Respect
Hope
Dedication
Improvement
Partnerships







12,360 people supported

37,623 sessions delivered

66

They didn't give up on me...even when I had.

99







Impact report 2024-25

About us

We are a registered charity providing mental health and wellbeing support across Bradford, Airedale, Wharfedale and Craven. We offer a range of services and approaches to meet the needs of our people and communities, where and when they need us.

Working in partnership with other organisations, we provide support to help people live positively and independently, to build a brighter future. A number of our services are delivered by peer support workers who have their own lived experience of mental ill-health. Our teams mainly work with people with a severe mental illness (SMI) or multiple complex needs.

Our services

- HOPE
- Modality Peer Support Service
- MAST
- Pathways to Employment
- Talking Therapies Employment
- Trust Therapies
- Reach
- CORE
- Enablement and Recovery
- Safe Spaces
- Craven Connect
- Keighley Pathways



I didn't have to explain everything. They just got it. I've never felt safe and understood like that before. That was the most helpful part of my healing journey.

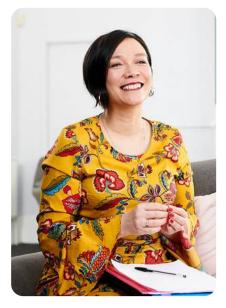


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Summary By our CEO, Kim Shutler, MBE



This past year has brought continued and growing challenges for the people and communities we are here to serve. The cost-of-living crisis remains relentless, and the inequalities we work to address are becoming more entrenched. The people we support, many living in some of the most deprived areas in the country, are being hit hardest with rising levels of poverty, poor health, and emotional distress.

In the context of extremely pressurised statutory services, with growing waiting lists, our services continue to see increasing levels of mental health crisis and complexity – and sadly a level of demand that we struggle to meet despite our continued efforts to develop and grow our support.

This year, we have continued to step up, building on our collaborations with our brilliant partners across the voluntary, community, social enterprise sector (VCSE), the NHS and local government. We were also incredibly proud to receive the Charity Times Cross Sector Collaboration Award for our MAST (Multi-Agency Support Team) partnership. This is just one example of our passion for integrated, joined-up working that puts people and relationships at the centre.

In 2024-25, we delivered almost 38,000 support sessions, a 9% increase on the previous year, to over 12,000 people. We launched four new services, including innovative peer support within residential accommodation, expanding our existing areas of specialism to respond directly to unmet need and gaps in provision.

A significant focus this year has been the build of Farfield: our new integrated health and wellbeing facility in Shipley, which opened in July 2025. After a number of years in the making, we are proud to move back into our beautiful new headquarters alongside other partners – and opening this brilliant new space for people and communities. Alongside this, we've kept a strong focus on ensuring that our organisation, which has grown in size and complexity, is operating efficiently and effectively; making the best use of resources in a tough financial climate.

We continue to place equity, diversity and inclusion at the heart of our work. In the face of rising inequality, racism and other forms of discrimination, we remain intentional in our efforts, both in how we operate as an organisation and in the services we deliver. There is more to do, and we are fully committed to the journey.

As we look ahead, the current changes in health and care will pose both a major challenge and opportunity for our organisation, and we know that the impact on communities is showing no sign of letting up. In the face of this we remain focused, ambitious, and hopeful. We will keep adapting and innovating, and focusing on quality and impact.

To our incredible team, volunteers, funders, and partners: thank you. Your commitment and belief in our work continue to make everything we do possible.







2024-25



We supported 12,360 people. ↑4%



We delivered **37,623** sessions of support. ↑9%



We delivered over 730 sessions of support per week on site in Shipley and Keighley, in our hospitals, GP surgeries and out in the community.



New services were launched this year with our partners:

CORE

Enablement and Recovery

Talking Therapies Employment

Craven Connect

MAST won a national award for 'Charity Collaboration of the Year' at this year's **Charity Times Awards** celebrating the service and the gap it fills in providing the non-clinical interventions that people need.



96%

of people would recommend us to their friends and family.











In March 2025 we launched our new website! The new site offers easier navigation, quick links to important content, improved referral process, and fully digitalised job application process to improve recruitment.



We have adapted our Children, Young People and Family provision to an outreach model, supporting our young people where they need us. We are looking forward to providing urgent support alongside education and mental health teams.





We are proud to meet people when and where they need us; in our communities and across the district.

We work in our GP surgeries, hospitals, mental health settings, community centres, job centres, in our independent living accommodation and anywhere our clients feel comfortable.



The redevelopment of our site commenced this year and is complete on schedule. We opened our doors on 4th July 2025 and we look forward to many years of welcoming people to this wonderful place.

Our insights

Our staff have 'on the ground' experience providing valuable insights into mental health and service challenges. These insights help to inform our service development and delivery.

Each service has unique insights specific to them but there are some organisation-wide themes we have gathered here:

Demand exceeding capacity

Demand for mental health services, and especially SMI services, remains high in our district. Our teams work hard to meet this demand in what can sometimes be very challenging circumstances.

One-time crisis model vs complex needs

Urgent crisis support remains a short term model in the context of complex needs. A consistent theme seen with support is that people have needs that aren't currently being met by other services. A challenge for Safe Spaces, being a one-time support session, has been to take detailed notes of people's situations and refer into longer term and more appropriate community-based support, offering 2:1 sessions to help build rapport with workers from other services.

Support for severe mental illness

We support a high percentage of individuals with a SMI who are not under secondary mental health services and are struggling to coordinate their care. This can often contribute to individuals feeling that they are not having their needs fully met, and they can often find themselves in and out of crisis.

Barriers to transition

Barriers to transition are a challenge for the people we support who often face long-term, enduring mental health conditions, which makes transition to mainstream services difficult. Traditional signposting is not always appropriate. This highlights the system-wide need for longer-term, relationship-based models that extend beyond time-limited interventions.

Our services

Take a look in more detail at our range of services and the impact they have.





QQ

For once, I wasn't too complicated. I was just human.





HOPE

In 2024-25 we supported 387 people on their mental health journey through 1,245 sessions of support.



Service explainer

Who we support: People who have experienced long term and/or complex trauma and have had difficulty engaging with other services or find they do not meet their needs. This can mean people who often access A&E or other blue light services on a regular basis.

What we do: Intensive peer support, for up to 12 weeks, with a focus on early engagement to build a trusting relationship and help people to achieve their goals.

Where to find us: Our person-centred approach means our work ranges from visiting people's homes and community spaces to supporting people to attend local activities, as well as telephone support.

How the service is funded: Big Lottery Reaching Communities, NHS.



I didn't want to die, I just didn't know how to live with the pain. HOPE sat with me when no one else knew how.



Ben, HOPE client



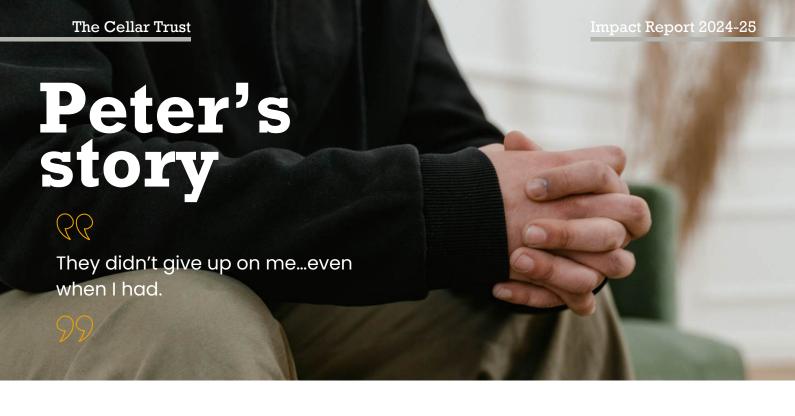
A Highlights

- 88% of people showed measurable improvement in wellbeing and Goals Based Outcomes (average progress score: 5/10).
- 100% of people with SMI (e.g. schizophrenia, borderline personality disorder) reported improved emotional and self-management.
- 97% of people with trauma or abuse histories experienced increased emotional safety and day-to-day stability.
- 99% of individuals in crisis reported reduced stress, increased safety, and improved coping mechanisms.



Insights

A challenge for HOPE is often in signposting clients to other services following their time with us. Due to the enduring and often complex nature of their mental health conditions, many individuals are not able to transition smoothly into mainstream support or structured recovery pathways. This highlights a broader systemic gap: the need for ongoing, relationship-based support beyond time-limited interventions. It reinforces the importance of longer-term, flexible models for those living with chronic trauma and SMI.



When Peter was referred to HOPE, they were at their lowest point. Living with schizophrenia, constantly hearing voices, struggling with suicidal thoughts and self-harm, Peter had been rejected by nearly every service meant to help. He had been banned from support teams, labelled "too risky," "too chaotic," "too much." He was about to be kicked out of his accommodation, alone and overwhelmed.

"The more suicidal I got, the more I pushed people away. I wasn't trying to be difficult, I was trying to protect myself. When I lashed out, it was fear. I was waiting to be let down, again. I didn't trust that anyone would stay."

HOPE stayed.

When Peter cancelled appointments, HOPE checked in. When he shouted, HOPE listened. When he felt isolated, HOPE gently reached out: again and again. "They didn't give up on me...even when I had. They didn't walk away. They walked beside me. No one had ever responded to my pain with care. When I pushed them away, they came back, not angry, just kind. That's when something shifted."

HOPE staff worked with Peter to build small and steady tools: breathing techniques for distress, ways to explain what was happening inside, and language to name feelings that had once only come out as rage or withdrawal. They also worked behind the scenes helping other professionals understand that Peter's behaviour was a trauma response, not aggression.

With time, safety, and patience, everything changed. Peter has now gone over a year without self-harming, he can ask for help when he needs it, instead of spiralling he's reconnecting with other services, in his own way.

Most of all, he now believes something he never thought possible:

"I'm not too much. I'm not too broken. I just needed someone to stay. HOPE didn't try to fix me. They made space for me. And in that space, I started to feel human again."



Modality Peer Support Service

In 2024-25 we supported **165** people overcome challenges through **1,079** sessions of support.



Service explainer

Who we support: Modality Peer Support
Service is a responsive, peer-delivered
support service designed to engage
individuals living with enduring severe mental
health difficulties, long-term complex trauma,
and high emotional need.

What we do: Unlike traditional models, Modality Peer Support Service works with people who frequently attend GP services but often fall through the cracks of statutory mental health care. The service is low-barrier and high-impact delivering measurable improvements in wellbeing, reduced reliance on statutory care, and engages those often left behind. It fills a critical gap in the system by offering relational, trauma-informed care at the earliest point of need. Delivered through a flexible, 12-week, 1:1 support framework, Modality Peer Support Service offers trauma-informed, practical support from trained peer workers. It is grounded in connection, regulation, and recovery readiness. Critically, this service does not require clients to be 'stable' before accessing support. Instead, it meets people in moments of crisis and distress, helping them build insight, self-regulation, and safer daily routines over time.

Where to find us: We meet people in the community in areas covered by Modality Primary Care Network (PCN).

How the service is funded: Modality PCN.



Highlights

- 99% of people improved in wellbeing with a 52% average increase in WEMWBS scores (See Jargon Buster on page 39).
- Peer-led, relational support drives engagement and change. The low Did Not Attend (DNA) rate, at 5%, demonstrates the value of peer-delivered support and relational consistency.
- Clients report strong therapeutic alliance and emotional safety: 100% felt supported and listened to, 67% developed tools to manage crisis.
- Goal Based Outcome Score: 7/10, indicating meaningful progress.



Thank you for being my umbrella.



Modality Peer Support Service client



Insights

People supported by Modality Peer Support Service often face long-term, enduring mental health conditions, which makes transition to mainstream services difficult. Traditional signposting is not always appropriate. This highlights the system-wide need for longer-term, relationship-based models that extend beyond time limited interventions.



When Zeina was first referred to Modality Peer Support Service, she had already given up. Carrying the weight of multiple traumas from childhood, she was trapped in cycles of flashbacks, suicidal thoughts, and isolation. Every time she tried to reach out, she was told to 'just focus on one issue at a time' but trauma doesn't happen one issue at a time.

Zeina had been told too many times that they were 'too complex' or 'too much'. Standard advice like 'go for a walk' felt meaningless when she was afraid to leave the house or terrified she might not come back.

Modality Peer Support Service didn't offer surface-level solutions. They offered presence, patience, and lived understanding.

"They didn't freak out when I said I didn't want to be here. They heard me. They gave me space, and they understood; I didn't want to die. I just didn't know how to live with the pain anymore." Instead of shutting the conversation down, Modality Peer Support Service stayed with it. They made it safe to talk about suicidal thoughts without fear or judgement.

"They didn't just hand me a worksheet. They gave me real, human things that helped things you only know if you've sat in the dark yourself."

And over time, something shifted.

"I never thought I'd be able to talk openly about suicidal thoughts... never mind come out laughing."

Modality Peer Support Service didn't just help Zeina cope. They helped her reconnect to safety, to support, and to hope.

MAST

Multi-Agency Support Team

In 2024-25 we delivered **5,866** sessions of support in hospital and **2,132** sessions in our communities and supporting **3,232** people.



Service explainer

Who we support: We support people via A&E and as in-patients at either Bradford Royal Infirmary or Airedale General Hospital. Our support can continue in the community upon discharge.

What we do: Our peer support workers provide people with the help they need to get to the root of the challenges they face, seeking to lessen repeat attendance at A&E or longer stays in hospital. Our multi-agency approach means we can provide specialist support around mental health, alcohol, frailty and social prescribing.

Where to find us: In Bradford Royal Infirmary and Airedale General Hospital and out in the community close to where people need us. How the service is funded: NHS and Bradford Council Adult Social Care.

SHighlights

- 90% of people supported by MAST were not re-admitted to hospital, highlighting the effectiveness of the service in reducing reliance on acute care.
- 87% of people showed improved wellbeing, with an average wellbeing score improvement of 34% (WEMWBS), demonstrating a measurable uplift in mental health.
- The average feedback score was a perfect
 5 out of 5 up 4% from the previous period
 reflecting high satisfaction levels even during a time of reduced capacity.
- 92% of people agreed they were supported to overcome challenges impacting their mental health.
- 77% felt more hopeful about the future and better able to seek support independently.

Our partners:













Cassie was admitted to hospital following an intentional overdose. She had been feeling very low and isolated. Suffering with anxiety and depression, Cassie had been prescribed Diazepam.

A member of our MAST team met with Cassie, and during their conversation she opened up about the past, she described this as being very traumatic for her. She had a history of alcohol misuse, and she said this has been going on since her 20's and now uses alcohol to leave the house for confidence and to manage her anxiety. Cassie needed our support to engage in community activities as she felt this would help her feel more uplifted and positive, however due to her drinking habits and low mood she had little motivation to engage.

When Cassie was discharged from hospital we provided one hour emotional support sessions. During the session the patient spoke at length about her triggers for low mood and how she managed her anxiety with alcohol. Together we looked at her goals and how we could support these.

After leaving hospital, she wanted to remain abstinent from alcohol and found healthier coping strategies to deal with her emotions. One of her main goals was to rebuild her relationship with her daughters and grandchildren.

Today, Cassie has been alcohol free for six months. She is now able to leave the house to complete tasks in her local town without using alcohol. She is in regular contact with her two daughters and they recently took her out for lunch to celebrate her birthday. We signposted Cassie to a local mental health support group and she regularly attends once a week, making new friends connecting her to others and the wider community.

"I am so grateful for the support I received from MAST. I looked forward to my weekly sessions with my support worker and always felt cheerful at the end of our calls. I have built a strong relationship with my children and grandchildren after missing them for so long due to the alcohol I was drinking. Now I am alcohol free and can start enjoying my life again with my family."

Pathways to Employment

In 2024-25 we supported **317** people in their employment journey through **1,819** sessions of support.



Service explainer

Who we support: People aged 16+ with SMI or whose mental illness affects their ability to find or sustain employment.

What we do: Working with people for up to 12 months we offer:

- Pre-employment support to help people overcome the barriers stopping them from moving into employment.
- **Employment and retention support** to help people find, or return to, work and liaising with employers.
- A Youth Employment Specialist

Where to find us: In community venues close to where people live as well as drop-in sessions and in-reach into community hubs, CMHTs and Job Centres.

How the service is funded: NHS and Bradford Council Adult Social Care.



A Highlights

- Pathways to Employment had 275 referrals, a 49% increase on last year.
- 79% of referrals were assessed within two weeks, showing the service is responsive and minimising barriers to entry for individuals seeking support.
- 100% of people felt supported and listened to by their support worker and were satisfied with the service.
- 91% of people said they had been supported to overcome challenges in their lives that were impacting their mental health.
- There was a 47% increase in people achieving positive employment-related outcomes - whether through jobs, placements, or volunteering.
- Youth referrals increased by 118%, showing rising demand and relevance for younger people.



Insights

- 35% of the caseload comprised individuals with SMI, and 9% had a care coordinator, highlighting the service's reach into more complex and high-needs populations.
- 100% of people felt that being supported by someone with lived experience was an important part of their recovery, reinforcing the continued value of peerbased models.



I was referred to The Cellar Trust by the local community mental health team whilst suffering from severe mental health issues and under the care of both a psychiatrist and psychologist. I have bi-polar disorder and Complex PTSD due to having served in the military and the Police force for my entire working life. At the time, I had suicidal ideation and I was classed as being very high risk.

I was under immense pressure at work being at risk of unemployment and having nowhere to turn for help regarding my mental health problems, other than the CMHT but my care coordinator was constantly being changed.

I found myself having to explain my circumstances and often found this triggering. I was introduced to Jodie by a member of the CMHT with a view to helping me with my mental health and my employment situation.

As soon as I met Jodie I felt extremely comfortable with her due to her personality and being a good listener. She was compassionate. I knew that I could be open with her and we quickly developed a trusting relationship.

I continued to see Jodie regularly. At times, it was weekly when I was bordering on crisis, other times I would see her fortnightly. I had little interest in finding work at the time, but Jodie looked and found courses for me to take part in. One in particular, run by the The Cellar Trust, was the 'peer support training'. I found it helped me in a big way and greatly improved my metal health and my confidence was growing.

I continued to see Jodie on a regular basis and she was always there for me throughout this time and never let me down when we had appointments. I have never felt as supported with anyone as I had with Jodie.

I felt able to 'offload' anything that was troubling me. We would meet for a coffee, in my location, where Jodie would listen and offer advice on how to deal with any issues.

At one point, during this period I had a crisis, where I contacted First Response as I was suicidal. During this period I met Jodie several times and her support saw me through that very difficult time.

I genuinely do not think I could ask anything more than the support Jodie offered. She was constant throughout this time and I feel like I formed a close bond with her. She enabled me to finally have hope and used her own lived experience of mental health to be empathetic to my needs.

Talking Therapies Employment

In 2024-25 we supported **753** people in their employment journey through **1,936** sessions of support.



Service explainer

Who we support: People who are accessing Bradford District and Craven Talking Therapies who need support to find, return to or remain in work.

What we do: We provide up to 6 sessions of support for people on their employment journey:

- Support with work retention
- Support with reasonable adjustments returning from sickness absence
- Practical help with CV writing, interview techniques and job searching
- Support to address any barriers to employment

Where to find us: In community hubs in Bradford, Shipley and Keighley, and job centres.

How the service is funded: Department of Work and Pensions (DWP).



AHighlights

- **100%** of people felt supported and listened to by their support worker and were satisfied with the support they received.
- **267** people were discharged from the service having successfully moved into, returned to, or remained in work.
- Of these, 34 people moved into employment for the first time, 32 returned to work, and 201 sustained employment highlighting the service's positive impact on job retention as well as access.



Insights

- While 50% of people felt confident they had developed skills to apply for employment in future, this highlights an opportunity to strengthen this area and extend the impact beyond immediate outcomes.
- Similarly, 50% felt hopeful and optimistic about their future, pointing to the importance of ongoing support in building resilience and self-belief.



Zain was on long term sickness leave due to depression. Struggling financially as he was not receiving sick pay, his personal and work challenges left him feeling low, and he urgently needed paid employment but did not want to return to his previous role.

Although he applied for multiple jobs, particularly in peer support, his lack of experience led to frequent rejections, further impacting his self esteem.

Our approach was persistent and supportive, building trust through regular communication and face-to-face meetings. We helped him focus on areas where he could be more successful, reworked his CV, and guided him through job applications and interviews. Despite setbacks, he built resilience and remained positive.

As a result, Zain secured a job as a driver with a local authority, improving his financial situation and wellbeing. He expressed gratitude for the support, noting that it gave him something to be positive about. He's now considering future roles in peer support, with plans to explore voluntary work as well.

QG

Employment and health are very closely linked, so having Employment Advisors collaborating with therapists has helped address more practical, work-related issues, which allows the therapist to look at either helping behavioural activation or changing thought patterns, which will naturally reduce the symptoms of low mood or anxiety.

Work, or lack of it, can play a huge part in how a person is feeling. Having the Employment Advisor work alongside a therapist, specifically on work issues, not only allows good partnership working, but allows the client to have a clear idea of what they can talk about in each session.

Since the start of the employment service, we have seen an improvement in recovery rates, and this can only be good for everyone.

Simon White, Locality Team 3 Manager

Trust Therapies

In 2024-25 we supported **895** people overcome challenges through **4,775** sessions of support.



Service explainer

Who we support: We support people across Bradford, Airedale, Wharfedale and Craven, from aged 13 and upwards.

What we do: Our counselling and psychotherapy offers a variety of different therapies to help clients explore, and cope with, a range of emotional challenges. People can access between 6 and 12 sessions. Some people may be eligible for NHS fully-funded sessions, whilst others will contribute on a means tested basis. Sessions are delivered by a mix of qualified therapists and volunteers, as well as supervised placement students.

Where to find us: Sessions are delivered at our sites in Shipley and Keighley as well as online

How the service is funded: NHS, Earned income.

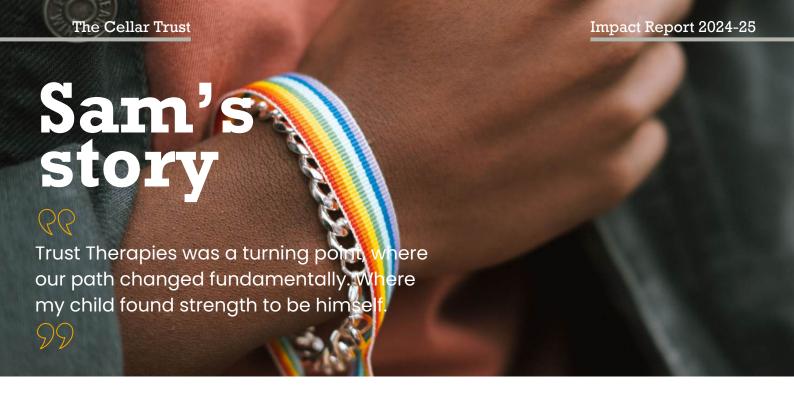


🕢 Insights

As a result of the increasing complexity and severity of cases, we implemented rapidaccess pathways into services like HOPE and Safe Spaces, providing stabilisation support to over 28% of those individuals, helping to prevent escalation. This has been a challenging balance between offering depth of care and maintaining access and responsiveness. A key lesson we've learned is flexibility in service planning, working collaboratively with partner services, advocating for increased resources to ensure we can meet the growing complexity of need within our community without compromising accessibility.



- 92% of people felt therapy had improved their mental wellbeing.
- 100% of people with a paired Goal Based
 Outcome had an average improvement of
 +3.8
- 83% of clients felt that therapy had reduced anxiety and depression.
- Alongside a 40% increase in people presenting with complex mental health needs, we have deepened collaboration with The Cellar Trust's Modality Peer Support Service. Feedback from clinicians and clients suggests this integrated approach improved readiness for therapy, with 92% reporting feeling more prepared to engage in therapeutic work.
- To address the high levels of loneliness and isolation reported by 35% of our clients, we co-developed therapeutic walking groups with peer support workers. 100% of walkers reported improved mental wellbeing. These sessions not only fostered connection but also acted as a bridge into broader community engagement and therapeutic services.
- This year, we extended our impact by supporting Reflective Practice Supervision across The Cellar Trust and Safe Spaces, reaching over 85 staff members. Feedback highlighted increased confidence, insight and support. We also provided reflective supervision to three regional traumainformed services, enhancing the quality and consistency of care across the system.



I approached Trust Therapies when I was at a low ebb worrying about my daughter. My daughter had experienced low mood from quite a young age, and in hindsight, I think this stemmed from neurodiversity and a feeling of being somehow "other".

The noticeable problems began in years 5 and 6 of primary school. She became more insular, more sullen. She expressed she wanted to use another name, and that she may have different sexual preferences. I accepted these changes in her but assigned it to preteen angst. But there were mutterings at school about neurodiversity also.

With the move to upper school, things really took a turn for the worst. She hated school - she was all out insisting that her gender was not her preference. So, from here on I will refer to her as him/my son.

One day, as I got myself ready for work and my children were getting ready for school, my son took a knife to himself. We managed to stop any harm, but it was a wake-up call. I then began the horrendous task of try to get help for him.

Months and months of doctor's appointments, phone calls, school meetings - it went on and on and round and round in circles.

It was overwhelming; not just trying to get help but trying to understand and navigate a world of social media, sexual orientation, gender and school pressure. How do you juggle a combination of issues – what's the root cause, where do you start?

It was at that point I approached Trust
Therapies. From the very beginning they were so
understanding, responsive and clear. Within a
couple of weeks, we had regular appointments
around school and my work - a set time and
place with someone who was gentle and
considered.

During the first appointment I sat and waited for my son - an hour of hoping that this was the right thing. When he came out of that first session, he had a spring in his step like I hadn't seen before. It was like a weight had been lifted. He would come out with strategies and plans. I could see him pushing back on things that made him unhappy and having the strength to say no which is so hard for young people. There was a sense of purpose and peace at the same time which I can't really describe any better.

Today my child is thriving, his grades are amazing, he's talking about getting into the best university he can and how he's going to get there. For both of us, Trust Therapies was a turning point, where our path changed fundamentally. Where my child found strength to be himself.

Reach

In 2024-25 we supported **324** people towards their goals through **2,682** sessions of support.



Service explainer

Who we support: People struggling with SMI who are currently being supported in secondary mental health services in Bradford District.

What we do: 1:1 support for up to six months; identifying personal goals and working together towards achieving them. The goals people identify are very varied depending on where they are in their recovery journey. Alongside our partner, HALE, we can offer a range of specialist expertise within the team including:

- dual diagnosis workers
- 'transition' supporting people who are moving i.e. from hospital to supported accommodation or private rental.

Where to find us: The service is co-located with the CMHTs, however, we deliver our work in the community close to where people live.

How the service is funded: Bradford Council Adult Social Care.



- 94% of people felt that having a peer support worker with lived experience was an important factor in their recovery.
- An average impact score of 5.4 reflects that support was meaningful for individuals and that Reach has been a positive intervention in their recovery journey.
- 89% of people felt that they had been supported to overcome challenges in their life that had been impacting their mental health. Examples of this include, being more confident on public transport, accessing local support services, reducing social isolation, and being supported into volunteering.
- Based on the 5 ways to wellbeing model,
 77% of clients answered yes to our discharge questions, with most clients reporting improvements in mindfulness, connection, and day-to-day emotional wellbeing at the point of discharge.



I have learnt to look at myself in a different way and do things for myself, become more independent and focused in being creative again and thinking about my future.



Reach client





Tanif had been hospitalised after becoming unwell whilst studying at university. When she was referred to the Reach service, Tanif spent most of her time in her room and rarely left the house. She would occasionally venture outside with a family member but said she often preferred to stay in. She found it difficult to use the bus and relied on her parents for lifts.

During the initial assessment, we explored Tanif's interests. She had been to classes at HIVE in the past so felt she was familiar with the service. I had suggested MIND, as they also offer creative groups, and we referred her very early on. I supported Tanif to attend an informal peer support group in Shipley which she continued attending independently. We attended a creative writing group at MIND on a number of occasions and she became more confident in leaving the house independently to meet me, at first in Shipley, then in Bradford.

As Tanif experienced a very similar situation to me in becoming ill during university, I found by using my peer support training, I was able to support her in a way she could relate to. We could discuss the pressures of university study and family expectations, and Tanif told me that it helped her to have someone who understands.

At the discharge review, we went through the goals she had set during our initial assessment. Tanif has reached every goal and is currently in part-time work with the support of the IPS service at Somerset House. She has become a member of HIVE and is regularly attending a pottery class and knitting/crochet groups. She is now able to travel into the city independently for work and for leisure.

"For the first time I felt I was being seen and heard. I managed to open up more than I ever thought possible, more than I did to anyone. My speech, expressing myself has improved, I've finally found my own voice. I no longer feel alone. Together, we shared my ups and downs, my failures and successes. Session by session my self-respect, self-confidence and my self-belief grew. From having the visits in my bedroom, to supporting me to move downstairs to meet in my living room, to coming out of the isolation into the community, all this wouldn't be possible without the support from my worker."

"I am not fully healed, my mental health challenges are not gone, however I now have a better understanding of my daily challenges, I have the essential self-knowledge, my coping methods, and most importantly I learned to be kind to myself and to keep going step by step..."

CORE

In 2024-25 we supported **150** people through **645** sessions of support.



Service explainer

Who we support: People with diagnosed with SMI who are either being discharged from, or do not meet the threshold for, clinical CMHT support in Bradford.

What we do: Through 12 sessions of 1:1, goals-based support, this service helps individuals build independence, improve wellbeing, and connect to community-based networks.

Where to find us: Delivered in partnership with 3 PCNs and statutory services.

How is this service delivered: CORE uses flexible delivery methods to provide tailored support. Peer support workers bring lived experience, and graded exposure techniques are used to promote confidence and recovery.

How the service is funded: NHS

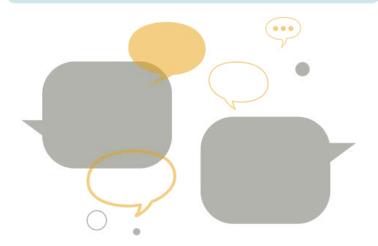


Insights

- The 12 session limit can be challenging for some individuals with complex or long-standing needs, particularly when building trust or addressing entrenched isolation.
- Availability and accessibility of peer and voluntary sector networks vary across PCNs. This has highlighted the need for stronger, consistent partnerships and improved mapping of local offers to ensure equitable support across the district and neighbourhoods.

A Highlights

- CORE has supported over 150 individuals
 with SMI who were either transitioning out of
 CMHT or did not meet its threshold. 83
 clients were referred directly from CMHT,
 reinforcing the service's role in providing a
 safe and structured transition between
 clinical and community care.
- Offering 12 sessions of 1:1, goals-focused support, clients had an average impact score of 3.3 across Goal Based Outcomes. This reflects meaningful progress made during this short intervention period.
- CORE's peer-led and person-centred model focuses on reducing isolation, increasing wellbeing, and connecting clients to ongoing community networks. Support is delivered flexibly — in person, online, or by phone — and often co-designed with clients. By embedding itself in PCNs, engaging in personalised introductions and guided transitions with statutory services, the service ensures clients receive timely, relevant support that fits their lives.
- 83% of people reported feeling more able to manage their mental wellbeing and more hopeful about their future.



Shaun's story

It's really nice to have someone to speak to who actually listens to me. Out of all of the professionals I've been to, you're the only one who hasn't told me that you can't help me or tried to send me anywhere else.

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Shaun was diagnosed with depression and anxiety when he was referred into CORE. He had suffered significant abuse during childhood, including neglect, physical and emotional abuse.

During his childhood, he felt responsible for finding food to feed his younger sisters and for protecting them from physical abuse. As a consequence, Shaun struggled to talk to others about his feelings and emotions, as he felt he always needed to 'be strong for everyone else'. He struggled to deal with and discuss his emotions in a healthy way.

As a result, he would turn to cocaine and alcohol when he felt his personal life had become 'too much', or following arguments with his wife. He often felt that he would start arguments when his anxiety was high, so that he could use it as a reason to indulge in substance abuse.

Initially, Shaun felt uncomfortable talking about his feelings, and struggled to identify what the feelings were, and why he was feeling them. He felt he had put his childhood abuse behind him but, in sessions he would return to this subject frequently. He began to identify that his unresolved emotions were causing him to feel the need to abuse substances. Shaun felt he didn't know how to open up and begin talking to his wife.

In a joint session with his wife, they discussed signs and key words and phrases that Shaun could use to signal that he felt overwhelmed and needed space, and words he could use to signify that he wanted to talk about his mental health.

Using distraction techniques Shaun was able to avoid the urge to abuse substances- this has included more involvement in cooking; transferring to a new department at work to distance himself from colleagues who encourage substance use; and talking about feelings when they arise to avoid them from becoming 'bottled up' and overwhelming.

Shaun is now thriving at work. He has confided in his manager about his depression and anxiety, and now feels better supported.

He has not used cocaine in 5 months and no longer abuses alcohol. His wife has commented that their relationship feels completely different, and his children feel his temper has improved and that he now spends more time with them.

Shaun's relationship with both his wife and children has significantly improved, and he feels this has happened as a result of improved communication about his feelings.

Enablement and Recovery

In 2024-25 we supported **12** residents through **1,798** sessions of support.



Service explainer

Who we support: People with enduring and SMI who are transitioning from inpatient or residential care to independent living.
What we do: Through 18-month tenancies, we provide structured, goal-based support focused on recovery, independence, and reduced reliance on statutory services.
How is this service delivered: Using the Care Act domains and lived-experience peer support, we empower clients to build confidence, develop life skills, and manage their wellbeing.

How the service is funded: NHS and Bradford council.



I definitely think living here has had a positive impact on my mental and physical health. Having somewhere stable to live has helped me feel more secure and less stressed. The staff have been really supportive which has helped me feel like I can cope.



Resident, Enablement and Recovery



- 100% of residents agreed that being supported by staff with lived experience has been an important factor in their recovery, highlighting the crucial role of peer support in building trust, empathy, and hope throughout their rehabilitation journey.
- 75% reported a reduced need for statutory mental health services — a key aim of the service. By focusing on recovery and independence within the Care Act domains, our team is helping people transition from inpatient and residential settings to community-based living with confidence.
- 88% said they felt able to manage their own mental wellbeing, and 75% felt equipped to handle crisis situations. This shows a significant shift towards selfmanagement and resilience.



(A) Insights

 While only 38% currently feel able to live independently, this highlights the value of the 18-month rehabilitation period in gradually building the confidence and skills needed for sustainable, independent living.

Safe Spaces

In 2024-25 we supported **4,995** people in crisis through 13,646 sessions of support across our hubs and drop-ins.



$ig(\mathtt{i}ig)$ Service explainer

Who we support: Children, Young People and Families (CYPF) and adults in emotional distress or crisis.

What we do: Safe Spaces, which is jointly led with Bradford District and Craven Mind, offers urgent mental health support, 365 days a year, from our trained crisis support workers. People can access Safe Spaces by calling First Response or Guide-Line to get a same-day appointment or turn-up to our regular dropins. We also provide crisis support for children and young people 7 days a week from 3pm-9pm. This service has recently developed from a hub to an outreach model to meet children and young people where they are.

Where to find us: All age hubs in Bradford and Keighley and a CYPF outreach team. We also have 14 drop-in locations across the District delivered by our partner organisations.

How is this service delivered: Led in partnership with Bradford District and Craven Mind and delivered by Brathay, Pioneer Projects, Touchstone, SELFA, Khidmat Centre, Girlington Centre, Project 6 and Missing Peace.

How the service is funded: NHS

And Highlights

- We have supported more people this year, a 93% increase on last year. We have worked hard to increase reach into referring organisations and strengthening relationships with stakeholders across the district such as food banks, wellbeing hubs, libraries and community centres.
- A 36% increase in referrals from Yorkshire Ambulance Service this year has resulted in good outcomes for people accessing this service and reduced admissions to A&E for mental health distress.
- Volunteer development has continued to add value to the service. At the end of the year Safe Spaces had 7 active volunteers, supporting Crisis Workers and Team Leaders, following up on Safeguarding concerns, providing wrap-around support for people accessing the hubs and collecting missing demographic data. The strengthening of the volunteer roles has helped create a culture of training 'the Crisis Workers of tomorrow' and has contributed to making clients feel welcome and supported in their time of need.

Insights

- Our challenge, being a one-time support session, has been to take detailed notes of people's situations and refer into longer term and more appropriate community-based support. We offer 2:1 sessions to help build rapport with workers from other services.
- Throughout 2024-25 our CYPF provision has changed to meet the needs of local communities. We responded to our client base and have redesigned our CYPF provision to an outreach model and look forward to promoting our new offer for 2025-26.



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My session went really well, I am struggling a little bit today with anxiety and stress. The lady I spoke to yesterday was amazing and I just needed to offload!

Mark, Safe Spaces client

I'm out and about today, which feels refreshing, and I'm really grateful to be feeling better.

Aisha, Safe Spaces client

I found the session incredibly helpful. I'm trying to implement the advice I've received, which includes practicing meditation and listening to calming music. The session really helped me gain perspective.

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Helen, Safe Spaces client

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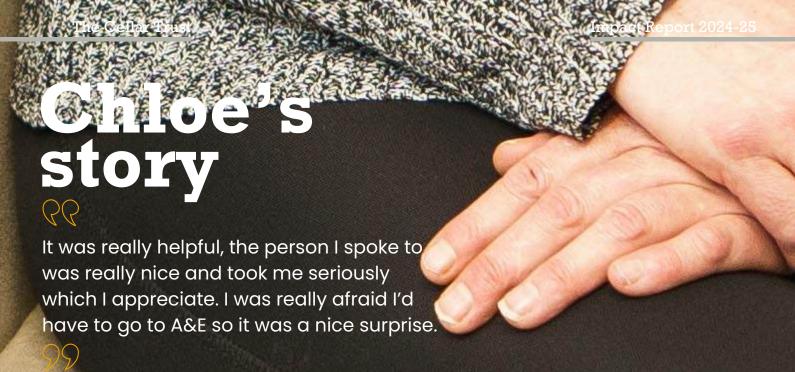
I had a victim of domestic abuse who was suffering with her own mental health and when I contacted the service, they were really quick at getting the ball rolling. The staff also gave us time to speak with the victim in private when we arrived so that we could complete a DASH which was great.

West Yorkshire Police

I was lucky enough to speak to a service user in Keighley, who told me what Safe Spaces meant to her, and she said that the support given to her, the way staff made her feel comfortable despite severe and chronic social anxiety, was testament to the skills and dedication the staff had in supporting her. My colleagues and I are very grateful that Safe Spaces is available to us for patient referrals.

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Yorkshire Ambulance Service



Chloe was referred into Safe Spaces by the Yorkshire Ambulance Service. She had called 999 as she had been experiencing severe panic attacks and paranoia and did not know what else to do. The ambulance crew said that after explaining that Safe Spaces was an option, she immediately began to calm down, as the thought of being taken to A&E and sectioned was a major fear for her. They brought her directly to the Safe Spaces Bradford Hub with her partner.

At first, Chloe was still shaken from her panic attack, and needed some time. We reassured her about what she could expect from Safe Spaces; that she could come back any time she needed to without calling an ambulance.

Once calm, Chloe explained that she has struggled with anxiety and depression her whole life, after being subject to the loss of both her dad and stepdad to suicide, the latter of which she witnessed. Both her mum and her late dad were diagnosed with Bipolar type 1, and though not diagnosed yet, her GP strongly suspects she has Bipolar also.

Chloe said that since the age of 15 she used alcohol to cope with her mental health issues and engaged in risk-taking behaviours as a form of self-harm. After the loss of her stepdad last year, she decided this wasn't helping her and spoke about the fear of repeating a cycle of poor mental health.

Chloe also talked about the impact of her mental health on her partner, who she explained was well meaning, but struggled to know how best to support her, often making her feel worse. We were able to have an engaging discussion about the meaning of recovery and what made her situation different to that of her parents. We offered some insights into how her partner might feel when she is in distress, and gave advice on how she could help herself and him by communicating what she needs from him when she is in crisis. We developed some basic signals and a crisis plan they could both refer to and breathing exercises they could practice together.

We also signposted her to Leeds Mind's Suicide Bereavement service, and to crisis and drug and alcohol resources.

By the end of the session, Chloe was speaking positively about herself and expressed confidence in her ability to have a happy life in spite of having a severe mental illness. She said she felt more prepared having developed a plan for how she could better manage anxiety and panic, and that it was reassuring to know Safe Spaces is always there if she needs it.

"It was really helpful, the person I spoke to was really nice and took me seriously which I appreciate. I was really afraid I'd have to go to A&E so it was a nice surprise". She rated her distress as having been at an 8 out of 10 before attending, and a 3 the day after.

Our smaller services

Craven Connect

Working collaboratively and in a client-led way we offer peer support through 1:1 sessions and an 8-week peer support group in the Craven area.



It has been so nice to talk to somebody who understands.



Holly, Craven Connect client



It has been such an eye opener of how powerful peer support can be for people. I love the ways our services have been able to come together to support people in our community.



Sarah Wilson, Skipton Step Into Action

Keighley Pathways

Mental health and employment support working with a range of different VCSE organisations including Keighley Healthy Living and Project 6.



I can't believe how far I have come since engaging in this support.



Mike, Keighley Pathways client



I can't thank you enough for what you've done for me. I was really struggling but now I have a plan for how to move forward.



Shaz, Keighley Pathways client



Our organisation

Our people, place and finances.









66

If you find it in your heart to care for somebody else, you will have succeeded.



Maya Angelou





Farfield began with a simple but powerful belief - that everyone deserves access to safe, inclusive and inspiring spaces.

What was once the old St Walburga's School, a familiar feature in the neighbourhood for generations, has been transformed into a welcoming hub for wellbeing, connection and opportunity right at the heart of Shipley.

Led by The Cellar Trust and made possible through the support of the Shipley Towns Fund, this project has been a deeply collaborative effort, shaped by the voices of our clients, staff and wider community. From quiet therapy rooms and dedicated workspaces to peaceful gardens and accessible design throughout, every detail has been considered with care.

Purposeful design for people and community

Farfield has been thoughtfully designed to be warm, inclusive and accessible throughout. Inside, it features co-working spaces, calming therapy and 1-1 rooms, flexible meeting areas, a multi-faith room, gender-neutral toilets and a bright central atrium.

Outside, there's a fully bound path around the building, accessible parking, and toilets with baby change facilities.

A new accessible lift, wider front and meeting room doors and portable hearing loops all help create a space that works for everyone. We've also included a contemplation space and chosen a calming and accessible colour palette throughout.

Peaceful green areas provide space to recharge, connect and reflect, including a Memory Garden, created in partnership with a local business to honour a much-loved colleague.

Sustainability is at the heart of Farfield's development, supporting not just the people who use it, but the environment we all share.

We've expanded green space on site and integrated energy-efficient infrastructure, including solar panels, an air source heat pump, new boilers and plumbing, and EV charging points. A water bottle refill station in reception also encourages low-waste habits among staff, clients and visitors.

Every part of Farfield has been designed with purpose, offering practical facilities and spaces that nurture people, community and the planet.

Championing collaboration and local talent

Farfield's success is a true team effort – shaped by collaboration with local businesses, staff, suppliers and the wider community.

Trusted local partners like Whittaker and Leach have brought the build to life, with architecture led by Rance Booth Smith, both based near Salts Mill.

Our signage comes courtesy of Jess Wright Graphics in Shipley, and branding by This is Chemistry, also local. Together, these partnerships have ensured Farfield is deeply rooted in the community it serves.

We've prioritised sustainability, inclusivity and co-production throughout – involving local suppliers and lived experience groups at every step. It's a reflection of our values: Hope, People, Partnership and Integrity.

Farfield embodies our mission to support mental health and wellbeing while driving social value and local economic resilience.

A whole team effort

Behind the scenes, delivering Farfield has required an extraordinary amount of dedication, flexibility and hard work from our team. As an organisation, we've juggled the demands of a major capital redevelopment alongside the day-to-day running of our services.

In June 2024, we temporarily relocated to Park View Business Park in two nearby units to stay accessible and familiar to our community.

Despite the challenges, from planning to relocation, our team's resilience and commitment have ensured a smooth transition and continued support for those who need us.

A shared vision for the future

Farfield wouldn't exist without the support of the UK Government's Towns Fund and Shipley Towns Board. Their belief in its potential as a hub for wellbeing and renewal has been key to making it happen.

Their investment has helped us create a space that strengthens local infrastructure and supports lasting regeneration in Shipley.

We're proud to welcome Bradford District Care Trust as our core tenants and look forward to working with others who share our vision.

Over time, we hope Farfield becomes a vibrant, community-shaped space, supporting wellbeing through shared activity and opportunity.

Looking ahead

Farfield is a symbol of what's possible when we invest in people and place. We will continue to build on this vision, embedding it as a vibrant and nurturing space for all, for many years to come.

We're excited for what's ahead and we can't wait to welcome everyone.

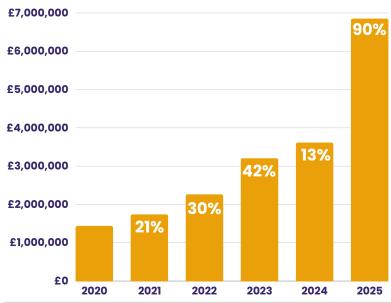
To enquire about room rentals or other opportunities at Farfield, email: helen.horsman@thecellartrust.org





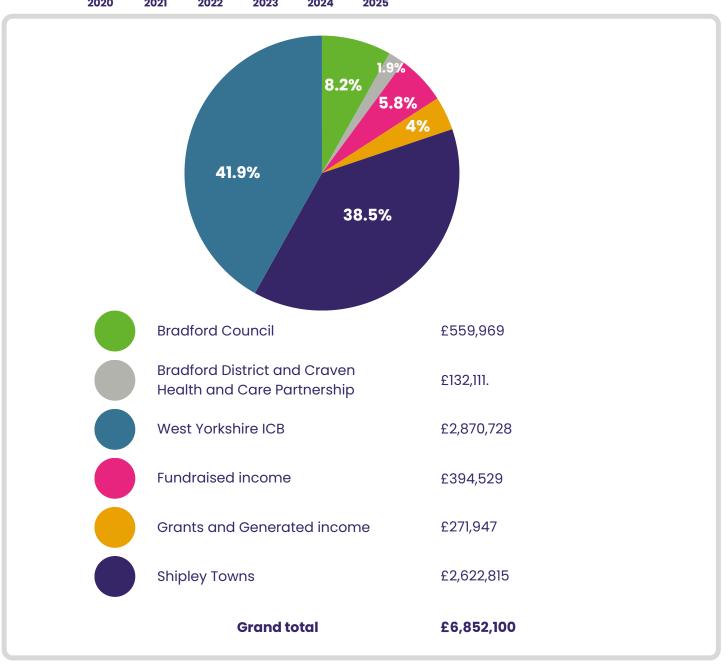


Income 2024-25



This year has presented difficult financial circumstances. Despite this we have performed well.

The income has increased by **90%** to **£6,852,100**, however this does include capital money received for the Shipley Towns project of **£2,622,815** to renovate the building into a Health and Wellbeing Centre. (Find out more about our new building, Farfield, on page 30).



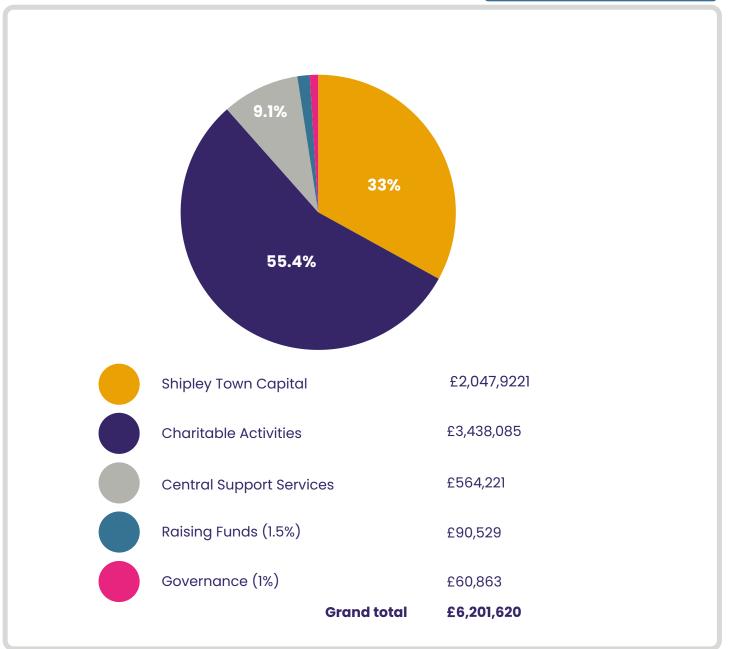
Expenditure 2024-25

The expenditure during the year increased by 68% to £6,201,620 as we spent £2,047,922 on the refurbishment of the building which was opened in July 2025.

The organisation increased the average monthly number of employees to **101** and we have continued to pay salaries more than the Real Living Wage. The wages costs have increased to **£2,607,820** – an increase of **19%.**

We have continued to act as lead supplier on major contracts in our district, spending £982,462 with other local charities acting as subcontractors. We are grateful to our major charitable donors who have continued to support the organisations, allowing us to continue to develop as an organisation.





Our people

We are an organisation of **101** employees and **20** associates.

Our people are at the heart of what we do. They bring with them a breadth of experience without which we wouldn't be able to deliver the lifechanging work we do.

We know that our staff must truly reflect the people we serve, both in terms of demographics and lived experience. We also want to build a culture of Equity, Diversity and Inclusion through our values, behaviours and training to allow all our colleagues to thrive, feel valued and deliver high-quality services across our communities.

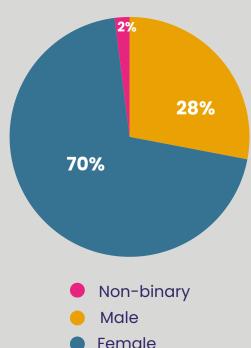


Our staff:

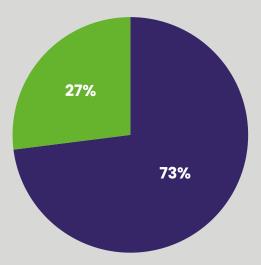


10% of our colleagues are LGBTQ+ which compares to 3.3% of the population identified as LGB in the 2022 Annual Population Survey

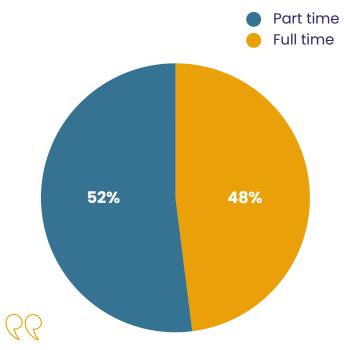
Gender



Ethnicity



- Ethnically/culturally diverse
- White British



You will be supported, valued, and pushed to develop towards a career you have always wanted to achieve.

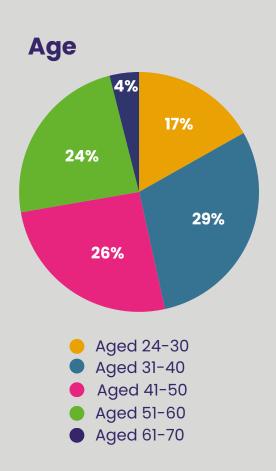


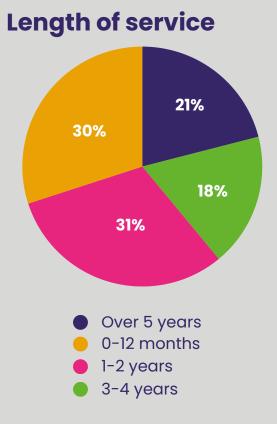
Staff member, The Cellar Trust



We train 100% of our frontline or service delivery staff in peer support. This year we have embarked on an ambitious program of training delivered by our Learning and Development Team.

We know confidence, competency and wellbeing are vital when working in mental health. Spending time together to explore and share experiences, learning and building confidence supports staff in their vital role especially when embarking on a career in mental health. We also believe in developing the mental health workforce of the future and being trusted and competent systems partners.



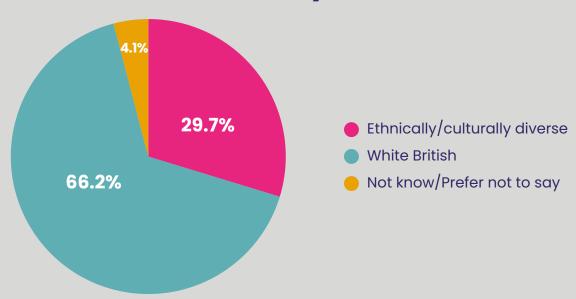


Who we support

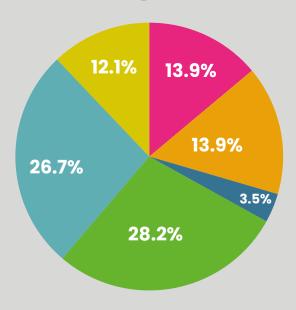
Our overall vision when it comes to Equity, Diversity and Inclusion is twofold. We want to ensure that our services are accessible, safe and inclusive for everyone at all times. We also aspire to be a genuinely inclusive organisation; we want a workforce with diverse representation at all levels with a workplace culture that supports staff and volunteers to reach their full potential whilst being their true selves.

We aim to become a charity that is anti-discrimination and anti-oppression; we want to be able to demonstrate how we have removed structural barriers that perpetuate racism, ableism and other discriminatory behaviours.

Culture and ethnicity

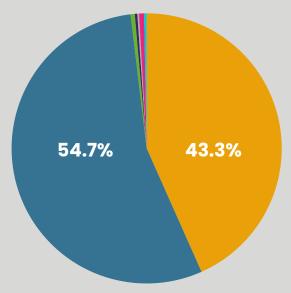


Disability



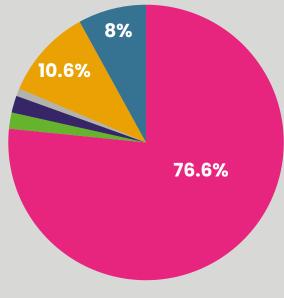
- Disabled (day to day activities limited a lot)
- Disabled (day to day activities limited a little)
- Not disabled (Has long-term physical or mental health condition but day-to-day activities not limited)
- Not disabled
- Not stated/Not known
- Not know/Prefer not to say

Gender identity



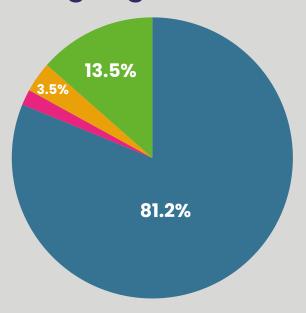
- Male (including transgender male)
- Female (including transgender female)
- Transgender individual (0.5%)
- Non-binary (0.3%)
- Other gender identity (0.2%)
- Not stated/Not known (0.6%)
- Prefer not to say (0.3%)

Sexuality



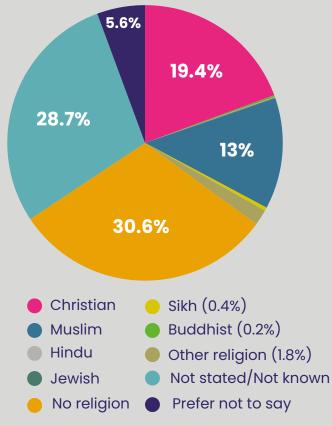
- Heterosexual
- Gay or Lesbian (1.9%)
- Bisexual (2%)
- Other (0.9%)
- Not stated/Not known (0.6%)
- Prefer not to say (0.3%)

Language



- Main language is English
- Main language is not English (No interpreter needed 1.8%)
- Main language is not English (Interpreter needed)
- Not stated/Not known

Religion

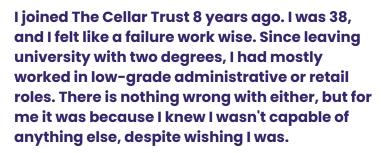


Polly's story

99

How did this happen?! I have the word manager in my job title! If someone told me in 2018 I would be doing this role, AND succeeding in it AND loving it, I would say 'never in a million years.'

99



I have always struggled with poor mental health. Then in 2020 aged 41, I was diagnosed with autism. A light bulb moment that explained so many of the difficulties I had faced all my life. I burst into tears the minute I was told. A mixture of relief and the release of years of feeling useless.

Fast forward to 2025. I write this whilst on maternity leave from a job I love. How things have changed in 8 years! I started at The Cellar Trust in an admin role focused on HR and governance. I am now the People Manager, helping to coordinate our fabulous People Team, providing a professional HR function that has completely transformed how we operate over the years. All whilst having two babies!

How did this happen?! I have the word manager in my job title! If someone told me in 2018 I would be doing this role, AND succeeding in it AND loving it I would say 'never in a million years.'

It happened because The Cellar Trust gave me the opportunity to develop in a safe and flexible way. The skills and abilities I had were noticed, valued and nurtured and I was given the training, tools and support to find my own individual path to success and a working life I could finally be proud of.



It wasn't just handed to me though. I've worked really hard and pushed myself to do things I find uncomfortable, even scary. In turn, The Cellar Trust has helped me thrive.

It's not all been plain sailing; I've had two significant episodes of mental ill health with time off work. I have had two babies as an older parent and I have ongoing caring responsibilities for my disabled mum; throughout these life challenges I've felt supported and valued.

In fact all these things - my mental health, being neurodivergent, being a mum and a carer, have made me better at my job. That's because The Cellar Trust recognises and values the complexities of our whole lives, not just who we are at work.

I can be authentic at work and I'm able to negotiate the right level of adjustments which have given me the courage to challenge myself in ways I never dreamed possible. I still struggle and I have days when life or work or both are really tough. I'm usually exhausted from pushing myself and existing in a world I didn't think was for me and I still have many limitations that won't ever budge. But I get so much back from my job and such a feeling of pride and achievement, its worth every cringe moment.

So, I keep showing up and doing my best for an organisation that really has people and it's values at its heart.

Jargon buster

We use some terms and abbreviations that might not be clear to everyone. Here's a few:



CYPF

Children, Young People and Families.

CMHT

Community Mental Health Teams.

Complex trauma

Traumatic experiences involving multiple events with interpersonal threats during childhood or adolescence. (UK Trauma Council)

Co-production

As defined by the Social Care Institute for Excellence: "Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them."

DNA rate

Did not attend rate for clients who missed appointments.

Dual Diagnosis or Co-Occurring Conditions

Where people have another diagnosis alongside their mental health disorder, such as a substance use disorder or autism diagnosis.

Frailty

In medicine, frailty defines people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care. (NHS England)

PCN

Primary Care Network

PIP

Personal Independence Payments.

PTSD

Post-traumatic stress disorder. It's defined by the NHS as a mental health condition caused by very stressful, frightening or distressing events.

Reflective Practice

A group setting support mechanism for our client-facing staff. Discussions include problem solving, sharing learning and challenges.

Signposting

We're not always the best people to help but we can point clients in the right direction to get the help they need. Sometimes, this may also include a referral to another service.

SM

Severe Mental Illness, defined as people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. (gov.uk)

Social Prescribing

An approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. (NHS England)

WEMWBS

Warwick-Edinburgh Mental Well-being Scale: a 14 point scale used to measure impact and improvement.

Thanks for reading!



Support us

We can only provide our services with the ongoing help of our generous supporters. Whether you choose to fundraise, donate, volunteer or join us at one of our events your support is so important.

Visit our website to find out more: thecellartrust.org/support-us

To access or find out about any of our services, contact us or visit our website.



How to contact us

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