

Bridging the Gap between Hospital and Community

A Dual-Level Rehabilitation Model

Increasing complexity at every stage of rehabilitation means that services need to provide the right level of care at the right time. With supported accommodation shortages across the country, individuals remain in inpatient rehabilitation settings longer than necessary; not because they need it, but because there's nowhere else for them to go.

At Cygnet Newton House we have evolved our model to offer both High-Support Inpatient Rehabilitation (Level 2) and Community Rehabilitation (Level 1) within one service, ensuring that men receive the support they need while developing independence at their own pace.

This approach provides a structured step-down process, where individuals can gradually build skills in self-catering, self-medication, and community reintegration, before moving on to fully independent living.

At Cygnet Newton House, we offer:

Level 2

For those needing a high level of support

Level 1

For those ready to engage in greater independence

Our expert team will work collaboratively to empower the men in our care to transition into the community with confidence

Our Service User Profile:

Men aged 18+ who:

- > Are stepping down from acute, PICU, or low secure services and need either level 1 or 2 rehabilitation as the next step in their recovery journey
- > Struggle to manage in supported accommodation or are experiencing delays in accessing a placement
- > Would benefit from a structured, recovery-focused model with self-catering, self-medication, and community engagement

Benefits of the Model:

- > Reduce delayed discharges and out-of-area placements
- > Ensure a smooth transition from hospital to community
- > Provide a cost-effective, flexible rehabilitation solution



Key Features From Our Model of Care

Flexible Risk Management in a Supportive Environment

Unlike more restrictive settings, we can offer a **balance between autonomy and maintaining safety**. Level 1 individuals can come and go using a fob system, gradually increasing time in the community with the right level of oversight. **This enables them to test their independence safely**, reducing the risk of future setbacks.

A Strong Emphasis on Community Reintegration

Individuals are **supported to navigate everyday challenges**, from attending appointments independently to managing relationships and responsibilities - **ensuring they can transition to the community with confidence**.

Establishing and Strengthening Meaningful Roles and Routines

We help individuals **build structure and purpose in their daily lives**, focusing on meaningful activities such as volunteering, employment, education, and community engagement. This helps them form **positive identities beyond their diagnosis, preparing them for lasting independence**.

Self-Directed Recovery Planning

We work with the men we support to develop **personalised recovery plans** that align with their long-term goals. As they **gain independence, they take greater ownership over their care, preparing for life beyond inpatient settings**.

Real-Life Skill Development

Our therapy-led service provides a **strong skill focus that offers real-life scenarios**. This includes programmes such as a **self-catering scheme, a community skills programme, "All Hands on Deck" domestic skills training, a self-medication pathway, service-user led groups** and more. This practical approach ensures individuals **gain the confidence to navigate real-world situations before discharge**.

Building Lasting Social Networks and Support Systems

As isolation can be a major barrier to recovery, we support men to **rebuild relationships, engage in social activities, and connect with peer support networks**, so they leave with a **stronger, sustainable support system in place**.

Make a Referral

- 1 Referral made to your **regional Business Relationship Manager** or 0808 164 4450 / chcl.referrals@nhs.net
- 2 Assessment arranged and undertaken via our assessment team
- 3 Feedback provided on whether our service can meet the individual's needs
- 4 Assessment pack formulated including care plans and funding information
- 5 Admission agreed and plans for transition arranged with referring team following confirmation of acceptance of placement

Where Are We?

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Please visit [cygnetsgroup.com](https://www.cygnetsgroup.com) for more information

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