

Tackling Despair, Building Hope

Director of Public Health Report 2025



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Foreword

Councillor Tim Swift, Cabinet Member for Public Health

As Cabinet Member for Public Health, I am proud to present this Public Health Annual Report.

In Calderdale too many lives are lost too soon due to the consequences of adversity and trauma, whether from suicide, harmful drug or alcohol use or long-term physical health effects associated with complex and multiple deprivation, stigma and discrimination.

This report brings together what we know about the impacts of adversity and trauma in Calderdale and the things that help people and communities to be resilient to their harmful effects. It summarises some of the innovative things that are being done in Calderdale to prevent and respond to adversity; and makes important recommendations to partners about what more can be done to strengthen our approach, so it is more effective and benefits more people.

Successes to date in preventing trauma, creating resilience and being trauma-informed have been enabled by brave leadership, space to reflect, and programmes like Make Every Adult Matter (MEAM) that support learning and innovation. Strong partnership working has been essential, along with open conversations about stigma and discrimination. Where this work has been most effective, it has been driven by a determination to achieve shared goals and guided by people's lived experience.

Staff and community feedback suggest that trauma-informed practice is having an impact, but energy and consistency can vary. It's clear from this report that good work is happening but that it isn't yet having the required impact.

As many of the root causes of adversity are worsening, even more focus on resilience, early intervention and trauma-informed practice is essential if we are to achieve our Vision 34 goal for Calderdale to be a place where we all have reasons to be full of hope.



Deborah Harkins, Calderdale Director of Public Health

Calderdale's Vision 34 was informed by the stories of hundreds of Calderdale residents about the best of Calderdale. One of the themes from these stories was hope, leading to the Vision including an aspiration that everyone will have reason to be full of hope to enable us to thrive and get through testing times.

Sadly, we know that experience of adversity and trauma is preventing too many people in Calderdale from living the larger life that Vision 34 aspires to. The opposite of hope is despair, and Calderdale has higher rates of 'deaths of despair' than many other similar places. This is an important dimension of local health inequalities. The suicide rate is significantly higher than England and the rate of drug-related deaths is more than twice as high as England.

The data suggests that some people in Calderdale who experience adversity will not do as well as people with similar experiences who live in other places. This report tries to help us understand why this might be and what can be done to address it.

Despite the disproportionate impact of adversity on some Calderdale people, many residents overcome adversity and trauma and go on to live a larger life full of hope. There's much we can learn from their inspiring stories of hope to help us understand the things that can make Calderdale a place where people are resilient to the negative effects of adversity.

This annual report explores Calderdale's strengths and challenges in relation to adversity, trauma and resilience and makes recommendations about what we can all do to prevent trauma, enable people to be resilient to adversity and work in ways that are trauma-informed.

Thanks to my colleagues in the Calderdale Public Health Team, almost all of whom have contributed to this report. I especially want to thank members of the public health adversity, trauma and resilience working group who have overseen the production of the report (Paula Holden, Jess March, Jenneifer Eastwood, Amy McGarry, Jo Ngan, Rebecca Antcliffe and Anthony Whittaker).

I'm indebted to Emmeline Irvine from West Yorkshire Integrated Care Board for her advice and wisdom about this area of work and to the whole West Yorkshire Adversity, Trauma and Resilience Programme for the invaluable resources and information they have developed. Thanks especially to Lisa Cherry and Sara Dodds for the Listening Project Learning Report which has helped us to ensure that people's accounts of adversity and resilience are central to this report.

Finally, this report wouldn't have been possible without the passion, leadership, support and constructive challenge of Niamh Cullen, Partnership Manager for Inclusion in the Public Health team. Niamh has been instrumental in pioneering innovative community-led work with people with complex lives, some of who have shared their stories in this report.

I hope you find this report informative, and it inspires you to consider how you can help Calderdale be a place where everyone has reasons to be full of hope.



1. Introduction

What is adversity and trauma?

Adversity refers to deeply upsetting, stressful, or difficult events or circumstance that we experience. It can include a broad range of experiences, including abuse, neglect, violence, unemployment, bereavement, bullying and harassment and other major life changes such as homelessness and family breakdown. Trauma is the psychological and emotional response that results when we experience something extremely threatening and beyond our ability to cope. It can cause lasting disruption to our sense of safety and wellbeing.

Research into the impact of adverse childhood experiences (ACEs) in the UK (Bellis et al, 2014) found that stressful or traumatic events experienced during childhood can have long-lasting negative effects. These traumatic events include abuse, neglect and household issues like domestic violence, harmful drug and alcohol use in the family, mental illness, or experience of the criminal justice system. The research shows that such experiences can impact both physical and mental health, potentially leading to chronic diseases and reduced life expectancy. Awareness of ACEs is crucial for developing trauma-informed approaches in early years settings, schools and communities to support children and promote resilience.

Between 10% and 15% of children experience four or more ACEs, in Calderdale that equates to between 4,500 and 6,800 children (NIHR, 2022).

How does adversity and trauma influence health and wellbeing?

Adversity and trauma can significantly affect our health by disrupting brain development, increasing stress-related illnesses (like heart disease, cancer and type 2 diabetes) and causing a wide range of mental health issues such as depression, anxiety, and Post-Traumatic Stress Disorder (PTSD). Research shows that these negative health outcomes can be linked to lasting physiological changes, an increased likelihood of engaging in risk taking behaviours such as violence and / or behaviours that provide short-term relief to the symptoms of trauma such as harmful drug and alcohol use, smoking and over-eating (Asmussen K, et al, 2020). This in turn can increase the risk that people who have experienced adversity will be stigmatised and excluded, which is also another form of adversity.

Adversity and trauma throughout our lives

The effects of chronic or repeated stress caused by adversity can accumulate over our lives by creating a type of 'wear-and-tear' on the body, which then increases the risk of long-term physical and mental health problems in adulthood and later life. This is especially the case for children who experience multiple, complex and prolonged adversity (Bellis et al, 2024; Asmussen et al, 2020). These impacts can increase the likelihood of poverty and can lead in turn to unemployment, insecure housing, homelessness and drug and alcohol dependence. This process can create an inter-generational cycle, where the children of parents who have experienced adversity and trauma may be at higher risk of experiencing adversity themselves.

There is also emerging research suggesting that trauma can be inherited, so that people who did not experience the original trauma directly may still feel its emotional impacts. Trauma may leave biological markers in the body, including changes in how stress-related genes operate (Zeynep et al, 2025; Banushi et al, 2025). These changes can be seen in later generations, including grandchildren (Mulligan et al, 2025). Trauma can also shape how people act, relate, and communicate within families and these patterns can then be repeated by future generations.

What helps resilience to adversity and trauma?

This cycle isn't inevitable and many of us who experience adversity go on to thrive and have fulfilling lives. Some of the biological changes related to adversity and trauma can be reversed through supportive environments, strong relationships, and healing practices. (Zeynep et al, 2025; Banushi et al, 2025). Evidence suggests that families and communities can pass down resilience, not just trauma, with people inheriting strengths such as survival skills, persistence, cultural wisdom, and compassion (Orgega-Williams et al, 2024).

It's therefore possible to create conditions in communities that help increase resilience to the health harming effects of adversity (Camacho et al, 2025). Resilient communities thrive because of the strong social connections present that enable diverse people to come together, reducing fear and stigma and increasing feelings of safety.

Resilient communities also feature strong community infrastructure, diverse economic opportunities, commitment to the environment and natural assets, community participation and an ability to learn and adapt through community engagement. This can empower communities to withstand and recover from challenges, creating a sense of shared purpose and ensuring basic needs are met, even in times of uncertainty.



2. The impact of adversity and trauma in Calderdale

People in Calderdale are more likely to experience problems caused by adversity and despair than similar local authority areas. This suggests that the impact of adversity on some people in Calderdale will be more harmful than people with similar experiences, who live in other places. Figure 1 summarises this data and shows that Calderdale performs similarly or worse on all indicators when compared to other local authority areas with similar populations.

Calderdale has similar levels of low happiness and first-time entrants to the youth justice system compared to nationally. Domestic abuse related incidents are higher than nationally and also than statistical neighbours.

Figure 1 – Indicators associated with adversity in Calderdale compared to statistical neighbours

	Calderdale	Kirklees	East Sussex	Wirrel	Gateshead	Staffordshire	Yorkshire & Humber	England
Self reported wellbeing: % of people with a low happiness score (2022/23)	13.2	10.7	13	11.5	11.1	9.1	9.6	8.9
First time entrants to the youth justice system (10-17 years) rate per 100,000 (2024)	186.1	99.2	100.6	142.6	134.7	149.7	151.5	137.7
Domestic abuse related incidents and crimes (persons 16+yrs) rate per 100,000 (2023/24)	41.8	41.8	20.0	28.5	38.4	29.7	34.6	27.1
Suicide rate (persons 10+) 3 yr rate per 100,000 (2022-2024)	16.3	11.6	12.6	11.2	9.3	10.1	12.7	10.9
Suicide rate (males 10+) 3 yr rate per 100,000 (2022-2024)	28.2	17.2	19.5	16.3	15.1	15.6	19.6	16.8
Suicide rate (females 10+ 3 yr rate per 100,000 (2022-2024)	5	6.4	6.3	6.5	3.6	4.7	6.2	5.5
Deaths from drug misuse (persons) 3 yr rate per 100,000 (2021-2023)	11	5.6	5	11.2	13.7	4.2	7.9	5.5
Deaths from drug misuse (male) 3 yr rate per 100,000 (2021-2023)	17	8	7.7	15.3	22.6	5.3	10.7	8
Deaths from drug misuse (female) 3 yr rate per 100,000 (2021-2023)	5.3	3.3	2.5	7.3	4.8	3.1	4.4	3.1
Admissions for alcohol specific conditions (persons) rate per 100,000 (2023/24)	607	570	507	1064	1211	563	640	612
Admissions for alcohol specific conditions (males) rate per 100,000 (2023/24)	847	804	724	1448	1665	721	884	868
Admissions for alcohol specific conditions (females) rate per 100,000 (2023/24)	384	348	312	720	780	414	409	373

Key: Statistical Significance: Red – significantly worse than England, Amber- no significant difference between Calderdale and England. Green – significantly better than England.

Figure 1 shows that Calderdale has a significantly higher suicide rate compared to England and ranks the highest of its statistical neighbours for overall suicide rate and for the suicide rate in men. It also has a significantly higher rate of deaths from drug misuse compared to England and ranks the third highest of its statistical neighbours overall and for men. Hospital admissions for alcohol specific conditions are similar to the England average.

Suicide risk

A suicide prevention review of ‘concern for safety incidents’ (where people go to high-risk locations in Calderdale in distress) found links between suicidal ideation and adversity. Those who attended these locations in distress often had complex lives with multiple disadvantage, adversity and trauma. Two groups were over-represented: teenagers with care experience and evidence of adverse childhood experiences; and people with a dual diagnosis of substance use and mental health conditions.

Indicators associated with resilience

The Calderdale school health and wellbeing survey is carried out each year and includes questions that indicate hope and resilience in young people. For the first time, data from the 2025 survey was analysed for groups of young people at greater risk of adversity.

Figure 2 shows clear inequalities in indicators of hope and resilience between groups of young people. LGBTQ young people, young people with SEND and young carers are significantly less likely to report that they agree with the hope and aspiration statements than other groups.

Figure 2 - Calderdale annual school health and wellbeing survey 2025

Hopes and Aspirations (% of respondents who Agree/ Strongly agree with the statements below)	All Secondary %	Year 7 %	Year 10 %	Girls %	Boys %	Young People with SEND %	Children Looked After %	LGBT %	Young carer %	Ethnic minority group %
People listen to my views	67	66	68	64	71	56	55	52	57	69
I feel empowered to change issues that I care about	55	58	53	51	60	49	54	44	53	59
I am treated fairly	75	76	74	70	80	61	51	57	61	76
I feel like I belong	68	69	67	61	76	57	51	41	53	70
If I was concerned about my health or wellbeing, I would know where to go to access support	67	66	68	64	71	58	56	52	51	71
It is important that I have places to go where I can socialise with my friends	85	85	85	85	85	80	69	78	76	83

Key: Statistical Significance: Red – significantly lower than all students, Amber - no significant difference, Green - significantly higher than all students



Analysis of the Calderdale School Health Survey found that fewer young people with SEND agreed with all of the hope and aspiration statements in the survey, suggesting lower levels of resilience than other groups. This is consistent with research that suggests that adversity and trauma has important connections to neurodivergence and speech and language issues.

Children and adults with Attention Deficit Hyperactivity Disorder (ADHD) are more likely to experience adverse childhood experiences (ACEs), including abuse, neglect, and domestic violence (Russell et al., 2016). Trauma can also intensify or mimic ADHD-like behaviours such as hypervigilance, distractibility, impulsivity, and emotional dysregulation (Szymanski et al., 2011). Young et al (2018) found that adults with ADHD who are exposed to trauma are more likely to encounter homelessness, domestic abuse and involvement with the criminal justice system.

Speech, language and communication needs often stem from or lead to significant adversity, creating a bi-directional link with mental ill health, social exclusion, and educational underachievement. Children facing adversity, such as poverty, abuse or neglect, are up to four times more likely to experience language delays (Sellin et al, 2022).

3. Stories of Hope

There are a wealth of local organisations, groups and communities in Calderdale that work to create hope, prevent adversity and support people with complex lives to recover from adversity and trauma. There isn't space in this report to include all of the good practice, but we do give some examples of the great work that is already happening. We have also listened to people who have been impacted by adversity and will share some of their stories of hope in this report.

Partners across West Yorkshire recognise the impact that adversity and trauma have on people's lives and have committed to embed trauma-informed approaches across West Yorkshire. West Yorkshire Health and Care Partnership and West Yorkshire Violence Reduction Partnership developed the West Yorkshire Adversity, Trauma & Resilience (ATR) Programme in 2021. During 2025 the ATR programme carried out a Listening Project to gather stories of adversity and resilience to help partners understand people's experience of adversity and trauma (Cherry and Dodds, 2025). Some of these stories are included in this report.

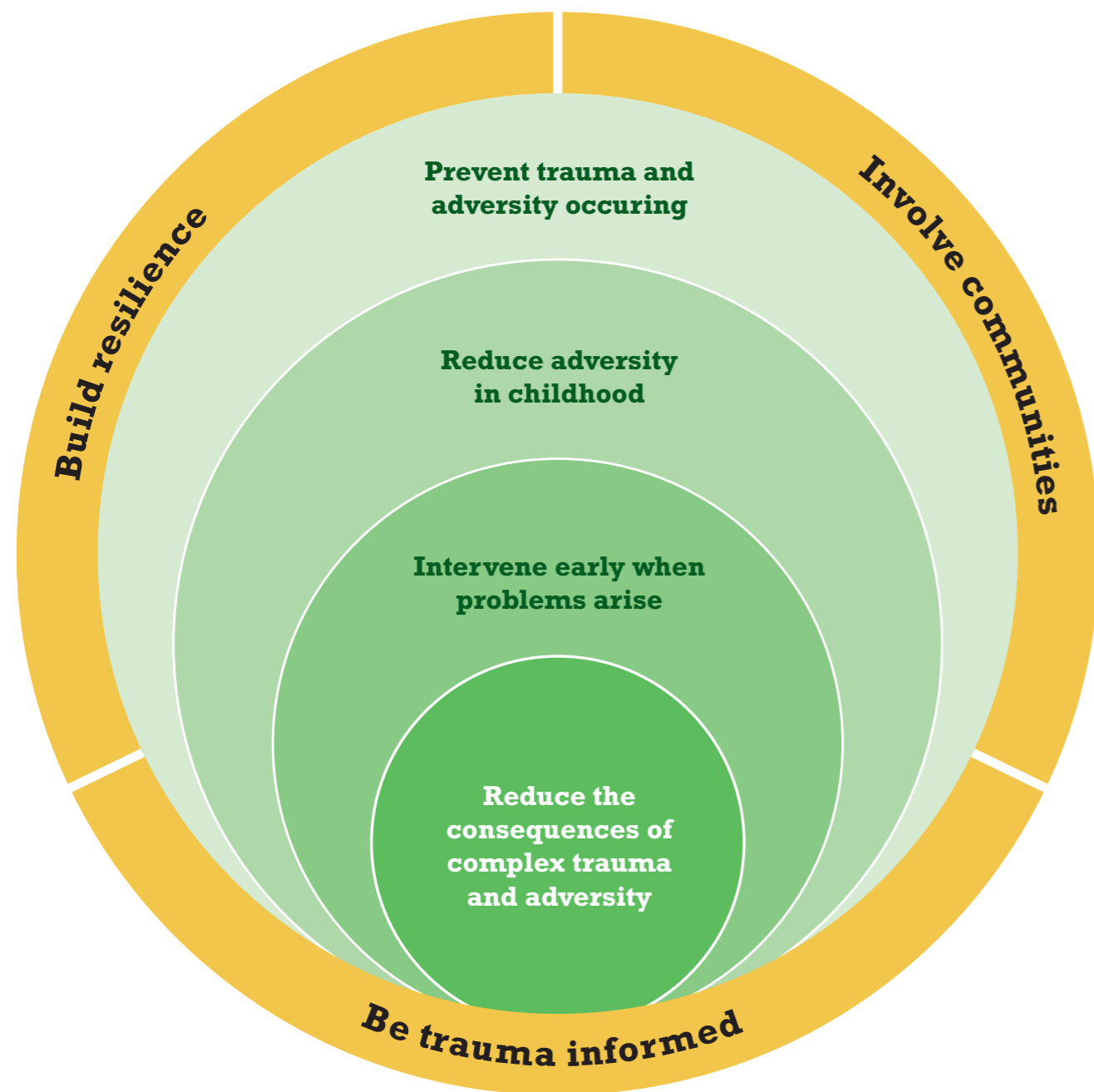


4. Creating Hope – A framework

To be effective in creating hope and reducing the impact that despair has on health and wellbeing in Calderdale, we need to work together to take a 'whole-system approach'. This means embedding our efforts to prevent and respond to adversity across Calderdale in the planning and delivery of public services, in the voluntary and community sector, in the healthcare, education, criminal justice and housing systems and in workplaces and communities.

This adversity and trauma strategic framework aims to support a Calderdale whole-system approach to prevent and address the impact of adversity on people's health and wellbeing.

Figure 3 - Creating hope: a whole system approach to prevent and reduce the impact of adversity and trauma on people's health and wellbeing



4.1 Prevent adversity from occurring

Prevent adversity from occurring – Why is this important?

Research evidence shows that adverse experiences are associated with a range of socio-economic factors including poverty, inequality, insecure housing, unemployment and insecure work, social exclusion, stigma and discrimination. These factors need to be tackled if we are to prevent adversity happening in the first place. Figure 4 shows Calderdale data for some of the key risk factors for adversity in Calderdale.

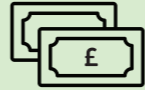





Poverty, deprivation and inequality make experiences of adversity more likely and can undermine resilience. Calderdale is more deprived than most local authorities in England. It was the 55th most deprived out of 200 local authority districts and metropolitan boroughs in 2025 and has become more deprived relative to other councils in the last five years (it ranked 66th most deprived in 2019).

Child poverty is known to be a particular risk factor for adversity and one in three Calderdale children (12,150) are in poverty. Child poverty rises to 2 out of 3 children in Park ward and half of children in Warley. Child poverty is increasing almost 3 times as fast in Calderdale than nationally.

This means that the risk of children experiencing adversity is increasing, making the need to prevent adversity and build resilience more urgent than ever.

Figure 4 Risk factors for adversity in Calderdale

 <p>1 in 3 Children live in poverty 1 in 4 Adults live in poverty 4.5% Unemployed</p> <p><small>Data for 2025</small></p>	<p>351 Children Looked After</p>  <p>16 of these were unaccompanied Asylum Seeking Children</p>	<p>292 Children in Need Plans 198 Subject to Child Protection Plan</p>
 <p>95 Homeless 82 In temporary accommodation 73 Children in temporary accommodation</p> <p><small>Data as of Dec 2025</small></p>	<p>Care leavers aged 18-24 349 Eligible for support 209 Receiving support</p>	 <p>2967 Educational Health and Care Plans 123 Permanent school exclusions</p> <p><small>Data as of Jan 2026, school exclusions are for 2025</small></p>

NB the number of people in temporary accommodation changes daily

Prevent adversity from occurring – Examples of current activity

Tackling poverty

Calderdale Anti-poverty Partnership is a network of partners from across sectors. It works to deliver Calderdale's Anti-Poverty Action Plan which has three key priorities:

- Prevention - Preventing local residents from falling into poverty
- Intervention - Providing support to local residents who have fallen into poverty
- Resilience - Keeping residents out of poverty

Actions are wide ranging and cover affordable warmth, affordable homes, education, family support, employment and skills, food support, financial inclusion (including money advice and guidance), early intervention and signposting, community wealth building and social value, health and wellbeing, digital inclusion and safeguarding.

Calderdale has pioneered good practice on systematising work to reduce poverty, including being one of the first places in the country to auto-enrol children for free school meals. The Early Advice and Support Team (EAST) provides early intervention for residents facing financial hardship by co-ordinating support across council services and voluntary sector partners. It includes early identification of financial risk, holistic financial and wellbeing reviews, discretionary financial support and strong partnership working with voluntary, community and health services (LGA 2026).

Calderdale's anti-poverty programme delivers important work to tackle poverty but economic factors largely outside the control of local partners, such as the increased cost of living, mean that it has limited impact on the number of people in poverty, which continues to increase locally.

Discrimination

Discrimination and stigma are also important root causes of adversity. Calderdale's work with Gypsy and Traveller communities is an example of attempts to prevent adversity in a group at higher risk.

The Calderdale Gypsy and Traveller Plan is overseen by a partnership between Leeds Gypsy and Traveller Exchange (GATE), Calderdale Council, the local NHS and West Yorkshire Police. Leeds GATE is a Gypsy and Traveller-led voluntary organisation that works to improve support and advocate for Gypsy and Traveller people across West Yorkshire.

The plan sets out a co-ordinated approach to improving quality of life for Gypsy and Traveller communities living in or visiting the borough, with a focus on suitable accommodation, improved health outcomes, reduced discrimination, and better access to education and employment. Activity includes raising awareness of Gypsy and Traveller culture, contributing to national campaigns, delivering cultural competence training, and supporting advocacy and financial inclusion.

Calderdale has also recognised the long-term impacts of historic and structural racism experienced by its significant South Asian communities, including experiences of exclusion, discrimination and intergenerational trauma linked to migration, labour exploitation, housing segregation and unequal access to public services. These experiences continue to shape trust in institutions, access to support and exposure to adversity for some individuals and families.

Local work with South Asian communities has increasingly focused on culturally informed

engagement, addressing health inequalities, improving access to services, and tackling racism and stigma through community-led initiatives, partnership working and system-wide learning. As with the Gypsy and Traveller Plan, this approach reflects an understanding that preventing adversity requires acknowledging historical harm, building trust and embedding cultural humility and anti-discriminatory practice across services.

Anna's Story

When Anna first arrived at Noah's Ark (a voluntary sector organisation in North Halifax) as a client for debt advice she was drinking alcohol at harmful levels. Anna struggled massively during COVID and staff would often see her walking past the building and heading up to the off-licence. Thankfully, Noah's Ark was able to help her engage with Recovery Steps (a recovery service for people whose lives are affected by drugs and/or alcohol), control her debt problems which were adding to her difficulties with alcohol, and support her with food.

In 2021, Anna approached Noah's Ark and asked if they had any volunteering opportunities: they did, in their food bank. Anna transformed their food support project and the Ark was able to offer her a small paid job. Anna feels her continued abstinence from alcohol is in no small part due to the job she has with the charity. She loves being able to say, "Oh I work at Noah's Ark", and she's very proud of her role.

When staff at Noah's Ark were told about the Active Calderdale project, Anna was one of the first staff members to take part. She had been thinking about joining a gym as she wanted to be more physically active. Anna has been a regular member of the walking group which has seen her physical ability improve markedly. So much so, Anna now feels able to attend more organised gym classes and has recently joined the Treadmill gym in Holmfild.

"I suffer from COPD and the walk to Tesco from my house is up a slight incline. I've never previously been able to walk there without pausing halfway to catch my breath. Amazingly, since I started the Noah's Ark walking group, I can now walk to Tesco without stopping. That's a real achievement for me, it feels like I've hit a milestone, not quite a Couch to 5K but still significant."

Anna is now in a period of sobriety of 24 months and counting and continues her rewarding work at Noah's Ark. Active Calderdale would like to wish Anna continued success on her active journey and sustained abstinence.

Prevent adversity from occurring - What more needs to happen?

- The Anti-poverty partnership should explore how it can support partners to seek opportunities to scale up and systematise work to tackle poverty, with a particular focus on child poverty.
- Explore using Pride of Place investment to take community-led approaches to tackle poverty and create resilience in Mixenden. Evaluate the impact of the additional investment on adversity, resilience and indicators of despair over the long term.
- Explore how further support can be provided to local voluntary and community organisations that work to tackle poverty and discrimination to enable them to help more people.
- Continue to gather human stories of hope, through Vision 34, to help challenge stigma and discrimination.
- Develop local approaches to stigma reduction, particularly in relation to addiction, trauma, and cost of living challenges.

4.2 Reduce adversity in childhood

Reduce adversity in childhood - Why is this important?

Multiple experiences of adversity in childhood can impact across the rest of a child's life, so effective action to reduce adversity and increase resilience in childhood must be a priority if we are to achieve our Vision 34 goal of Calderdale being a place where people have reasons to be full of hope.

Not all adverse experiences in childhood are preventable, but it is possible to prevent them leading to long-term harm by supporting stable, safe and nurturing relationships and environments for children. This is particularly important in the first weeks and months of life.

Reduce adversity in childhood – Examples of current activity

The Calderdale Family Hubs Programme aims to give all children the best start in life by joining up a wide range of support for families in communities and on-line. This includes a number of new services that aim to prevent adversity, support resilience and help children be ready for school. For example, WellComm is a new speech and language toolkit used to screen children at age 3 in early years settings. It can help to identify speech, language and communication issues early and support settings and parents to improve speech and language skills before the child starts school.

Through a community research project, local Family Hubs partners have heard from families about the things that support stable, safe and nurturing relationships between parents and their babies. This informed the development of the Calderdale Perinatal, Parent-infant Relationship & Infant Mental Health Strategy.



Figure 5 Parent infant relationships - Community research stories

Calderdale Community Research Stories:

'Any information that normalises that bonding can take time, especially in the instances of a traumatic birth'

'More general information and support about what happens when you don't bond with your baby, feel you don't particularly like them or enjoy motherhood'

'More open and honest conversations with the midwife or health visitor re the bond and the fact that bonds take time to grow'

'I was guided by my wife as she was the one who did the 'reading up' on babies and parenting. I didn't get offered any direct information for Dads, I always thought information was geared towards mums' Calderdale Dad

'You can feel a bit detached as a Dad. I didn't actively think about bonding with my baby in pregnancy. I would sit with my wife at night and rub her tummy. I wasn't given any information about bonding and relationships in pregnancy. I didn't go to any antenatal appointments as I work full time' Calderdale Dad

'I found my pregnancy really difficult, I had quite a lot of anxiety and she felt that I could not enjoy my pregnancy. Because of this I don't think I really bonded with my baby during pregnancy. I feel as though I retreated into myself I feel like I needed more support'

'I come from a place where they say it takes a village to raise a child and that is absolutely true. Having more community support, especially from extended family or other parents. In my culture, there's a strong sense of communal help, where family and friends come together to support new parents. I wish I had that same kind of support network here'

'Having access to information online to quickly answer some of the questions I had instead of waiting to have an appointment with my gp/widwife before getting the help I needed'

'Dads could do with knowing more about what women go through emotionally, hormonally and physically when they have a baby. Men can be vulnerable and feel rejected. If more was discussed to normalise and understand what having a baby really means it could really make family life more positive'

The Calderdale Family Hubs Programme has also established a new Parent Infant Relationship Service (PAIRS) called Growing Little Minds that supports parents to strengthen their bond with their baby. The service is led by a clinical psychologist and includes specialist health visitors, a parent infant psychotherapist, child psychotherapists, a Dad Matters co-ordinator and a neonatal nurse. People who work closely with families around the time of birth and in the first months of a baby's life help identify families where there is a higher risk of parents having difficult relationships with their baby, so that support can be put in place to prevent problems developing further and leading to adversity.

What parents have told us about how Growing Little Minds has helped them and what babies might say:

Everything was comfortable and supportive, I never felt judged, and I can understand my baby a lot better.

The support really helped us grow as a family, the person was really friendly, and I felt safe to share my emotions about it all

It was helpful to understand how sometimes I need to organize my own feelings before I can help my children'

It all makes sense for me. It has helped me to understand my child, give him attention, play with him. I will use it now and, in the future, as he grows

I knew that my own feelings impacted on being a parent but I didn't know how much

It has helped me to stop and observe my 4 year old and try to understand what she needs from me. It feels like our relationship is different now, better

What might the babies say?

I am glad that my mummy is getting support as it can be lonely being a mum

I am feeling better now my mummy and daddy are getting support together as I don't want them to fall out about me

Calderdale Council's Children and Young People's services

Calderdale Council's children's services work with a wide range of partners to support babies, children, young people and their families through a Families First Programme. This is working to strengthen and integrate support for children, young people and families; building on already strong social care and early intervention foundations to prevent adversity and increase resilience. It includes the development of a single, integrated point of access and strengthening early help and family support so that families get meaningful help before issues become acute or require statutory intervention.

Care experienced people

Calderdale Council is responsible for the care of young people who cannot safely remain with their families. Children and young people in care have often experienced adversity that can impact them throughout their lives. They often face discrimination and stigma across housing, health, education, relationships, employment and in the criminal justice system. In recognition of this, in 2023, Calderdale Council made care experience a protected characteristic. This means that people who are in care or have experience of care in Calderdale will now have the same protection from discrimination as other characteristics under the Equality Act including age, sex, race, sexual orientation and religion.

The Council has also signed up to the Care Leaver Friendly Employer Charter, officially marking the authority's status as a Care Leaver Friendly Employer, with the borough implementing improvements to better support care leavers to thrive in the workplace. From

April 2025, Calderdale Council offers a 100% Council Tax exemption for people who have been in the care of Calderdale.

Each year Calderdale Council runs a Takeover Day when young people in care takeover the role of an elected member or Council Officer. This gives the young people an opportunity to understand, and develop skills in, a range of roles in the Council. It also means that Councillors and Officers get invaluable insight into the lived experience of young people in care.

Calderdale schools

People who have experienced adversity in childhood tell us that schools can be safe places with trusted adults that can help them be resilient, on the other hand, they can also be places where the impacts of adversity are exacerbated.

Calderdale's Public Health team is working with children and young people and schools to understand what helps children to feel safe, welcome and have a sense of belonging in school, as well as what they find discomfiting, unpleasant and even threatening about the school environment. The aim is to discover what works well, share good practice and support schools to create safe and welcoming environments where every pupil feels safe, valued and included.



Inclusive Schools

Our approach to inclusive schools aims to ensure that all pupils throughout Calderdale have a positive experience of school and feel a welcome member of the school community, leaving at the end of Year 11 with a sense of hope and ambition.

Children and Young People Mental Health Practitioners are helping us to better understand the reasons behind children and young people presenting with mental health issues caused by negative school experience and we are also seeking parent and staff insight.

We have worked with five schools so far to explore the characteristics of an inclusive school. Insight from children and young people is that friendship, free time, relationships with teachers and creative subjects are the most important things that help them feel included. Physical activity and PE are valued, particularly because they give young people time to get away from their desks and opportunities to engage with others.

Things that young people have said can make them feel excluded are about how other people treat them (bullying, being left out, shouting), tests and SATs pressure, friendships and belonging, and not feeling safe, understood and supported.

Young people told us that challenges outside of school may mean that they sometimes come to school not ready to learn. When this happens, they want that to be understood but not have to always explain themselves.

Calder High School is one of the schools contributing to this work. The school has achieved the Calderdale Healthy Schools Gold Award for Mental and Emotional Wellbeing. Support at the school includes Student Mental Health Ambassadors and drop-in sessions where young people can talk about problems they are facing, with signposting to mental health support services. School staff also receive mental health first aid training, and the school employs two trained Pupil Intervention Practitioners. Students have reported how much they value this provision and that it is open to all, with one pupil telling us: "I ... feel really good when I walk through that gate. I like the food and I like that I have somebody to talk to".

A steering group of mental health professionals, headteachers, youth workers and Public Health colleagues is co-designing an approach based on the insight gathered. This will be integrated into the Healthy Schools Programme. Calderdale Healthy Schools Award criteria are being reviewed to ensure that inclusion runs throughout each of the award tiers. A question on inclusion will be included in the School Health Survey to help monitor the impact of inclusive schools on the wellbeing of children and young people.

Reduce adversity in childhood - What more needs to happen?

- Embed the Parent Infant Relationship Strategy across Calderdale.
- Seek opportunities to scale up the Growing Little Minds service, ensure it is reaching families who can benefit most and monitor its impact on adversity and resilience to identify the return on investment it delivers.
- Commission a programme of engagement, training and support for schools in Adversity, Trauma and Resilience and integrate inclusion and ATR in Calderdale's School Improvement and Healthy Schools programmes.
- Encourage local partners beyond the Council to see themselves as 'corporate parents' and identify how Takeover Day can be built on to increase participation and provide ongoing opportunities for the young people involved.

4.3 Intervene early when problems arise

Intervene early when problems arise - Why is this important?

Not all adversity can be prevented but responding quickly and kindly when it does happen is important if we are to prevent complex and entrenched trauma and support recovery and resilience.

Through the Listening Project the value of timely and kind support was highlighted by a number of people.

“the schoolteacher who supported me through my chaotic and traumatic early life. This teacher genuinely cared, saw potential in me and provided consistent support.

The teacher recognised the trauma she was experiencing and stopped her from being excluded from school, while still challenging her misbehaviour if she was swearing or being disruptive: she just stuck by me and she's still very much a part of my life now...

She was curious to know about my world, she asked all the right questions, at the right time...And she always kept what I said in confidence, unless it was the safeguarding and she always made that very clear. You know, just 'I really do care about you'."

Some of the stories shared through the Listening Project highlighted the benefits of timely support from the voluntary and community sector, employer occupational health services and psychotherapy services.

The features of services and service providers that were reported to be supportive and helpful to people sharing their stories through the Listening Project are shown below.

West Yorkshire Listening Project: Features of supportive services for people who have experienced adversity

- Feeling listened to
- Feeling understood and recognised as an individual
- Recognising when someone is struggling and enquiring about their wellbeing
- Providing information and involving people in decisions
- Practitioners who understood the circumstances/experiences
- Understanding of trauma and how it impacts people
- Opportunities to develop a relationship with practitioners (and sometimes others)
- Consistency of relationships (contact with the same practitioner)

Work

As well as services, good work can make an important contribution to people's recovery journeys. Interviewees in the West Yorkshire Listening Project highlighted the important role that their employers and workplaces played in either helping or hindering their recovery from the impacts of adversity.

“Julia found she was struggling again after many recent life changes, and she valued the support she was able to obtain from her employer’s employee assistance programme to help her manage stress.”

“Tracey really valued having a supportive line manager when her mum was hospitalised and again when she was diagnosed with breast cancer: “I was lucky to work for an organisation where I felt supported to be able to have time, you know, to recover. I think employers can make a big difference...I think my recovery was not quicker, but better for having that time where I didn’t feel forced to, you know, turn up and be all kind of all guns blazing straight away.”

“The impact of unhealthy workplace cultures and/or management approaches were highlighted by some interviewees, including being labelled as ‘difficult to manage’ or being expected to manage workloads which resulted in ‘burnout’. Bianca has experienced struggles in the workplace related to her childhood trauma and coping with additional adverse and traumatic experiences that occurred in her adulthood. She reflected: “I didn’t feel like I could speak to anyone at work, every appraisal is driven by your strengths and how much you’re doing at work. The only way you’re going to get a promotion and be considered achieving is if you are doing all these things. So, I didn’t feel like I could approach anyone at work and explain that I was having problems.”

Intervene early when problems arise – Examples of current activity

Inclusive Economy – Good work

Calderdale partners are working together to create an inclusive economy; an economy to which everyone is able to contribute and from which everyone benefits. Our Inclusive Economy Strategy (Calderdale Council, 2024) includes a goal of good work for all. This needs to include good work for people impacted by adversity. One of the ways we are doing this is by supporting employers to adopt the West Yorkshire Fair Work Charter. The charter asks employers to commit to working in ways that support their workforce to be well, feel safe, have opportunity and be involved. 26 new local employers signed up to the charter in 2024/25. Calderdale is also delivering the Healthy Working Lives programme which supports more people with physical and mental health problems stay in work or get back into work.

Homeless support

Experience of homelessness is almost always traumatic, so limiting the amount of time that people spend without a secure home is an important way to support people early when problems arise. Built for Zero is an innovative partnership between Calderdale Council and Crisis that aims to prevent the negative impacts of homelessness. It has already seen positive results with a 34% reduction in the number of households in temporary accommodation. There has also been a 37% reduction in the number of children in temporary accommodation over a time period when other areas in the region have seen this figure increase. As well as helping prevent adversity and trauma, this programme has significantly reduced the amount that the Council spends on B&B accommodation.

The Built for Zero team gathers a range of information about each person experiencing homelessness to understand the problems they face, for example mental health, addiction and/ or benefits issues. The team works with the local NHS, other council departments and the Department for Work and Pensions to support the person or family to address the causes of the

homelessness as well as get more secure housing. One of the reasons this approach works in Calderdale is due to the deep local knowledge partners have about the community.

Built for Zero Story

The person at the centre of this story had experienced significant adversity and instability over many years. He had been allocated a social housing tenancy, but a historic restraining order prevented him from entering the street where the property was located. The order related to a previous victim who no longer lived in the area, but the restriction remained in place.

Without intervention, he would likely have faced homelessness on release from custody, increasing risk and pressure on homelessness and criminal justice services, as well as causing him significant distress.

As part of the Built for Zero UK approach, partners reviewed his situation before he was released from custody. The restraining order was identified as the sole barrier preventing him from accessing accommodation.

Rather than allowing the issue to escalate, the probation team, the social housing provider, the Police and the Calderdale Council worked together to find a safe and lawful solution.

The restraining order was reviewed and revoked, with the court satisfied that the original victim had moved away and that the order no longer served a safeguarding purpose.

The social housing provider agreed to grant him access to the property on the day of release, avoiding temporary accommodation, preventing street homelessness, and providing a stable base for ongoing support.

This coordinated, multi-agency response meant he left custody not into crisis but into a secure home, enabling him to reconnect with services and avoid the cycle of homelessness and re-offending.

This example demonstrates how a system-wide approach, strengthened communication and a shared responsibility can transform the outcomes for people facing complex challenges.

Drug and alcohol treatment and recovery

Drug and alcohol treatment cannot remove past adversity or trauma, but it can reduce the ongoing impact on people’s health and lives. Trauma-informed, consistent and non-punitive treatment can help people feel safer and more stable. This supports emotional regulation, reducing crisis-driven behaviour and preventing further harm such as repeated hospital admissions, housing instability and involvement with the criminal justice system.

Calderdale Recovery Steps (CRS) helps people who suffer the consequences of harmful drug and / or alcohol use to change their lives. It is a recovery-oriented, drug and alcohol treatment system that delivers support bespoke to people’s needs. It is a partnership between the Basement Recovery Project, an organisation run by people with lived experience of recovery, and Waythrough, which provides a range of recovery treatment interventions, prescribing and

clinical support. CRS provides recovery and harm reduction support across the borough in central Halifax, Todmorden and Elland, with treatment services hosted in venues run by people with lived experience. This means that the first people those seeking treatment see are people in recovery, demonstrating from the outset that recovery is possible.

An Individual Placement Support Service helps people impacted by harmful drug and alcohol use with employment, which is an important enabler of resilience and long-term recovery.

Within Calderdale's Branching Out drug and alcohol service for children and young people aged under 21 years old, a discreet hidden harm provision supports children affected by parental substance use, recognising the role of adversity and trauma within families. By identifying and responding early to children who may otherwise remain unseen, the work aims to strengthen resilience, improve emotional safety and reduce the risk of intergenerational harm over time.

Partners in Calderdale are working to implement the national drug strategy, supported by additional funding from the Government, and have identified 4 priorities for local action:

- Delivering a world-class treatment and recovery system
- Reducing demand for drugs
- Breaking drug supply chains
- Delivering a safe place to live, a community and meaningful activity

Figure 6 shows the number of people in treatment in Calderdale and the proportion that are in effective treatment.

Figure 6 - Treatment Effectiveness in Calderdale, Sep 2024 - Aug 2025

Substance	Number in Treatment	Proportion in Effective Treatment
Opiate (Adults)	768	92%
Non-opiate only (Adults)	237	70%
Non-opiate and alcohol (Adults)	204	78%
Young People (Total)	110	89%

Source: National Drug Treatment Monitoring System (NDTMS)

Unmet drug and alcohol treatment need

Across Calderdale, a significant proportion of people with drug and alcohol dependence are not engaged in structured treatment. In 2024, only 57% of the drug and alcohol related deaths recorded on our local surveillance system were of people in treatment at the time of their death.

Figure 7 shows the proportion of the Calderdale population estimated to use substances that are not in contact with local treatment services. While there have been some year-on-year reductions in unmet need for certain groups, levels remain high, particularly for alcohol dependency and people using crack cocaine without opiates. This may reflect the normalisation of heavy drinking within the community, alongside inconsistent identification and referral from primary care and acute health settings.

For people using crack only, unmet need is likely influenced by social instability, co-occurring mental health needs and patterns of use that do not align well with treatment models historically designed around opiate substitution therapies, indicating a mismatch between need and service accessibility rather than a lack of willingness to engage.

Figure 7 – Unmet treatment need in Calderdale 2023-24 to 2024-25

Year	% of estimated population not in contact with drug and alcohol treatment services				
	Opiate and/or Crack	Opiates Only	Crack Only	Both Opiates and Crack	Alcohol
2023-24	51.50%	52.26%	60.00%	47.53%	72.76%
2024-25	46.64%	49.65%	75.38%	32.88%	71.31%

Source: National Drug Treatment Monitoring System (NDTMS)

Strengthening early identification and referral for alcohol-related harm, alongside developing flexible, trauma-informed and non-opiate-focused approaches for people using crack cocaine, offers an opportunity to reduce unmet need, interrupt cycles of adversity and support wider goals to prevent ill health and reduce health inequalities.

Intervene early when problems arise – What more needs to happen?

- Explore the development of a co-designed preventative public service reform programme for Calderdale based on the application made to the Government Place-Based Budgeting Pilot Programme.
- Develop opportunities for early identification and the provision of co-produced and joined up support to people at increased risk of poor outcomes due to experiences of adversity.
- Further develop and scale up education, employment and training support that is effective for people who have experienced adversity.
- Develop trauma-informed and flexible approaches to better meet drug and alcohol treatment needs, particularly for alcohol and crack cocaine, that reduce harm and prevent further adversity.
- Consider the development of a recovery charter learning from Telford and Wrekin Council developed by people with lived experience, to invite local organisations to pledge practical support, such as education, training, and employment opportunities, to help people in early recovery rebuild their lives.
- Further focus Active Calderdale activity at groups and areas where people are more likely to have experienced adversity, e.g. armed forces veterans, ex-offenders and homeless people.

4.4 Reduce the harmful consequences of complex trauma and adversity

Reduce the harmful consequences of complex trauma and adversity - Why is this important?

In some cases, multiple experiences of adversity and trauma have profound impacts on people's lives due to the complex and multiple disadvantage. This is where people experience a combination of problems at once, are likely to live in poverty and experience stigma, discrimination, isolation and loneliness.

Overlapping problems can include mental ill health, addiction, homelessness, offending, self-neglect and exploitation. People experiencing complex and multiple disadvantage are at greater risk of premature death, including from harmful drug and alcohol use, physical health conditions and suicide.

A safeguarding thematic review (Burnt Bridges) of the lives of five men who died who lived street-based lives in Calderdale was published in 2020 and a similar review was carried out in Manchester the same year. These, and subsequent safeguarding reviews undertaken in other areas, provide important insight into the consequences of trauma on people with complex lives and the changes services need to put in place to prevent further harm.

Local experience of working in partnership with people with complex lives has demonstrated that strengths-based and trauma-informed support can have a positive impact.

Reduce the harmful consequences of complex trauma and adversity - Examples of current activity

The Burnt Bridges review has led to a culture of accountability, honesty, and shared responsibility and Calderdale partners have made reducing drug-related deaths a priority. A Drug and Alcohol Related Deaths (DARD) panel has been established to review incidents and capture learning and there continues to be extensive distribution of naloxone, a life-saving medication that rapidly reverses opioid overdoses.



Make Every Adult Matter (MEAM)

- People facing multiple disadvantage experience a combination of problems including homelessness, substance use, contact with the criminal justice system and mental ill health.
- They can fall through the gaps between services and systems, not always meeting safeguarding and other thresholds, making it harder for them to address their problems and lead fulfilling lives.
- Making Every Adult Matter (MEAM) is the national charity supporting practitioners, policymakers and people with lived experience to transform services and systems for people facing multiple disadvantage.
- Formed as a coalition in 2009, it works across sectors, across government, and with more than 50 local areas to improve responses and change lives.
- Calderdale signed up to be a MEAM authority in 2021 following the Burnt Bridges safeguarding review.

Complex Lives Multi-Disciplinary Team

The Complex Lives Multi-Disciplinary Team (MDT) was established with a deliberately simple and focused approach, creating a space for partners to collectively respond to people experiencing the most severe and multiple forms of disadvantage. To date, around 400 people have been discussed by the team, many on multiple occasions, reflecting both the complexity of need and the importance of sustained, coordinated oversight rather than one-off intervention.

The MDT is grounded in trauma-informed principles, with a shared emphasis on language and curiosity and a practical focus on "what can we do" within and across organisational boundaries. It has enabled greater system flexibility, supported by a learning-set approach that encourages reflection and continuous improvement, while also strengthening relationships between partners through consistent attendance and shared ownership of complex cases.



BLOSM Service

The BLOSM service is hosted in the Emergency Department of Calderdale Royal Hospital. It aims to ensure that patients who have experienced adverse life events, such as abuse or violence, drug and alcohol use and other trauma, get access to appropriate community support. It supports people identified in hospital as harmfully using drugs and alcohol through transition from hospital-based care to community-based treatment and recovery.

The service works to address complex needs in a holistic and person-centred manner. This has enabled smoother service navigation, improved access to care and enhanced continuity of support for clients experiencing housing instability, mental health challenges, and issues with other social determinants of health.

Happy Days Jubilee House and Complex Lives Service

Jubilee House is provided by Happy Days (a local charity that supports people experiencing homelessness). It is a trauma-informed, 'family home' for adults living with multiple disadvantage. It comprises seven self-contained furnished bedsits with a single main entrance which is monitored 24 hours a day, 7 days a week. It provides a staffed and safe environment and delivers support for the people who live there informed by the multi-agency MEAM approach. There are no evictions or punishments for drug or alcohol addiction, and care wardens (rather than traditional security) staff the service overnight to keep the residents safe. It has been in operation since April 2025 and in that time has developed as a fun, loving, harm reduction environment that inspires people to have hope for the future.



Holly's Story

Holly is a 33-year-old woman with severe and enduring mental ill health, substance use, significant physical health conditions, experiences of sexual exploitation and domestic abuse, childhood trauma, child removal, and repeated experiences of homelessness.

Holly's needs are cumulative, interdependent, and long-standing. Her experiences of childhood trauma and exploitation, compounded by adult domestic abuse, have resulted in chronic mental distress, including periods of psychosis. Her substance use is a survival strategy and a response to trauma rather than isolated dependency.

Despite sustained engagement with multiple services, Holly repeatedly failed to meet thresholds for co-ordinated statutory intervention. Her needs did not align with single-issue or time-limited-service models, leading to fragmentation of care, repeated assessments and cycles of crisis. This resulted in frequent A&E presentations, emergency service callouts and significant risk of premature death.

Holly experienced prolonged housing instability, including street homelessness, emergency shelter and supported accommodation placements that broke down due to unmet needs and behaviour linked to trauma. A placement away from core services increased her exposure to exploitation, violence, and repeat victimisation within her own tenancy.

Holly has multiple long-term physical health conditions, including deep vein thrombosis, cellulitis, malnutrition, dehydration, and injecting-related wounds, alongside acute mental health crises. She struggled to manage medication and attend appointments independently.

She repeatedly presented in crisis to acute healthcare settings and was discharged despite significant unmet needs. On one occasion, she required an eight-week stay in hospital, some of which was on a high-dependency ward, following delayed intervention for sepsis, pneumonia and injuries sustained during a violent assault.

During periods when Holly accessed 24/7 trauma-informed support through the Winter Shelter, her substance use reduced, engagement improved and her health stabilised. When this support ended, risk escalated rapidly, resulting in further crisis and hospitalisation.

Since moving into 24/7 intensively supported, harm reduction accommodation; Holly has remained in residence every night, showing she can sustain a tenancy when appropriate support is in place.

In 9 months in this accommodation, Holly has completed a 3-month course of Hepatitis C treatment and full courses of antibiotics for injecting-related infections. Her nutrition has improved and she has gained weight and is benefitting from consistent methadone doses.

Holly now consistently uses clean injecting equipment and is able to safely dispose of needles in clinical waste. Her exposure to exploitation and violence has reduced substantially.

Holly maintains her accommodation with support from the team and adaptive, trauma-informed support has enabled her to resolve the behaviours that led to previous evictions. She has opened a bank account and contributes to food and utility costs.

Holly's presentations to A&E and reliance on emergency services have reduced significantly and she is no longer in a cycle of eviction and repeated homelessness.

While Holly continues to experience daily psychosis and requires intensive support, risks have reduced significantly. Importantly, the costs of adaptations and high-support provision have been demonstrably lower than the cumulative cost of repeated evictions, hospital admissions, safeguarding interventions and crisis responses.

A number of positive impacts have been identified from the first 6 months of the Jubilee House service:

- A dramatic reduction in emergency services intervention – There was only 1 A&E visit by residents between April and August 2025.
- Reduction in sharps risk - One resident was using up to 20 needles a day (part of a ritual that the service helped to reduce) that was 140 needles off the streets and safely disposed of each week.
- Reduction in anti-social behaviour – All seven residents spend the majority of time at home where as previously they would be in risky situations out in the community.
- Reduction in Safeguarding and Adult Social Care intervention for the residents.
- Reduction in police resources - Previously West Yorkshire Police were doing daily welfare checks for months with one resident due to cuckooing.
- Reduction in repeated homelessness and housing intervention.

Kelly's Story

Many events in Kelly's childhood years led her to try drugs and alcohol at a young age. Kelly started to experiment with cannabis, alcohol and LSD as a coping mechanism. She loved the numbness of not feeling and the emotional pain went away. At 18 Kelly suffered the loss of a child leading to her drug and alcohol use escalating. Her ups and downs with substance use continued but also included periods of abstinence during the birth of two more children. Then in 2016, Kelly decided to get clean and reached out to the Basement Recovery Project.



Feeling broken emotionally and physically, and despite her distrust of people, she attended all the groups she could at The Basement Project. Kelly was introduced to mutual aid, volunteering and positive recovery.

Kelly's recovery journey with the Basement Project included participating in regular physical activity sessions. Taking part in these weekly activities has helped Kelly become part of the recovery community with the support of her peers. It has also improved her physical and mental wellbeing by giving her a focus.

"I stopped running, I can talk now, I understand that the abuse I suffered isn't normal, I have grieved and have my girls back in my life."

Kelly continues to give back to her recovery community and has recently passed a Level 2 course in Personal Training. She now shares her knowledge by facilitating gym sessions at The Basement Project and enjoys encouraging others to reach their physical and mental health goals. She has also gone from being a participant to leading the Couch to 5k group. Aspiring to continue her personal development with a level 3 in Personal Training, Kelly believes everyone can achieve their goals and dreams.

Reduce the harmful consequences of complex trauma and adversity - What more needs to happen?

- Systematise the MEAM approach and implement proposals for a MEAM co-ordinator and case management system to enable multi-agency data sharing and management of people being supported through the MDT process.
- Consider the development of a pooled budgeting approach to deliver support across agencies that meet the needs of people who have experienced complex trauma.
- Identify opportunities to scale up and mainstream the support for the voluntary and community sector to deliver flexible support to people experiencing complex and multiple disadvantage.
- Involve people with lived experience in the development of pathways for people with complex lives when moving between services such as discharge from hospital, prison and custody release.
- End case closures for "non-engagement"; prioritise persistent outreach instead.
- Develop integrated dual-diagnosis pathways across mental health and substance use services with the involvement of people with lived experience and their loved ones.



5. Calderdale – A place of hope for all

We can all play a part in making Calderdale a place of hope for everyone, by creating resilience, embedding trauma-informed approaches in all we do and by engaging with communities.

a. Creating Resilience

Resilience in communities (and other settings) and in individual people can be developed given the opportunity. Having opportunities to be actively involved in and influence our community, school and workplace life can help increase our sense of purpose and belief that we can influence what happens to us. Having access to social networks in our community, school and workplace gives us sources of support and people we can rely on to help us when things are difficult. Being connected to people in our community who are different from ourselves helps overcome stigma and discrimination.

Calderdale’s Building Stronger Communities Framework was informed by conversations with over 800 local people about what strong, cohesive and resilient communities look and feel like. It sets out Calderdale’s approach to building stronger communities in five ways: appreciating the benefits of diversity; developing a sense of belonging for all our people; feeling safe; valuing volunteering; and promoting civic and democratic engagement.

Stories heard through the West Yorkshire Listening Project identified protective influences in the lives of those who experienced adversity in childhood. These included positive relationships with trusted adults, such as other family members, teachers and social workers - “attachments that I had in early childhood, I think they sustained me through the darkness”. “although my mum couldn’t keep us safe from my dad, she loved us unconditionally and I knew love.”

Creating Resilience – A local example

One example of this is when members of the complex lives community in Halifax, many of whom are active drug users, volunteered to undertake first aid training. Training in overdose response, including naloxone administration and CPR, enables swift, life-saving action. The first aid training had other resilience building benefits through fostering self-confidence and responsibility, while improving relationships between drug users and healthcare providers. It also supported safer practices such as wound care and infection prevention, reducing health risks. It increased community resilience with trained people able to be first responders, creating a peer-supported safety net. The training was also a gateway to broader health education in a group of people with a range of physical and mental health challenges. Twelve people from this community now hold the Emergency First Aid qualification.

“This project was a total joy. Learners were visibly proud of their achievements, often surprised by how much they already knew, and overwhelmingly positive about their experience. Training like this has the power to unlock dignity and belief—when done with heart, humour, and a healthy dose of silliness.”

First aid training provider

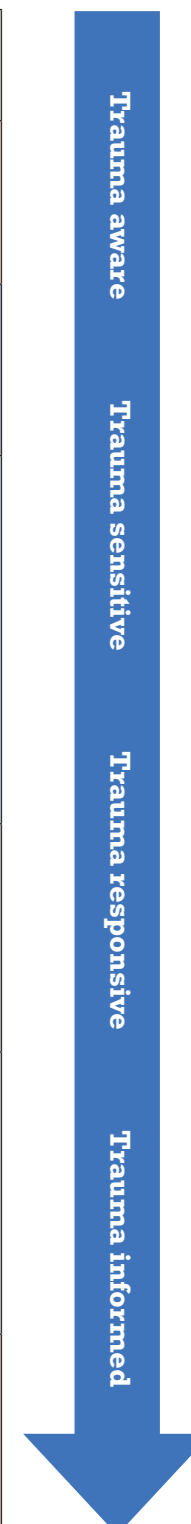
b. A Trauma-Informed Place

The impact of adversity and trauma on us is not fixed and we can be resilient and recover. Being guided by trauma-informed principles throughout our lives and in service delivery can help prevent people being re-traumatised, create resilience and enable recovery.

Trauma-informed places, communities and services are grounded in important principles of safety, trust, choice, collaboration, empowerment, and cultural consideration.

Figure 8 – Principles of Trauma Informed Practice

DOMAIN	Practice		
Safety	People are safe from psychological harm or asking what they need to feel safe	People are safe from physical harm or asking what they need to feel safe	Putting policies, practices and safeguarding arrangements in place
Trustworthiness	The organisation and staff explain what they are doing and why	The organisation and staff do what they say they will do	Expectations are clear and the organisation and staff do not overpromise
Choice	Ensuring people accessing and working in the service/ organisation have a voice in the decision-making process of the organisation and its services	Listening to the needs and wishes of people accessing and working in the services	Explaining choices clearly and transparently, acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships
Collaboration and co-production	Using formal and informal peer support and mutual self-help	Asking people who access and work in services what they need and collaboratively considering how these needs can be met	Focussing on working alongside and actively involving people
Empowerment	Validating feelings and concerns of people accessing and working in services	Listening to what a person wants and needs and supporting people to make decisions and take action	Acknowledging that people who have experienced trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth
Cultural, historical and gender considerations	Offering access to gender responsive services	Leveraging the healing value of traditional cultural connections	Incorporating policies, protocols and processes that are responsive to the needs of individuals served



What is a trauma-informed approach?

A trauma-informed approach is a framework for interacting with people that acknowledges the widespread impact of trauma and integrates this understanding into policies, practices, and systems. It means seeking to understand the wider context of people's lives and recognising that adversity and trauma may have brought them to their current point. It shifts focus from symptoms to the potential root causes of behaviours. It doesn't mean services must talk to people about their adversity and trauma, but apply the principles of being person centred, thinking about the wider context and things that people might have experienced.

Key elements include realising the prevalence of trauma, recognising its signs and symptoms in clients and staff, responding by integrating trauma knowledge into practices and actively preventing re-traumatisation by promoting safety, choice and empowerment. Examples include building trust through maintaining a relationship with a consistent worker and thinking about the impact of service decisions on re-traumatisation. Instead of asking "What's wrong with you?", it means thinking about what has happened to people.

When we are not trauma-informed

It is important to understand what the absence of trauma-informed practice feels like for people who have experienced adversity. Through the review of concern for safety incidents at high-risk public places for suicide some examples of this were discovered.

“Stigma and misconception about concern for safety incidents and the people involved ... exists amongst some professionals. ... Attendance at a high-risk location (was) described as 'behavioural' or 'normal behaviour' for the person involved ... (This) language serves to undermine the risk that person had put themselves in, or the emotional distress they may have been experiencing. There were multiple records of (these) incidents being described as 'attention seeking'. ... In one incident log, the person involved was repeatedly described as having no intention to harm themselves, despite them having previously made a non-fatal suicide attempt from the same location. The log stated: "she didn't jump, she fell- she is doing it for attention.”

“... Misconceptions about a person's intent or risk may stem from their behaviour during the incident. ... When the person of concern is under the influence of drugs or alcohol, using abusive language, declining to engage, being aggressive, hostile or combative, it does make it more challenging for front line services to support them. ... However, looking at the circumstances of these people's lives ... that this behaviour may not be intentionally difficult or obstructive, but a consequence of trauma and adversity.”

There were also examples of services not being trauma-informed identified through the West Yorkshire Listening Project:

“Bianca had accessed therapy as a young person but found the experience to be very damaging. She was asked by a counsellor to write down her thoughts and feelings in a journal, and Bianca later discovered that the counsellor had shared the journal with her mother. Although the counsellor may have been trying to help by showing Bianca's mother the impact of her drinking, the breach of trust left Bianca feeling deeply betrayed: "That just completely broke my confidence”

“Jess formed an important connection with a kind classmate, despite experiencing multiple changes of home and school. However, at age 12, this girl was killed by a car and Jess states she never emotionally processed this experience: "We went to the funeral, and a teacher told us off for crying and said, 'That's selfish. You've cried for you, not for them.'” Jess reflects that this experience of her feelings being dismissed at the time has lasting impacts and reports that she has always found it difficult to cry.”



C. Involve communities and people with lived experience

Research across social work, mental health, trauma informed practice and public health consistently shows that meaningful involvement of people with lived experience strengthens the relevance, quality and impact of services and systems designed to address adversity and trauma. People who have experienced trauma, adversity, or multiple disadvantage can identify barriers, triggers, and risks that others miss. Co-design of services and support with communities impacted can create changes that reduce inequalities, stigma and exclusion, and support empowerment, recovery and personal growth (Stone et al, 2025).

Involving communities – a local example

In a local hotspot area in Halifax, a strengths-based approach was taken to engaging with residents experiencing complex and multiple disadvantage to explore how to work together to

improve outcomes and prevent harm. This led to the development of a community-led project. Members of this community were at a high risk of being victims of crime so a priority for residents was to improve the environment – ‘designing out’ crime. A mural was painted in the courtyard designed by residents and Active Calderdale installed an outdoor table tennis court. Fingerprint activated gates were installed so that residents had an area where they could feel safe.

The project included a range of services providing outreach on site, including:

- Calderdale Recovery Steps (who deliver harm reduction interventions, methadone scripts and drug treatment support); wound care; housing support;
- A local housing association who provided support with bank accounts, GP registration and optimised benefits);
- Calderdale Cares health inequalities vaccination team provided flu, covid and any other vaccines to residents seasonally;

A network of people from across the partnership called-in regularly to listen, provide support and build relationships.

Following the success of the outreach and the building of trust between residents and services, these services are now being provided through the Happy Days Complex Lives service at their premises in Halifax town centre.

There were also positive community cohesion impacts including engagement and support from local businesses, donations of food, clothing and planters, mosques delivering food during Ramadan and engagement from family members supporting social events. This project challenged stigma and increased feelings of safety amongst members of the community.

A place of hope for all - What more needs to happen?

- Undertake research to understand more about why adversity and trauma have more significant impacts on outcomes in Calderdale than in other similar places.
- Work with people with lived experience to create a clear aspiration for a trauma-informed and hopeful Calderdale as part of Vision 34.
- Continue to gather and showcase stories of hope and kindness that exemplify resilient communities and trauma-informed practice and challenge stigma.
- Test ways to undertake community-led and trauma-informed commissioning and embed trauma-informed practice into the commissioning and monitoring of externally provided services. Work with providers to create improvement plans where necessary.
- Consider how Neighbourhood Health in Calderdale can contribute to increasing resilience, preventing adversity and making Calderdale a trauma-informed place.
- Assess the economic case for increasing resilience, preventing adversity and improving outcomes of people with complex and multiple disadvantage.
- Clarify how West Yorkshire Combined Authority can support Calderdale to be a resilient and trauma-informed place and learn from other parts of West Yorkshire.
- Integrate resilience building and trauma-informed practice into workplaces in Calderdale for example through the Fair Work Charter, Workplace Wellbeing Support and programmes that address health related economic inactivity.

6. Conclusions

This report shows that adversity and trauma in Calderdale has a profound impact on many people’s lives and drives health inequalities. It tries to bring together information about the things that help people and communities be resilient to the harmful impacts of adversity, and give examples of some of the work already being done to prevent and respond to adversity. While there are many examples of innovative and effective practice, they aren’t having the impact needed to prevent deaths and ill health associated with despair.

The report suggests a framework for a more systematic approach to preventing and responding to adversity by building on existing innovative practice to make Calderdale a place of hope for everyone. Calderdale is already a place with resilient communities, where trauma-informed practice is taking place and where people and communities impacted by adversity are actively involved in creating solutions to it.

The report makes a number of recommendations to Calderdale partners about how we can systematise our approach to tackling adversity, so it is more effective and benefits more people.

While there are many examples of new, innovative and effective practice, they aren’t yet having the impact needed to prevent deaths and ill health associated with despair, and long-term investment is likely to be needed.



7. Summary of Recommendations

Overall – Calderdale as a place of hope

- Undertake research to understand more about why adversity and trauma have more significant impacts on outcomes in Calderdale than in other similar places.
- Work with people with lived experience to create a clear aspiration for a trauma-informed and hopeful Calderdale as part of Vision 34.
- Continue to gather and showcase stories of hope and kindness that exemplify resilient communities and trauma informed practice and challenge stigma.
- Test ways to undertake community-led and trauma-informed commissioning and embed trauma-informed practice into the commissioning and monitoring of externally provided services. Work with providers to create improvement plans where necessary
- Consider how Neighbourhood Health in Calderdale can contribute to increasing resilience, preventing adversity and making Calderdale a trauma-informed place.
- Assess the economic case for increasing resilience, preventing adversity and improving outcomes of people with complex and multiple disadvantage.
- Clarify how West Yorkshire Combined Authority can support Calderdale to be a resilient and trauma-informed place and learn from other parts of West Yorkshire.
- Integrate resilience building and trauma-informed practice into workplaces in Calderdale for example through the Fair Work Charter, Workplace Wellbeing Support and programmes that address health related economic inactivity.

Prevent adversity from occurring

- The Anti-poverty partnership should explore how it can support partners to seek opportunities to scale up and systematise work to tackle poverty, with a particular focus on child poverty.
- Explore using Pride of Place investment to take community-led approaches to tackle poverty and create resilience in Mixenden. Evaluate the impact of the additional investment on adversity, resilience and indicators of despair over the long term.
- Explore how further support can be provided to local voluntary and community organisations that work to tackle poverty and discrimination to enable them to help more people.
- Continue to gather human stories of hope through Vision 34, to help challenge stigma and discrimination.
- Develop local approaches to stigma reduction, particularly in relation to addiction, trauma, and cost of living challenges.

Reduce adversity in childhood

- Embed the Parent Infant Relationship Strategy across Calderdale.
- Seek opportunities to scale up the Growing Little Minds service, ensure it is reaching families who can benefit most and monitor its impact on adversity and resilience to identify the return on investment it delivers.

- Commission a programme of engagement, training and support for schools in Adversity Trauma and Resilience and integrate inclusion and ATR in Calderdale's School improvement and Healthy Schools programmes.
- Encourage local partners beyond the Council to see themselves as 'corporate parents' and identify how 'Takeover Day' can be built on to increase participation and provide ongoing opportunities for the young people involved.

Intervene early when problems arise

- Explore the development of a co-designed preventative public service reform programme for Calderdale based on the application made to the Government Place-Based Budgeting Pilot Programme.
- Develop opportunities for early identification and the provision of co-produced and joined up support to people at increased risk of poor outcomes due to experiences of adversity.
- Further develop and scale up education, employment and training support that is effective for people who have experienced adversity.
- Develop trauma-informed and flexible approaches to better meet drug and alcohol treatment needs, particularly for alcohol and crack cocaine, that reduce harm and prevent further adversity.
- Consider the development of a recovery charter learning from Telford and Wrekin Council developed by people with lived experience, to invite local organisations to pledge practical support, such as education, training, and employment opportunities, to help people in early recovery rebuild their lives.
- Further focus Active Calderdale activity at groups and areas where people are more likely to have experienced adversity, e.g. armed forces veterans, ex-offenders and homeless people.

Reduce the harmful consequences of complex trauma and adversity

- Systematise the MEAM approach and implement proposals for a MEAM co-ordinator and case management system to enable multi-agency data sharing and management of people being supported through the MDT process.
- Consider the development of a pooled budgeting approach to deliver support across agencies that meet the needs of people who have experienced complex trauma.
- Identify opportunities to scale up and mainstream the support for the voluntary and community sector to deliver flexible support to people experiencing complex and multiple disadvantage.
- Involve people with lived experience in the development of pathways for people with complex lives when moving between services such as discharge from hospital, prison and custody release.
- End case closures for "non-engagement"; prioritise persistent outreach instead.
- Develop integrated dual-diagnosis pathways across mental health and substance use services with the involvement of people with lived experience and their loved ones.

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