

# A HEART OF HELP

Listening and learning from people with experience of substance use and sanctuary seeker services in Wales

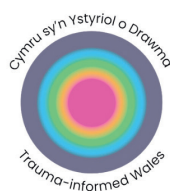


## EXECUTIVE SUMMARY



**Straen  
Trawmatig**  
Cymru

**Traumatic  
Stress**  
Wales



**PLATF** **FORM**

For mental health and social change  
Dros iechyd meddwl a newid cymdeithasol

# ABOUT HEART OF HELP

**Platform was commissioned by Traumatic Stress Wales (TSW), in collaboration with ACE Hub Wales, to support the delivery and implementation commitments of the Trauma-Informed Wales Framework.**

The aim was to explore the understanding and experiences of the Trauma-Informed Wales Framework from the perspective of people with lived experience of using substances or seeking sanctuary.

We produced a report that pulled together an initial literature search, alongside interview and focus group findings, to gather people's views on what changes we could make across Wales, to create the right conditions for people to be supported in a relational way.

We were delighted to work with Welsh Refugee Council, who conducted the literature search for people seeking sanctuary, and coordinated focus groups and interviews. We were also pleased to have support from GDAS, who helped us with interviews and focus groups for people they support.

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**OUR FINDINGS UNDERLINED WHAT WE HAVE LONG SEEN OURSELVES AT PLATFORM: THAT THE SYSTEM IS NOT CURRENTLY WORKING IN A WAY THAT MAKES IT EASY FOR PRACTITIONERS TO BE VULNERABLE, REFLECTIVE, OR TO OFFER THE HOLISTIC SUPPORT THAT PEOPLE WANT AND NEED.**

This report was made possible through the support of the New System Alliance, funded by the National Lottery Community Fund.

**PLATFFORM**

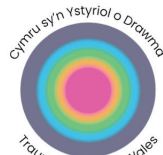
For mental health and social change  
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**Commissioned by**



**Straen  
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**Traumatic  
Stress  
Wales**



**Hyb ACE Cymru  
ACE Hub Wales**

**With additional support from**

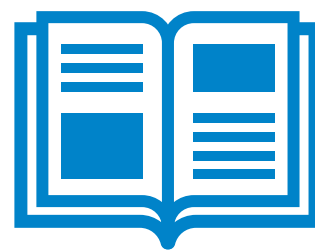


**NEW SYSTEM  
ALLIANCE**  
Person-led • Transitional • Strength-based

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# KEY THEMES FROM LITERATURE



## SHARED FINDINGS FROM LITERATURE

### Both people using substances and people seeking sanctuary have experienced high levels of trauma and adversity:

75% of women and men attending alcohol/drug services (WHO, 2002) have experienced trauma. By nature of the need to flee adversity, many or most people seeking sanctuary have experienced trauma. This is reinforced further by the higher prevalence of ACEs amongst sanctuary seekers than within the wider Welsh population (Wood et al., 2020), and the large body of literature finding a direct correlation between traumatic childhood experiences and substance use (Dube et al., 2003).

### Re-traumatisation is a significant challenge for both groups:

Services geared towards a medical model of health, mental health and behaviour, can lead to service responses to people in extreme distress being “unhelpful and even re-traumatising” (Sweeny et al., 2018). This is equally true for people seeking sanctuary, where post-migratory factors can often have an “adverse effect” (Hynie, 2017, p.297).

### Both populations experience high levels of poverty:

Socioeconomic status and exclusion strongly correlate with substance-related harm (WHO, 2002), and rates of poverty amongst those seeking sanctuary have continued to increase over the years (British Red Cross, 2022).

### Poverty has a significant impact on harm, longer-term planning and more:

According to the research conducted by the Joseph Rowntree Foundation (Sheffy-Skeffington and Rea, 2017), individuals residing in or near poverty undergo alterations in their psychological, social, and cultural processes that can impede their capacity to make decisions that will aid them in the long run.

Poverty can force individuals to focus on the immediate present. When faced with the struggle of meeting immediate necessities, considerations of long-term objectives and planning can take a backseat. The primary focus becomes ensuring survival in the present moment.

The stress and cognitive burden associated with poverty can overwhelm individuals, leading to difficulties in thinking and strategizing for the future. Persistent concerns about fundamental immediate needs can deplete the cognitive resources available for engaging in long-term planning.

### Both groups experience systemic barriers to recovery / settlement:

There are some shared barriers. For example, the need to focus on immediate survival or safety, rather than longer-term planning.

# KEY THEMES FROM LISTENING TO PEOPLE



## WHO DID WE SPEAK WITH?

**We spoke to people with lived experience of using substances and seeking sanctuary – as well as with people who have worked in those sectors in a professional capacity. We used interviews and a focus group to hear from people with lived experience, and a focus group to hear from people in professional roles.**

### People who use substances

#### Themes identified from interviews with people with lived experience:

Trauma emerges as a fundamental underpinning factor, with individuals drawing connections between their traumatic histories and substance use. Moreover, the findings highlight the detrimental impact of uncompassionate support and stigmatisation, both of which serve as significant barriers to accessing help and building trust.

The importance of authentic human connections and relationships are of fundamental and essential importance. Meaningful connections provide a lifeline for individuals, counteracting feelings of isolation, shame, and alienation. Peer support and positive authentic relationships with professionals are emphasised as crucial elements of the recovery journey.

Power and agency emerged as central themes, with participants expressing a desire to direct their own recovery process. Participants spoke of the frustrations experienced when professionals lacked knowledge and understanding, and/or lacked curiosity about the individual's self-knowledge, priorities, and goals.

Although participants had seen some progress, they identified that systemic barriers remain a significant problem – with tick-boxing referred to, or the lack of personalised approaches. Participants talked a lot about needing someone they could trust, about wanting the human touch, without judgement, and the importance of peer support on this journey.

#### Themes identified from focus group of lived experience:

People shared their personal journeys of seeking support, discussing both positive and negative experiences. Some participants found effective help through specific organisations, such as GDAS. The group highlighted the importance of peer support and trauma-informed care. The findings underscore the significance of compassionate and empathetic care, both from professionals and peers, in creating a supportive environment that fosters positive change.

A recurring theme throughout the discussions was the need for professionals offering support to approach individuals with understanding, warmth, and respect. Participants highlighted instances of feeling stigmatised, judged, and misunderstood by some healthcare providers, particularly when seeking support for substance use and mental health challenges.

The negative consequences of labelling and assumptions were emphasised, reinforcing the importance of recognising the multifaceted nature of individuals beyond their struggles. This theme of judgement and stigma is similar to the idea of diagnostic overshadowing (Howard and Thornicroft, 2008) in mental health services.

There was a significant level of frustration expressed by the people in the focus group that they are not understood or listened to, that things were much harder and more bureaucratic than they should be, and that services don't often have time to build rapport – and when they do, it can be ended abruptly when people are deemed to be successful.

This can lead to some people feeling penalised for successfully reaching a positive place: when they did so, the relationship that helped them get there was removed too quickly.

Peer support emerged as a powerful force for positive transformation. The safe space and sense of belonging offered by peer groups provided a platform where participants could share their experiences openly without fear of judgment. The value of understanding, empathy, and a shared sense of camaraderie was evident, enabling individuals to support each other through challenging times and contribute to each other's growth.

The focus group also shed light on the need for a more holistic approach to addressing problematic substance use. Participants emphasised the importance of addressing underlying factors contributing to substance use, rather than focusing solely on the behaviour itself. The desire for more comprehensive and accessible services that take into account the interconnectedness of trauma, mental health and substance use challenges was a consistent theme.

As we look to the future, the aspirations of the participants are clear. They envision a Wales where individuals facing substance use challenges receive support that is rooted in compassion, understanding, and a holistic perspective. Reduced stigma, greater awareness of mental health, and more accessible services are among their goals. Many participants expressed a strong desire to remain engaged in peer support initiatives, utilising their own experiences to help others navigate similar journeys.

#### **Themes identified from a focus group of professionals:**

The discussion demonstrated the depth of understanding around trauma-informed practices and touched upon implications for both staff and service users, as well as for organisational and environmental factors. Participants acknowledged a cultural shift towards trauma-informed practices within certain services, but also drew attention to broader systemic challenges and a need for a more comprehensive approach.

A recurring theme throughout the discussion was the need for quality training and resources to effectively implement trauma-informed service delivery. However, the challenges of achieving this within the constraints of financial limitations and organisational size were acknowledged, underlining the pressing need for dedicated investment and systemic change.

The impact of vicarious trauma emerged as a significant concern. Professionals acknowledged the blurred boundaries between their roles and the individuals they assist, emphasising the necessity for self-care and structured support in recognition of vicarious trauma. The overarching message highlighted the necessity of fostering a safe and supportive environment for both service users and staff, emphasising cross-service collaboration, communication, and holistic care.

The focus group participants left us with resounding calls for change. Their wishes encompassed creating a stress-free and supportive environment for staff and service users, investing in the wellbeing and development of young people, promoting service collaboration, prioritising client needs, offering tailored accommodation, and challenging bureaucratic obstacles. These collective messages reflect a shared commitment to enhancing the effectiveness and impact of trauma-informed approaches within their sector.

The abiding sense we have from the focus group is that the frustration and clamour for change is felt by staff just as much as by people they support, and the system is crying out for the support and mechanisms to facilitate that change. However, there is also a sense of paralysis or helplessness: individuals feel powerless against systems much bigger and more complex than they are.

## **People seeking sanctuary**

### **Themes identified from interviews with people with lived experience:**

Adversity and barriers were prevalent themes, with the asylum process causing uncertainty, anxiety, and difficulties in accessing essential services. The lack of stable housing, financial hardship, and language barriers further added to their struggles. There was also a clear indication that the system was hugely complicated to navigate, and complex to be part of, something that has been a consistent finding across this research project.

This desire for autonomy and agency emerged as a critical aspect of the interview conversations, with individuals seeking employment and other opportunities to use their skills and contribute to society. Practical support, including language and translation services, education, and access to information, was highly valued by the participants.

Social connections and family reunification were seen as essential for emotional wellbeing.

Sanctuary seekers expressed the need for support and validation, wanting to be listened to and believed.

Mental health support was identified as crucial, but interviewees also expressed reservations about traditional talk-based therapies and highlighted the need for trauma-sensitive approaches. Participants appreciated support from organisations like the Welsh Refugee Council, Oasis, and MindSpring, which provided a sense of safety, belonging, and opportunities for personal growth.

They stressed the importance of reducing the stigma associated with seeking mental health support and the need for timely interventions. It was also clear that trauma-informed approaches should not be focused on necessarily exploring the trauma, with one participant describing feeling compelled to share traumatic experiences.

Overall, the findings underscore the personal strength and determination of sanctuary seekers in the face of significant challenges. Timely interventions, cultural sensitivity, and reducing stigma around mental health support are vital aspects that should be considered in enhancing services for this population.

#### **Themes identified from focus groups of lived experience:**

The focus group discussions shed light on the experience and challenges faced by individuals seeking sanctuary in Wales. Participants highlighted the importance of community support, educational opportunities, and mental health organisations like MindSpring in easing their transition and fostering a sense of belonging.

However, they also expressed dissatisfaction with support available to them, especially regarding mental health, citing inappropriate modes of support, long waiting times and lack of specialised services.

Language barriers emerged as a significant hindrance, preventing effective communication and access to information and support services as well as being a barrier to expression and social connection. Limited work opportunities and employment restrictions were also a primary concern, hindering their aspirations to utilise their skills and qualifications and participate fully in society.

Participants emphasised the need for human connection and compassionate and empathetic support, both from individuals in supporting roles and within wider communities.

Negative experiences with certain institutions, lack of compassion from individuals in supporting roles, and the stigma associated with being perceived as vulnerable all impacted both their overall wellbeing and their willingness to seek support. As with people using substances, the call for trust, agency and connection with people comes through very strongly.

It is evident that there is a need for tailored and empathetic support services to address the unique challenges faced by sanctuary seekers. In light of these findings, it is also clear that all social institutions and communities play a key role in the stories of sanctuary seekers and in determining their life trajectories.

#### **Themes identified from a focus group of professionals:**

As with professionals working in substance use services, the impression given from the focus group was of people trying their very best in a system that was complex, traumatising and damaging for people - at times feeling part of a de-humanising process.

Participants overall indicated that they had not undertaken formal learning on trauma and placed an emphasis on developing on-the-job knowledge and understanding of trauma through working in close proximity to individuals with trauma histories. Despite this, the instincts of colleagues in this focus group were close to the principles of trauma-informed working - but there were indications of the system stopping them or making it harder to work in this way.

Participants emphasised the importance of human connection in their work which involves showing compassion, empathy, and establishing trust while being mindful of personal boundaries. They highlighted the challenges of working while in awareness of trauma, particularly the emotional toll it can take on professionals. Cultural sensitivity and understanding were seen as essential in providing effective support to individuals from diverse backgrounds.

Overall, the focus group emphasised the significance of treating individuals holistically, recognising their humanity beyond their refugee status, connecting through shared language and culture, and creating safe, supportive spaces to help them heal and rebuild their lives. The challenge that loomed large in the room was how to do this against the backdrop of a traumatised and traumatising immigration system that actively worked to create a hostile environment, and with services that were struggling themselves for resources.

# RECOMMENDATIONS



## IDENTIFYING RELATIONAL VALUES

From the literature search undertaken, and the interviews and focus groups, we have identified what we have termed ‘relational values’ for trauma-informed practice. These are based on people’s stories and experiences. We have framed them as statements for how individuals, organisations and systems should consider working with people requesting support, working towards change, or designing, commissioning, and delivering services.

### 1 Connection, love and care should be central

People, services and systems have a need for meaningful relationships and connections and should not be afraid of being human – anything that gets in the way of that should be questioned and reflected upon.

### 2 Safety, stability and freedom to choose is needed

People, services and systems have a need to feel safe, stable and able to choose when, where and how they explore their trauma and experiences.

### 3 Overwhelm can come from many directions

People, services and systems need decision-makers to understand that support is delivered against a backdrop of overwhelmed people working with overwhelmed people.

### 4 Peer support is highly valued

People, services and systems have a need for good quality peer support from people who have lived experience.

### 5 Power should be shared

People, services and systems have a need for power to be shared, not hoarded, and to be involved equally.

### 6 Storytelling can be healing

People, services and systems have a need to heal, which can be by sharing their stories. They have a need to be listened to, however hard it is to hear.

### 7 Systemic challenges can get in the way

People, services and systems have a need to be truthful, and speak truth to power and to each other, to say when a system is failing, and putting barriers between them and the people they support.

### 8 Time is needed to heal and recover

People, services and systems have a need for space and time to work with people as they heal and recover, even after a positive outcome has been achieved.

## 9 Training should build reflective capacity

People, services and systems need to be able to develop and build reflective capacity, so that we support a human need for connection, not the system's need to hold the expertise.

## 10 Trauma-informed practice needs to be layered

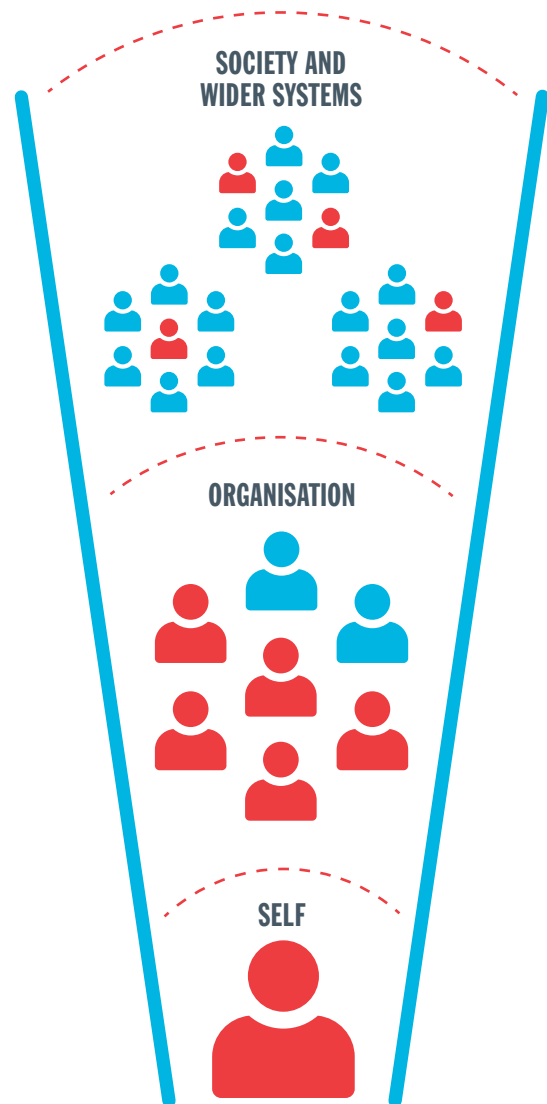
People, services and systems need clarity to create change and develop trauma-informed and relational approaches where they have the agency to do so.

## 11 Trauma should be understood in different contexts

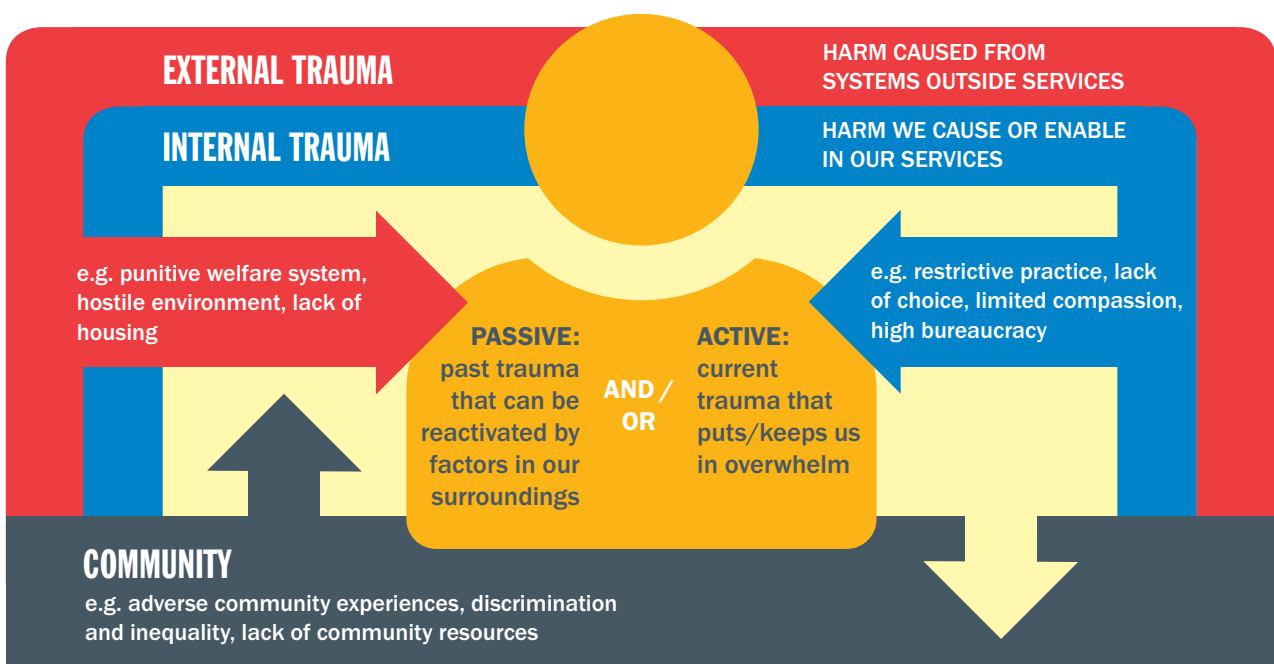
People, services and systems need the complexity of their trauma to be understood - that trauma can be active and passive, caused externally outside systems, as well as internally by systems, while encompassing the context of community trauma that influences people daily.

## 12 Wider determinants of mental health should be a foundation

People, services and systems need to have their needs met by a rights-based mental health model, that does not medicalise, stigmatise or remove free and informed choice.



**Change relies on our ability to influence at different levels**



**Trauma in different contexts - external, internal, passive and active**



# FRAMEWORK RECOMMENDATIONS



One of the key purposes of this commissioned research was to make recommendations for Traumatic Stress Wales and the ACE Hub, for how to widen and deepen the implementation of the Trauma-Informed Wales Framework.

By considering the findings from our literature search, and considering the relational values we have identified, we have proposed nine 'Framework Recommendations', which will help address some of the system conditions that will get in the way of further successful implementation.

## **1** Develop an implementation guide to the Trauma-Informed Wales Framework.

We need to ensure the Trauma-Informed Wales Framework is implemented across systems in Wales – and not just piecemeal. This needs an accessible, usable implementation guide.

## **2** Ensure that people and organisations working to implement the framework understand the need for changes to be structural and relational.

We need to embed awareness of the structural challenges that get in the way of system change. We need a shared understanding that doesn't absolve us of the responsibility we have as individuals or organisations to challenge our own work, but that doesn't leave us burned out with our inability to change the often-broken foundations of our system.

## **3** Ensure that the use of storytelling as a healing process is given proper attention in any implementation guide or activity, and in any future version of the framework.

We need to build the ability to hear stories and learn from them into any system change work across Wales. All too often a focus on data alone can obscure the experiences of people in our services – and the gathering of data alone comes without the potential positive impact of people telling their own stories in a safe and therapeutic way.

## **4** Develop a training approach that sets out explicitly to create relational, reflective capacity within the system.

We need a training approach that doesn't just focus on creating knowledge or expertise, but creates the capacity to reflect and learn in our roles. In addition, an approach to training should help organisations (and systems more widely) create the conditions needed for honest, helpful and healing reflection.

## **5** Develop a bespoke approach for service commissioners that recognises the need for services to spend time getting relationships right.

Without wider system change that tackles the inbuilt challenges in our procurement and commissioning processes, it will be difficult to establish the conditions needed for building supportive, honest and healing relationships across Wales. If we do not design and commission our interventions in a trauma-informed way, it is much harder to deliver them that way.

## **6** Gather examples of emergent practice relating to peer support and use that to guide future versions of the framework or future implementation activity.

We need to hear and learn from those delivering peer support. This is an area of support that has managed to retain flexibility, understanding and warmth for people going through tough times. We believe there is a lot that services collectively can learn from peer support.

## **7** Develop a bespoke approach for Welsh Government officials and others for trauma-informed policymaking, so that the right conditions are created for trauma-informed services.

We need to see policy decisions that create the conditions within our communities and across our public services, where trauma-informed and relational approaches can thrive. With support from the Trauma-Informed Wales Framework, and the TrACE Toolkit, policy decisions across Welsh Government could help contribute to a unique Welsh approach to policymaking.

## **8** Develop reflective tools and approaches that support the practice of 'being with', even when hearing difficult, challenging and 'shaming' stories.

By providing tools and approaches to organisations across Wales, we can continue to build our reflective capacity and ensure that we are open to challenge, understanding experiences and learning to improve how we deliver services.

## **9** Conduct listening exercises and/or research across other professions and settings in Wales to explore whether the 'relational values' are already shared more widely, or if they can be built on.

We want to see whether the experiences we have heard through this work are shared more widely across Wales, and whether the 'relational values' are a helpful way to articulate the needs of people using services across Wales.

We spoke to people with lived experience of using substances and seeking sanctuary – as well as with people who have worked in those sectors in a professional capacity. We used interviews and focus groups to hear from people with lived experience, and a focus group to hear from people in professional roles.

# CONCLUSION

The full version of the report contains more detailed summaries of the research undertaken and expands on both the relational values and the framework recommendations.



**THE REPORT ALSO PLACES THE VOICE OF PEOPLE FRONT AND CENTRE, WITH THEIR OWN WORDS GIVEN REAL FOCUS. THOSE VOICES ARE POWERFUL AND IMPORTANT, AND WE ENCOURAGE PEOPLE TO TAKE THE TIME TO READ THE FULLER REPORT.**

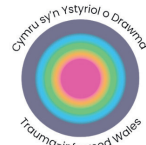


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**MAYDAY  
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