custody. We have also developed an Intensive Clinical Support model to help people with very complex needs move from high-care inpatient beds to more independent living, and hope to open our first of these services in 2014/15. We look forward to developing further the leads we have formed this year to work alongside NHS trusts, clinical commissioning groups and a range of other organisations, always with the aim of supporting more people in a way that gives them the best possible chance to live the life they want to lead.

We are privileged to have enthusiastic, dedicated people – staff, volunteers and service users alike – working alongside us to achieve our goals, and we look forward to sharing further successes with them over the next year.

Liz Felton, CEO

The opportunities presented this year by new commissioning structures have come with their own set of considerations, including specific responsibilities relating to governance. In response to this, we have welcomed several new members to our board of trustees this year, who bring with them a wealth of skills and perspectives including lived experience of mental distress. While we have been looking to other organisations to complement our expertise and partner with us, they and others like them have been looking to us for advice, training and guidance, particularly in the areas of criminal justice and service user involvement. As we prepare to celebrate the ten-year anniversary of our highly respected Service User Involvement Directorate, we are already looking for new and different ways to promote and safeguard the meaningful involvement of those using services in their own support and that of their peers, both across all our own services and in the wider sector.

Sue Turner, Chair

2013/2014 IN NUMBERS
Each month we supported around:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,700 people across all our services</td>
<td></td>
</tr>
<tr>
<td>300 people in our criminal justice services</td>
<td></td>
</tr>
<tr>
<td>300 people in our accommodation services</td>
<td></td>
</tr>
<tr>
<td>2,000 people in our community support services</td>
<td></td>
</tr>
<tr>
<td>2,000 people in our advocacy services</td>
<td></td>
</tr>
<tr>
<td>395 people took part in peer support training</td>
<td></td>
</tr>
<tr>
<td>577 individuals using our services provided peer support to others</td>
<td></td>
</tr>
<tr>
<td>6,096 involvement or leadership opportunities were offered to individuals using our services</td>
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</tr>
</tbody>
</table>

WHY WE EXIST
People who experience mental distress can face exclusion from many aspects of life that others take for granted. They may face distressing and frightening experiences, as well as negative reactions from family, friends, immediate communities, employers and society at large. For many people, access to formal mental health services is necessary, but traditional services can hold someone in one place instead of facilitating a journey towards greater overall wellbeing and participation. Together exists to give people the opportunity to connect to their community, engage with everyday things, have meaningful relationships and activities, be valued and escape the poverty that can result from being a long-term recipient of welfare benefits, as well as the opportunity to build self-esteem through work.

We understand and promote the value of lived experience of mental distress, empowerment by involvement and the impact of peer support. We make the most of the individual’s own experience, emphasise people’s strengths and support people to make decisions and plans for their future.

Our founding principle and our continuing ambition is to offer practical support to help thousands of people make their own choices and live without prejudice, one person at a time. We have been doing this for 130 years, and we believe it is more relevant than ever today.

LOOK OUT FOR EXAMPLES OF HOW WE HAVE INVOLVED SERVICE USERS
Involving the people who use our services in our work, decisions and direction is at the heart of what we do. Find out how they have supported us to support them in the sections in purple boxes marked with this symbol:
OUR SERVICES

We support people to take progressive steps towards increased independence and living the life they want. They decide on their own journey and set the goals that are most important to them, because they are the experts in what will work best. This map shows how our different types of support help people to go from needing a lot of support to, ultimately, leading an independent life with minimal help. These are just examples – everyone will have different needs, and we tailor our support to each individual. They may also start at any point along the journeys shown here.

ZONE 1: NEEDING A LOT OF SUPPORT IN MANY AREAS

- I appealed against my section under the Mental Health Act
- I was assessed in the police station and my mental health nurse was contacted
- I gradually learnt how to begin making simple, everyday decisions
- I got help to find somewhere to live when I left hospital
- I was helped to get support to leave an abusive relationship
- I learnt how to live with voices and not let them affect me
- I feel able to speak up for myself and self-advocate again

ZONE 2: MANAGING WITH SIGNIFICANT SUPPORT

- I left my house for the first time in six months
- A court report identified my needs to the magistrates and I didn’t go to prison
- I was helped to get support to leave an abusive relationship
- A place in a hostel was found for me so I had a safe place to stay
- I was assessed in the police station and my mental health nurse was contacted
- I gradually learnt how to begin making simple, everyday decisions
- I got help to find somewhere to live when I left hospital
- I was helped to get support to leave an abusive relationship
- I learnt how to live with voices and not let them affect me
- I feel able to speak up for myself and self-advocate again

ZONE 3: ON THE WAY TO INDEPENDENCE WITH MINIMAL SUPPORT

- I was helped to overturn my Work Capability Assessment outcome
- I managed my anxiety to be able to take a bus for the first time in months
- I got help to understand changes to my benefits
- I had training so I could use my experiences to help others
- I overcame my social anxiety and signed up to an aerobics class
- With support, I was able to resolve a dispute with my neighbours
- I built up my ability to manage on my own, I hardly need support now

ZONE 4: MANAGING WITH HARDLY ANY SUPPORT

- With help, I’m tackling the things that contribute to my offending
- I got help to understand changes to my benefits
- I had training so I could use my experiences to help others
- I overcame my social anxiety and signed up to an aerobics class
- With support, I was able to resolve a dispute with my neighbours
- I built up my ability to manage on my own, I hardly need support now
The development of our new residential model is well underway. The Progression Together model offers people choice and control over their care, tailoring support to help them on their journey towards independent living. Independent evaluation of the model by The Mental Health Foundation will inform the development and national roll-out of this way of working.

- **£200,000** was awarded as an innovation grant from the Department of Health to develop and evaluate the model.
- **30 people** using our services are taking part in the evaluation.
- **10 services** are operating under the model.

### The Progression Together Model

1. **A clear, staged pathway**
2. **Progressively more choice and control**
3. **Provision of clinical care according to individuals’ needs**
4. **Close joint working with other agencies involved in individuals’ care**
5. **Peer support**
6. **Comprehensive staff training to manage even the most complex needs**

Before I went to hospital I’d had a rough time, lost touch with my family and been on the streets. I came to Cliddesden Road to prepare before moving out to live on my own. I learnt coping mechanisms – like breathing exercises and how to manage my diet to improve my mood. The staff were encouraging, honest and straightforward. They didn’t tell me what to do – they’d give advice, but I made my own decisions. I got on really well with my key worker, she treated me like a human.

The main thing I wanted to work on was my drinking and the thoughts and voices. I’d drink to manage the voices, and my family couldn’t handle it. I had some cognitive therapy at Cliddesden Road – I had been bottling it all up and it really helped to let it out.

I got involved in the Peer Support Group. You meet decent people, who have had the hard end of stuff too. We meet every fortnight and talk about things that aren’t about our problems. It gives you a chance to meet new people – I’m going to keep going even though I’ve moved out on my own.

Now, I’m in touch with my family again – I go out and visit my daughters. I’ve stayed off drugs, controlled my drinking and have new ways of managing the voices.

**Former tenant of Together’s Cliddesden Road recovery service**

Peer support is a priority for Together and we have been developing a robust model, rolling out our training and building a picture of what good peer support looks like.

This year, we have created three new Peer Support Coordinator posts. All the coordinators have experience of mental distress themselves, and this is an important part of the role.

My job has three equally important areas: working with Peer Supporters to equip them to support others, working with staff to make sure they are providing the right environment for peer support to take place and working with those using our services to make sure they are getting the most out of peer support in a way that is truly service user led.

People assume that peer support is the same as befriending, but the aim of peer support isn’t simply to have someone to do activities with. A Peer Supporter helps someone move along their path to recovery, using their own similar experiences to help that person. People’s attitudes can change when they recognise mental distress as something with a value that has the power to benefit others.

Another misconception is that residential settings aren’t suitable for peer support. But the only real difference is that people are at a different stage in their recovery. As long as people value peer support, there should be no reason why it can’t be introduced in any service.

For some service staff, peer support is a relatively new concept and while the theory is very appealing, in practice it can seem quite daunting – issues of confidentiality and risk can sometimes make people nervous. Once people see peer support in practice, it usually all makes perfect sense. I’ve had people say that peer support has changed the whole dynamic of a team.

This role has helped hugely with my own recovery – I’ve realised that I used to stigmatise my own experiences, whereas now I can see their value.

I look forward to the day when there are as many Peer Supporters as staff in Together’s services, and people have access to this support whenever they need it.

**Jess Worner-Rodger, Peer Support Coordinator, Hampshire services**
NEW WAYS TO ACCESS SPECIALIST CLINICAL CARE
We are working with local communities to build innovative partnerships that ensure individuals can access specialist clinical care. One residential service has joined forces with Bournemouth University to offer placements to final-year trainee occupational therapists. The partnership gives trainees experience, whilst ensuring that residents get specialist support. We are currently in the process of working with the local NHS trust to get qualified occupational therapists and clinical psychologists placed in-house within our services in Hampshire.

Regular reflective practice sessions are a safe, supportive environment to discuss some of the feelings and frustrations evoked from the challenging demands of the role and to relate these feelings back to our work with individual clients. We are able to share how we actually feel, with no judgement or blame attached, and to give and receive advice from colleagues who may have had similar professional experiences or can simply offer a fresh perspective.

Linda Benjamin, Project Coordinator

CRIMINAL JUSTICE SERVICES
Together’s commitment to supporting people in the criminal justice system has led to some exciting new partnerships and projects this year. We have taken on a new area of support through the launch of a project that works with young adults in contact with the police and emergency services. Our well-established approach to liaison and diversion is going from strength to strength. Along with NHS trust partners, we are leading the delivery of the London trial site that NHS England have funded to help inform the roll-out of liaison and diversion services across the country.

- 30 of our mental health practitioners are working in courts and police stations.
- 20 of our Liaison and Diversion Services are now operating – we have been running this type of service for over 20 years.
- 17 partner organisations are working with us to close the gap between health, social care and justice services.

We are advocating for the adoption of mindful and compassionate approaches that help us to see beyond the crime, anger, drug use and missed appointments and understand that slamming the cell door may provoke shock and re-lived painful experiences. These approaches are vital to reducing distress and can have a profound impact on the lives of women at risk. We are designing our services so that women actually choose to use them and feel safe to do so.

Linda Bryant, Together’s Head of Criminal Justice services and a member of The Women at Risk Coalition

Nearly half of women in prison report having suffered domestic abuse, and over half as having experienced childhood abuse.


UNDERSTANDING TRAUMA
Together is part of the Women at Risk Coalition, and this year we invited US-based trauma expert Dr Stephanie Covington to run a series of workshops in the UK to raise awareness of gender-responsive approaches required at a service, policy and systems level. Many women in the criminal justice system have complex needs, which are often caused by traumatic experiences such as violence and abuse.

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TOGETHER LEADING THE WAY FOR LONDON TRIAL SITE

Together has been selected by NHS England to deliver the London trial site for liaison and diversion services in partnership with three NHS trusts. The site is one of ten that has been rolled out since the Department of Health pledged an extra £25 million to support services that offer specialist mental health support to individuals in police custody and at court. The London scheme sees mental health practitioners assess the mental health and social care needs of vulnerable people in 14 police custody suites and five courts. There is a focus on reaching out to people who are particularly marginalised in the criminal justice system – women, those from BME communities and young people.

Practitioners offer advice and information to police, magistrates and judges, and their recommendations help inform charging and sentencing decisions. Individuals with multiple needs often have chaotic lives and engaging with services can be hard – this can lead to people not keeping to conditions ordered by the court or failing to complete their community sentence. Community support workers work alongside individuals to direct them to appropriate support and ensure that they are helped to keep appointments and engage with services.

A SENTENCER, AN NHS SERVICE LEAD AND A POLICE INSPECTOR OFFER UP THEIR EXPERIENCES OF WORKING WITH TOGETHER ON THE TRIAL SITE PROJECT

Dr Paul Gilluley, Head of Service for Forensic Services at East balanced the pressures of everyday life.

Andrew Edwards JP, Magistrate

Our partnership with Together plays a vital role in ensuring that people with mental health problems are directed to treatment and support rather than prison. As clinicians, we provide assessment, diagnosis, treatment and psychological interventions to clients whose mental ill health has led to them breaking the law and coming into contact with the criminal justice service. This is complemented by Together’s work to provide first-level mental health assessments and direct clients to a range of practical and social support to help them address their current difficulties and, with the right support, find a sustainable way forward. This joint approach supports people by involving them in the world around them, taking control of what happens to them and helping them to develop resilience to the knocks, shocks and demands of everyday life.

Dr Paul Gilluley, Head of Service for Forensic Services at East

London NHS Foundation Trust

We have become increasingly aware that many detainees suffer from a range of health problems, including mental health issues. Together’s Liaison and Diversion Services are bringing mental health interventions to the beginning of the process and this is following the individual through the whole criminal justice system. I believe that this work will prove beneficial in significantly reducing and changing offending behaviour in many people who come through the system.

Inspector Trevor Zucconi, Tower

Hamlets Police

In a 2013 Ministry of Justice study, 49% of women and 23% of male prisoners were assessed as experiencing anxiety or depression.


SUPPORTING YOUNG ADULTS AT RISK IN ROTHERHAM

Our new service in Rotherham works with young adults aged 17–24 who are in contact with police and emergency services, often due to wellbeing issues and crisis. This is the first project we have developed specifically to work with individuals in this age group. It aims to ensure they get support as soon as they have contact with police to prevent them from getting caught up in the justice system.

To support the initiative, we formed close partnerships with South Yorkshire Police, Rotherham Borough Council and the local mental health NHS trust.

Our mental health practitioner offers screenings in police custody and takes referrals from the police, the vulnerable persons unit, mental health services and other local agencies. Individuals are given practical support and access to community resources, from employment and training, to housing, mental health and substance misuse services. Support workers help them to identify, understand and alter behaviours that are perpetuating their mental distress and equip them to sustain these changes.

Funded by The Barrow Cadbury Trust, the service is one of six being piloted as part of the Transition to Adulthood (T2A) Alliance’s three-year national Pathway Programme to inform the development of services for vulnerable young adults and build a case for youth justice reform.

I was in contact with the police because I was caught growing cannabis, which I was bullied into doing. I wasn’t charged because I told them what had happened and why I had to do it. I didn’t know where to go to look for help – I’ve been to the doctors about feeling depressed but that’s all.

When Alison (Together’s mental health practitioner) came out to see me, she was really nice and said she could help me feel better and help me sort things out. I wanted help to deal with my depression, sort my flat out and look for a job.

The Pathways service have taken me to lots of appointments and assessments for my mental health, and they are now going to help me try and move house. I want to move to a nicer area where there is no trouble.

23-year-old user of Rotherham Pathways
COMMUNITY SUPPORT

Your Way is Together’s model for personalised, user led community support. This year, we have had preliminary results from an independent evaluation of the model. The results confirm what people have been telling us since we first began using the model: support from Your Way significantly improves their wellbeing and lifestyle. Feedback from staff and service users shows that one of Your Way’s best features is the social interaction it provides and that reducing social isolation should be a priority for further investment.

- 5 learning events were held to share the initial results with staff and those using Your Way and to get their views and ideas on how to continue developing the services.
- 3 people who have used Your Way were employed to organise the events – they have all moved on to paid or voluntary work.
- 3 years will be spent on the evaluation, which is being run by the Mental Health Foundation using a grant from the Department of Health.
- 410 people have been supported into employment, volunteering or education.

INCREASING TEAMWORK AND RECOVERY THROUGH FOOTBALL

Sean Macleod was volunteering at Newhaven Your Way when he set up Football Therapy, an initiative that uses football to improve people’s wellbeing.

I grew up with a lot of traumas. When I became homeless in my twenties, I finally got some support from the local mental health team and discovered a mental health football side. This had a huge positive impact on my mental health. When I moved to Sussex with my partner and son, there was nothing like it around. I was put in touch with Together’s Your Way service – that’s where everything started.

Your Way helped me to create Football Therapy, and we applied for one of Together’s Involvement and Leadership Grants and were awarded £600. This helped us to continue hiring our venue, buy equipment and support people struggling with travel costs. I was also volunteering with Lewes FC and it seemed natural to bring the two together. We organised a national tournament together and 160 people took part. The football club explored funding routes, which led to Active Sussex awarding us £5,000. Now, if someone attends six sessions, Sussex FA funds them to do a level 1 football coach FA qualification.

I struggle with insomnia as well as borderline personality disorder, but I was so focused on setting up the group that I didn’t have time to think about that and was naturally coping much better. I have been off all medication for over a year now.

The group is all about people’s own recovery. Football requires teamwork – you have to communicate for the game to work. People stay to socialise, and friendships have been formed. People have built up their confidence and engaged with each other in new ways. One member started volunteering and eventually got back into work.

We have gone from having virtually no young people attending Newhaven Your Way to around 10 people aged 16–25 attending regularly. Football has opened up a space for them to talk about their mental health.

Football Therapy is now moving into six hubs across Lewes District, running in eight-weekly blocks, as well as opening its first permanent site.

Donald Inskip, Leadership Grants Scheme Management Committee

TOGETHER’S INVOLVEMENT AND LEADERSHIP GRANTS

Together’s Service User Involvement Directorate set up the Involvement and Leadership Grants Scheme to support people to put their own ideas into practice. The scheme began in August 2013 and is open to all Together staff and service users. A management committee of three elected members, who have all used mental health services, is responsible for deciding who to allocate grants to and for monitoring their progress. Set criteria ensure that every project is service user led, supports Together’s strategic goals and increases service user involvement.

There are so many good ideas around for ways to make sure people are really involved in developing services and supporting their peers. The grants scheme is about recognising and valuing those ideas and giving people the chance to get their own idea off the ground. We look for proposals that will benefit people in the long term – the grant is the first step and we hope people will build momentum and carry on independently.

The money available is limited, so we need to make sure it is going as far as possible. Often the grants are quite small – someone may just be missing the £100–200 they need to buy some equipment to start off. It’s a really accountable way of using funds, as successful applicants must report the progress of their initiative after three and six months.

I’ve found being on the committee really rewarding – having not been able to work for some years, it’s given me a real sense of usefulness which has increased my confidence and encouraged me to do more.

I’ve also met and worked with some great people. The biggest challenge is deciding who to award to. It’s never easy to say no to people, but on the other hand it’s an absolute joy to tell people they’ve been successful! The decision process really focuses your mind on what service user leadership really means when it’s done well.

Donald Inskip, Leadership Grants Scheme Management Committee
This year, we have established two new programmes to bring new skills to our advocacy teams and develop the advocates of the future. Our new trainee advocate programme sees people working alongside our experienced advocates in preparation for becoming fully qualified and ready to practise. Our social work student placement programme gives students a taste of what it is like to work as an advocate, helping people make their voices heard and breaking down the prejudice they can encounter.

- **3 trainee advocates** benefited from our team’s extensive experience – 2 are now fully qualified and employed by us as advocates.
- **4 social work students** each had **100 days** of experience as a mental health advocate.
- **1,004 people in secure settings** were supported to have their voices heard.

Mally Chandler holds one of our social work student practice placements.

I enrolled at Liverpool Hope University in 2011 after many years working in the construction industry as a plasterer. I had developed osteoarthritis, which forced me to retire from this line of work, and after careful thought, I decided to train as a social worker.

All social work students must complete 200 days’ work experience in supervised placement settings, and as I had been volunteering with Together’s Advocacy Service in Merseyside, it made sense for me to do my placement there.

I have been working with a whole range of people, such as people with learning disabilities and older adults experiencing mental health issues including personality disorders and psychosis. Ultimately, the role of an advocate is to protect the rights and promote the interests of people using mental health services and their families and carers. I work in a variety of settings, such as acute wards and low- and medium-secure units throughout Merseyside, and will soon be doing the same in high-secure settings.

I witnessed first-hand how powerful the role of an advocate can be when I accompanied one of my colleagues to an emergency meeting to discuss whether someone should be placed in seclusion due to allegations of verbal bullying. My colleague argued that seclusion was excessive, as no physical violence had taken place and because the allegations of verbal bullying had not been proven. This intervention set the tone for the meeting, and it was decided that, instead of seclusion, the situation would be monitored by the ward staff.

My on-site practice supervisor helps me to build my knowledge and develop my skills, and I benefit from feedback from colleagues in a way I never could via university assessments and examinations. One thing I am learning a lot about is how to adapt the way I communicate to suit the person I am speaking to. For example, if someone becomes confused or distressed during a session, I need to know the best way to respond.

A big part of the role is about time management, especially when meeting new referrals. I have learnt to prioritise meetings with people who have been detained under Section 2 of the Mental Health Act, as they have a time limit of 14 days in which to make an appeal against this decision.

This placement has given me valuable insight into different areas of mental health support, so much so that after I finish my placement, I will be applying for a career in the mental health field.
THANK YOU
We would like to thank all the local communities, individuals, trusts and foundations that have given generously to help us carry out our work.

We would especially like to thank the following organisations for their support:

- Department of Health
- London Probation Trust
- Stratford Town Trust
- Barham Charitable Trust
- Barrow Cadbury Trust
- The Roy Fletcher Trust
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- The Bromley Trust
- The Pilgrim Trust
- J. Paul Getty Jnr Charitable Trust
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