A Heart of Help: Further exploration of embedding relational values in the delivery of substance use services

Cymorth Cymru, in partnership with the Third Sector Substance Use Network and the Frontline Network Wales

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About Cymorth Cymru

Cymorth Cymru is the representative body for providers of homelessness, housing and support services in Wales. We act as the voice of the sector, influencing the development and implementation of policy, legislation and practice that affects our members and the people they support. Our members provide a wide range of services that support people to overcome tough times, rebuild their confidence and live independently in their own homes. This includes people experiencing or at risk of homelessness; young people and care leavers; older people; people fleeing violence against women, domestic abuse or sexual violence; people living with a learning disability; people experiencing mental health problems; people with substance misuse issues, and many more. As part of our work, we facilitate the Frontline Network Wales and the Third Sector Substance Use Network.

The Third Sector Substance Use Network

The Third Sector Substance Use Network provides a regular forum to discuss key issues affecting substance use services and the people they support, receive updates from the Welsh Government, contribute to the development of policy, share good practice and hear from external speakers. Members consist of representatives from third sector organisations that provide treatment and support to people with substance use and/or alcohol issues.

The Frontline Network Wales

The Frontline Network Wales is delivered by Cymorth Cymru in partnership with the St Martin's Frontline Network[1]. It aims to give frontline staff working with people experiencing homelessness in the voluntary, statutory and public sectors and those in housing support roles in Wales, an opportunity to share their views and experiences, to make their voices heard and influence policy and practice.

[1] https://www.frontlinenetwork.org.uk/

Introduction

Over the last decade, a number of sectors in Wales have been moving towards more trauma-informed ways of working[2]. Platfform has recently published their A Heart of Help report[3] which was commissioned by Traumatic Stress Wales and ACE Hub Wales. This report aims to explore the understanding and experiences of the Trauma-Informed Wales Framework[4] from the perspective of people with lived experience of using substances or seeking sanctuary. The research for A Heart of Help included a literature search, interviews and focus groups, exploring how to create the right conditions for people to be supported in a relational way.

The report identified a series of 'relational values', which stemmed from listening to people and learning about their experiences. These are listed below and explored in more detail in A Heart of Help. These relational values set out ways that people can and should think about or approach services. One of the report's recommendations is for these values to be explored more widely.

Relational values identified in *A Heart of Help*

1. Connection, love and care should be central
2. Safety, stability and freedom to choose is needed
3. Overwhelm can come from many directions
4. Peer support is highly valued
5. Power should be shared
6. Storytelling can be healing
7. Systemic challenges can get in the way
8. Time is needed to heal and recover
9. Training should build reflective capacity
10. Trauma-informed practice needs to be layered
11. Trauma should be understood in different contexts
12. Wider determinants of mental health should be a foundation

After A Heart of Help was published, Platfform approached Cymorth Cymru to facilitate additional work to further explore how to embed a relational approach in substance use services. This was undertaken through focus groups with staff who have direct experience of supporting people with alcohol or substance use issues, giving them the chance to comment and reflect on the relational values and their implementation. Concurrent work was undertaken by the Welsh Refugee Council regarding services for people seeking sanctuary.

Given Cymorth Cymru's role in running the Third Sector Substance Use Network (TSSUN), and the Frontline Network Wales, we were well placed to connect with frontline staff working in this sector. Cymorth has been facilitating the TSSUN since 2017 and the Frontline Network Wales since 2020 and have enabled both groups to influence policy and legislation.

The TSSUN is funded by the Welsh Government and organised by Cymorth Cymru, acting as a forum in which third sector organisations delivering support can discuss issues concerning drug and alcohol use, feed into national policy development, and hear from guest speakers who are expert in this area. The Frontline Network provides support and resources to 'frontline' members of staff across the UK who are delivering support to people experiencing homelessness. Cymorth Cymru runs the Frontline Network Wales, holding regular meetings wherein participants can discuss common issues, hear from colleagues, and influence Welsh policy and legislation.

This report includes the perspectives of members of both networks and their colleagues.

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[2] https://traumaframeworkcymru.com/evidence-based-research/
[3] https://platfform.org/system-change/heart-of-help/
[4] https://traumaframeworkcymru.com/trauma-informed-wales-resources/

Methodology

Format: The information within this report was gathered from two focus groups. These sessions were held online to facilitate ease of access by people across Wales.

Promotion: The dates and times were promoted by communicating with the Third Sector Substance Use Network and the Frontline Network, two groups that have been outlined above.

Attendance: Across the two focus groups, roughly 25 people attended. To participate in the focus groups, attendees had to confirm that they had worked in roles supporting people with experience of substance and/or alcohol use issues.

Focus Groups: The two focus groups were run fairly informally – initially, we presented each 'relational value' alongside a 'Slido'[5] question asking for initial thoughts and feelings that it raised. This was done to capture the initial 'gut responses' of participants, while also opening people up to the possibility of conversation around the ideas in the relational values. These responses have been combined for the two focus groups and included in this report as word clouds.

Following this, we presented each 'relational value' in full and facilitated a more in-depth discussion where participants were encouraged to raise their own thoughts, and respond to those raised by others. As readers will note, much more was said about some relational values than others – this is made clear in the text.

We asked participants to consider the following prompts during each discussion:

- What do you think of this relational value?
- How easy or difficult will it be to achieve practically?
- What kind of barriers might exist to make this harder?
- What else might need consideration?

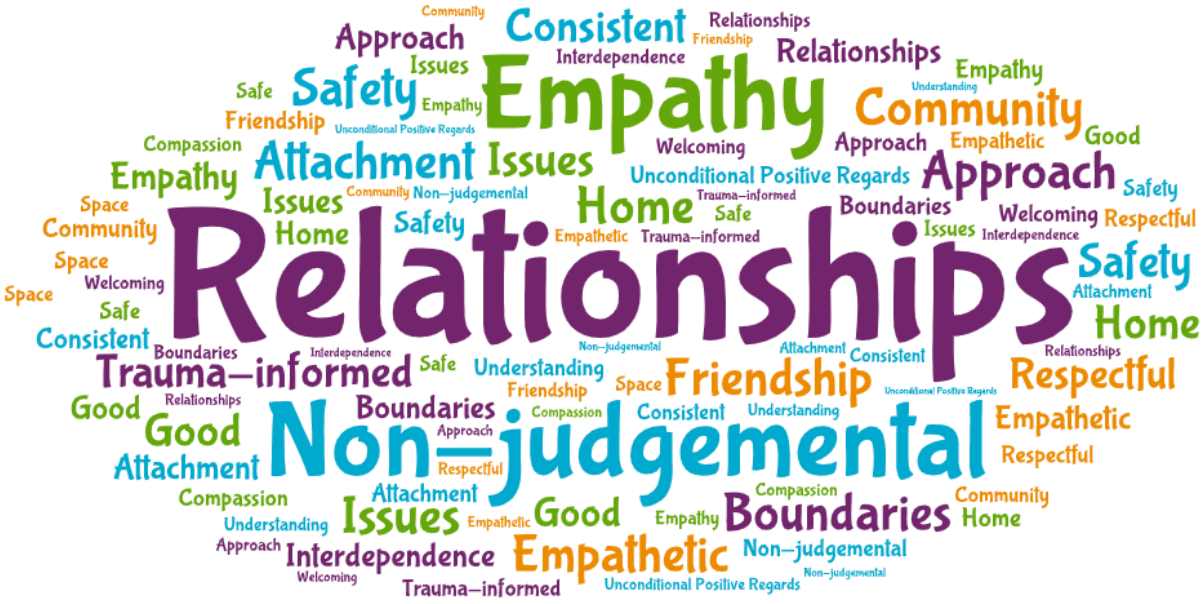
We have not attributed specific names of participants in this report.

[5] https://www.slido.com/

Relational value 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.

Slido question: What words and/or phrases does this make you think of?



Discussion summary:

One person highlighted how shame can be intimidating for clients; for people receiving support, reintegration into society and communities can seem daunting. Support providers should recognise that it can be small, simple things that help people feel less stigmatised. Guiding people carefully through the process can ‘make a big difference’.

Professional boundaries were highlighted by a number of participants. One person had, in a previous role, experienced inappropriate attachment issues developing between clients and members of staff. In relation to the wording of this first relational value, this merits careful consideration. Connection and care are paramount, but the ‘love’ aspect highlights the risk of crossing appropriate boundaries. People need to think about how ‘showing love’ might be perceived by someone else, who might have been brought up with little or no love, or a warped perception of it.

Similarly, another person highlighted the challenge for professionals when it comes to feeling safe enough to show love and care. Conversations this person has had suggest that a lot of concerns in this area come from a place of fear – fear of at best ‘getting the wrong end of the stick’, and at worst, having allegations made against members of staff. Organisations need to think about how they work to help staff feel that they have permission to show love and care in an appropriate way, that won’t end up being perceived in the wrong way, or result in punishment. To the person speaking, it came back down to the idea of treating people like human beings, rather than focusing on medicalisation and routine processes. Support for staff is critical when considering this issue.

Another person provided their idea about what ‘love’ might mean. For them, it means ‘genuine care’ for people, along with empathy. Different approaches might involve a stricter stance, because effective support depends on what is right for a particular person at a particular time. This is the key challenge – delivering person-centred support, rather than carrying out ‘tick-box’ exercises with too much of a focus on commissioning processes and targets. This idea of true person-centred

support can be lost sometimes, and this approach needs to be embedded organisationally, so staff are in the 'right mind' to support clients, and have the right conversations at the right times.

Other participants highlighted the importance of empathy. Somebody else expressed their idea of empathy as understanding how people have ended up where they are. To this person, it can be easy to get frustrated and annoyed by a lack of engagement, but this first relational value reminds people of why support is important in the first place. That said, this is difficult to achieve practically, and require patience and a sense of 'chipping away' on the part of support providers, and doing so even in the face of failure. A big challenge to overcome here comes from trauma, which leads people to put barriers up around themselves. These barriers can take time to overcome, and it also takes time to develop a real sense of trust.

Another participant explained their organisation's shift in focus from independence to interdependence, and how that is a kind of empathy key to recovery. Nobody, this person suggested, is truly independent, and the focus on independence among support providers in recent years is potentially misplaced. *Connection* is the key idea – clients will need connections, to their support workers and other communities. Quite often, substance use has built connections for people – links to substances, a certain lifestyle, and a certain group of people. People, therefore, need to develop other connections to be able to recover and leave substances behind.

Finally, another participant emphasised the importance of being non-judgemental, to avoid stigmatisation. This can in itself encourage honesty and trust between support providers and clients, which can in turn help with harm reduction approaches.

Relational value 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.

Slido question: What words and/or phrases does this make you think of?

Discussion summary:

'This is an interesting one', as one participant put it. People learn and progress differently in different situations, and recovery is no exception. However, the funding isn't there for people to have wide-ranging choice all the time. As such, this can be a great idea in theory, but hard to

resource. A certain level of staffing is needed, and staff have limited time to deal with large numbers of clients. Working flexibly is the aim, but there are only ‘a certain number of hours in the day’.

Someone else identified another barrier to delivering this relational value, focusing on rural communities. There are some communities in Wales with reduced access to services and transportation, where people can be ‘miles from even a shop’. How can services be put in place to support people in this situation, who have fewer services nearby than somewhere like Cardiff?

Moving to discuss safety, another participant highlight practical aspects of their work that helped them feel safe. This included having a work mobile phone and access to an out-of-hours number that they can use to contact a colleague who can provide advice. In this organisation, frontline staff are also provided with personal alarms that open a two-way communication link, allowing them to speak, or just be listened to, if they are in a situation they find threatening.

When it comes to client safety and stability, several people highlighted the importance of housing as a base of stability. Maslow’s Hierarchy of Needs was mentioned, and someone else dubbed the importance of housing as a ‘primal need’; that is, people need access to housing before they can work on other kinds of recovery. The Housing First approach was specifically mentioned as being effective in this area. However, the current lack of affordable accommodation across Wales poses a significant challenge here – people are waiting much longer for housing, which leads to issues with stability.

Somebody else explained that there was nothing in any of the relational values, including this one, that they’d disagree with in theory, but the phrasing around ‘people’ made more immediate sense than the phrasing around ‘services and systems’. This person struggled to see how practical some of the relational values were when it came to this specific strategic level, acknowledging that this might be ‘just me’.

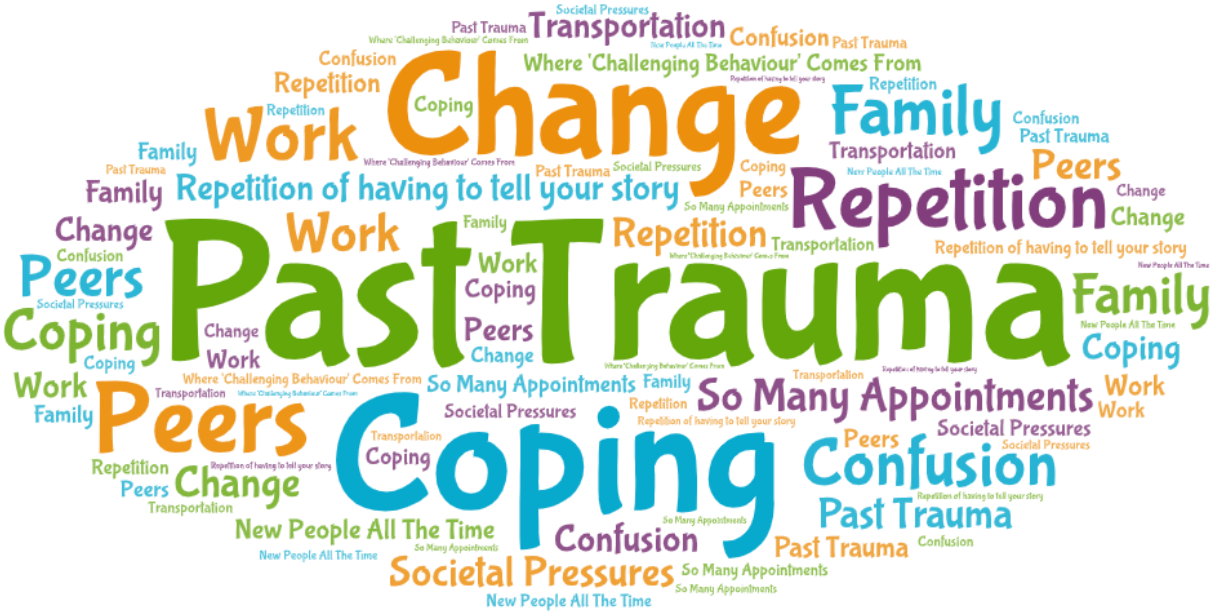
A participant responded to this, explaining that their organisation had been working on trauma-informed approaches for some time now, and that safety is a key part of such approaches. They explained that they looked for ways to help clients feel safe – reducing paperwork where possible, and favouring more ‘human’ interactions (offering a cup of tea, for example). At the staff and systems level, this becomes more about looking for ways to help staff feel safe, and systems to feel safe to work *in*.

Finally, this person pointed out that they are lucky enough to work for an organisation and in areas that allow for a ‘high tolerance’ approach to substance use. Quite often, the issue is that people who are known to use substances are placed in accommodation and told ‘you can’t use drugs here’. This ‘ties people’s hands behind their back’ from the start, and stops people being truthful about their substance use. This is then a barrier to feeling safe.

Relational value 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.

Slido question: What words and/or phrases does this make you think of?



Discussion summary:

One person highlighted the links between this relational value and the previous one, pointing out that they 'influence one another'. Creating safety within systems is vital, but pressure can come from commissioners, and higher levels within organisations – representatives at these strategic levels need to understand what is happening 'on the ground' to develop services that come with a level of psychological safety. In this respect, relational values two and three influence each other. Decision makers, this participant went on to say, need to understand practical aspects of service delivery. The shifts suggested by many of these relational values are positive, but are 'huge' in terms of frontline work. The person summed up by saying they agreed with this relational value, and indeed all of them, but emphasised the importance of recognising how linked they are, and the level of challenge involved.

This was echoed by another contributor, who agreed that change 'needs to happen from the top down', in that strategic impetus is needed. To ensure that this momentum is also created from the other direction, there need to be mechanisms in place for frontline staff to feed back to commissioners. Staff need support from managers to have the confidence and mechanisms to do this. In this respect, the participant put it, change – and these relational values – needs to come from 'all angles'.

The points above were neatly encapsulated in the comment: '[we] need Welsh Government and other funding bodies to understand what frontline workers actually do'.

Another focus group participant explained that they had worked in this sector a long time, and it is 'harder now than it's ever been'. Whether or not clients are more complex, the fact that teams are so under-resourced and overstretched means that they might well *perceive* their clients, and the support they need to provide, as more complex. Again, reinforcing points that have been made above, this person said that systems and services higher up in organisations need to recognise these realities, and put plans in place to support staff - 'whether that's reflective practice', as this person put it, 'or a really decent EAP [Employee Assistance Programme] system'.

This speaker also turned to overwhelm for clients – overwhelm which leads to a trauma response. What can be seen as 'bad' or challenging behaviour can come about because somebody is overwhelmed, anxious, and frightened. This can result in, for example, people not turning up for appointments. This all 'rubs off on staff'. The most obvious barrier here is that organisations are so

under-resourced at present, even with the recent Housing Support Grant uplift. More members of staff are need to make this complex work easier.

Another participant agreed with this, pointing out that their service was very busy at present, and staff are clearly stretched and stressed. Recruitment has become very difficult – in the past, many people would apply for substance use-related roles. Fewer people are applying now – this person isn't sure what has changed, but has identified this as a key barrier to their work.

Finally, the example was provided of a person using services who has issues with alcohol use, but has the longer-term aim of stopping drinking. Because waiting lists for services are so long, by the time appointments are available, this person has changed their mind about giving up. Additionally, memory problems that have been caused, in part, by this alcohol use, leads to non-engagement when appointments are forgotten. However, this can result in services stopping working with this client.

Relational value 4: Peer support is highly valued

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

Slido question: What words and/or phrases does this make you think of?

Discussion summary:

One person described the efforts of their organisation to encourage clients to interact with each other; events are put on (a Halloween party, for example). This allows people to mix with others from different but also, crucially, similar backgrounds. Sometimes clients might come from different backgrounds, compared to members of staff, and find it easier to talk with those who they perceive as more similar, like other people using services. This idea aligns with other concepts of less formalised support.

Another participant pointed out the mixed results they had experienced trying to enable peer support. Groups that are set up for this kind of purpose 'tend to grow arms and legs', and ideas that seem great in theory can become unwieldy in practice. Often, one or two people in a group of peers end up taking on the burden, and without the appropriate training, boundaries and support, can end up suffering before 'everything falls apart'. Peer support is great, this person emphasised,

but it has to be run properly to benefit those involved. People in recovery often want to help others, but can be overwhelmed and affected by the burnout discussed earlier – they need to have some kind of space of their own first, and this isn't always properly recognised. Those who have progressed in their recovery and 'come through to the other side' can appear to be doing well, but might need time for themselves before they can help others.

These ideas were reinforced as one participant explained that their organisation had run a group whereby training was given to those who wanted to be involved, and this had worked well. In another more recent case, however, this hadn't been thought through in the same way, and a group was hurriedly set up with some funding and a hastily arranged venue. The person who was leading a group of their peers became overwhelmed, working with roughly twenty people who 'wanted to offload'. Boundaries hadn't been established effectively, and this person's recovery was compromised.

Other participants expressed similar ideas. One organisation employs people with lived experience, and volunteers also have similar experiences. It is important to keep these people safe, and the organisation found in the past that people who try and facilitate groups end up needing additional support. That said, peer support is positive for the people who want to help others, and for those receiving support from peers, as advice can be given with empathy.

'How do we ensure that peer support isn't tokenistic?' one contributor asked. Peer support is rightly valued, but in some cases, organisations don't recruit people with lived experience, offering voluntary opportunities instead. This can mean that support and training are not offered to the same extent they would be if that person were an employee. Where people with experience *are* recruited, roles with titles like 'peer mentor' can worry those applying for such jobs, as people can fear being labelled or stigmatised.

Another person agreed, highlighting the risk of 'othering' people with lived experience. Organisations need to be constantly thinking about how to support people in situations like this, so they can still benefit from the perspectives of those with experience.

Somebody else added that peer support had been 'hugely valuable' for a lot of people receiving support from their organisation. In this case, over a third of the workforce would describe themselves as having some kind of lived experience. Sometimes it can feel difficult to support them, however, as employees need to have equal treatment – for example, a manager may not be able to give additional time off to somebody over Christmas because it's a particularly difficult time for them. In theory, a level of trauma-informed and person-centred support should be available for *every* member of staff, but that can be difficult when it comes to resourcing.

This person went on to explain that the people who tend to want to offer their perspective and support to peers are further on in their recovery, which aligns with what other members of the focus groups said. In some ways, however, the perspectives of those at an earlier stage in their recovery would be really valuable, but again, there is a risk of damaging someone's recovery. Professional boundaries need consideration too; sometimes people with lived experience focus on what has worked for them, to the exclusion of other ideas and approaches, which can lead to difficult conversations.

Finally, the group discussed the idea that, while there is a risk of peer support compromising someone's recovery, perhaps this is just part of life? It is acknowledged that recovery from addiction is a journey with positive and negative aspects, and many things can cause somebody to 'go backwards'. Perhaps it is a case of being honest with people looking to provide peer support about some of the risks discussed in this section, and helping people be prepared for the possibility they might need some additional support.

Relational value 5: Power should be shared

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

Slido question: What words and/or phrases does this make you think of?

Discussion summary:

One person expressed their interpreting of this principle as people acknowledging that no matter how ‘high up’ someone is, in terms of an organisational or systemic structure, there is always something to learn. Sharing power can be beneficial because people might have different insights about how to navigate a certain situation.

Somebody else pointed out that they thought that power sharing, to them, felt easier at a lower level, thinking about frontline teams and members of staff in particular. That is to say, this person can enable power sharing and learning sharing within their team, but this seems harder at a higher systems level. We need to ensure that frontline staff are listened to, and that clients have their voices heard – but this doesn’t always happen, which is unhelpful.

It should be acknowledged that power can’t always be completely shared, another participant pointed out. Within organisations, somebody has to make decisions. Certain people have the power to do this, and there is a risk that arguing and infighting takes place within teams about what should or shouldn’t be done, and where resources should go. Resources are limited, and finite funding exists. Someone needs the power to make decisions to avoid stalemates.

This relational value is important, somebody else said, approaching it from the perspective of treating people fairly and ensuring people can have their voices and views heard. In this person’s recent experience, tensions have built up within their organisation because clients have become suspicious as to what information is being held about them, and they have been making Subject Access Requests. The power dynamic has seemed overly ‘top-heavy’, and clients have perceived themselves to be lacking power they should have. Once this trust is lost, this participant explained, it can be hard to recover from. As such, organisations should keep power sharing in mind from the outset of developing a service, and work to ensure that responsibilities are clear, as is what people can expect from each other.

Somebody else expressed the idea that this relational value is ‘massively difficult’. In the systems we use and the services we run, power isn’t equal. For instance, someone living in a residential service will have some safeguards in place (housing legislation and other types of regulation, for example), but the service provider ultimately has power over whether this person can stay in their home or not. In theory, power should be shared, but the question is at what levels and to what extent. This person acknowledged there are no easy answers to questions like this, but that organisations need to ask these questions – at a systemic level in particular. Another example this person highlighted was the frontline worker filling out excessive amounts of paperwork, disgruntled by the thought that it might never be looked at. This person should, in theory, have the power to challenge processes they don’t think work well – but, in practice, do they often have this power?

Another participant discussed examples from their own team, where a group of clients meet and can discuss policies and processes in place at the organisation, and have their perspectives on these things heard. Ultimately, one person summarised, a lot of these issues come back to ideas around effective peer support, and the need to hear from people at all stages of recovery, even if it is easier to involve those who have progressed further.

Relational value 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.

Slido question: What words and/or phrases does this make you think of?

Discussion summary:

A participant identified one of the issues that needs consideration here: staff need proper training to be able to deal with client stories, which can be traumatising. Similarly, the safety of an ‘emotional balance’ for clients when they share a story is paramount, and staff need the training to be able to hear these stories and discuss them with clients in an appropriate way. Additionally, clients should be reassured that support is about the future, and that whatever has happened in the past doesn’t need to be the focus of discussions if they don’t want it to be. Staff need not just training, but the space to support each other. Key to this is space and time between seeing clients to reflect and decompress, rather than ‘jumping from one [traumatic story] to the next’.

Another person agreed that equipping and supporting staff effectively is vital. It is also important for staff and organisations to remember that clients telling these traumatic stories are potentially *constantly* reliving this trauma, which is why trauma-informed support is so important. As such, active listening with empathy and understanding should be core to the conversations support workers have with clients. Quite often, clients aren't expecting 'solutions' to issues, but by telling their stories, 'just want to be heard' and acknowledged.

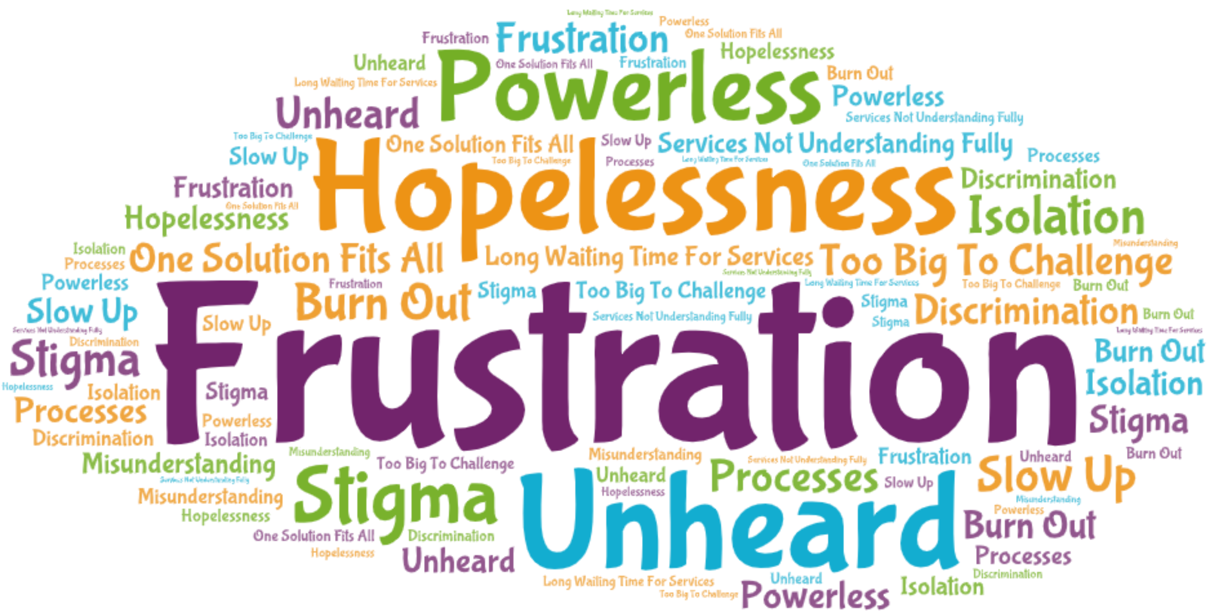
Another participant built on this idea, explaining that clients want to feel able to tell their stories without being judged. Sometimes, the time and place can make this difficult. This person highlighted the example of someone being given a lift home, and starting to tell an important and traumatic story just as they are arriving at their home with their support worker, who might have another appointment to get to. This can be dealt with thoughtfully – more time could be created immediately, but if that isn't possible, the support worker can show empathy and put plans in place to revisit the conversation. The main thing, this participant agreed, is for clients to feel like their voices are heard.

Additionally, someone else pointed out, when clients share their stories in group or peer support settings, it can have the positive effect of reassuring other people who 'thought they were the only one'. This can break down barriers and contribute to recovery. Another focus group contributor also linked this discussion to the earlier ideas about peer support. Seeing other people make progress with recovery, and to hear stories about how that's happened, is really powerful. Recovery can seem daunting and even impossible during the early stages, but seeing other people make that progress mitigates this.

Relational value 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.

Slido question: What words and/or phrases does this make you think of?



Discussion summary:

One person pointed out that it doesn't always feel safe to speak truth to power. Perhaps it varies across organisations, they accepted, but this participant worried that the client with whom they

work don't feel the power to raise their voices or challenge things the organisation does. This person emphasised that they agree with this relational value, and that systemic challenges can be difficult to overcome, but the responsibility shouldn't always be on people to speak truth to power. We should be working towards ensuring people feel safe in challenging things they don't think work well, and that when people do speak up, their voice is reinforced by others who might feel the same way and/or people who hold more power.

Another person highlighted recent conversations they'd had about this issue. It is easy to see 'the system' as a big monolithic thing that can't be changed, but organisations have a responsibility to point out where wider systems are failing - 'if not us, who else?' This information should be emphasised to frontline staff – if an issue is complained about once, it might not result in change, but if a larger number of people notice the same issue, then it's more likely that something will happen. If an opportunity to create positive change is spotted, and relationships between organisations and within systems are good, it should be taken. This participant used the metaphor of noticing a chink in 'the armour' which can then be used to create a bigger crack, and lead to significant positive change in the system.

Somebody else used the benefits system as an example of a particularly noticeable systemic challenge. In particular, people in recovery might want to start working, or return to work. However, the strict limits on working hours within the benefits system mean that people often have to accept a reduction in benefits, or not work at all. This can be demotivating and discouraging, particularly for people looking for things to fill their lives instead of substances or alcohol. There doesn't appear to be much that support workers can do about this.

Relational value 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.

Slido question: What words and/or phrases does this make you think of?

Discussion summary:

This comes back to resources, one participant explained. Time is needed to heal and recover, but funding comes with time limits. Support services are under-staffed, and what can be achieved with clients in a shorter space of time is limited.

Another participant agreed that a lot of this comes down to resourcing and funding provision. Another issue is that appropriate aftercare for people who have received an allotted amount of support is not in sufficient supply. People do well in their recovery, and the support available to them is reduced over time. This makes sense, but in a way, could be seen as penalising recovery as access to support diminishes. Something else that could be seen as demoralising people is the fact that people who 'successfully' move on from support might not be heard from by a service again, while those who need more support will come back to the service. As such, the 'less successful' clients are more visible. This person also emphasised the issue of demand, and pointed out that a lot of their work is focused on 'firefighting' rather than developing appropriate long-term support plans. Even large changes to systems, like the COVID-19 pandemic and its aftermath, haven't led to true reflection and examination of services, but just 'rattling on' with the same approaches to working.

Others agreed with this – another person also emphasised the importance of collaboration, as specialist kinds of support need to interact to provide people with what they need.

The importance of a longer-term approach, and the prevention of people experiencing trauma, was emphasised by several others. The importance of aftercare came up again too; in the experience of one person, some people do very well, work with a service for a long time and then move on, and don't receive enough lower-level support afterwards. This means they end up returning to the service, via a kind of 'revolving door' process.

This relational value was labelled 'a difficult one' by another participant. Because services are driven by KPIs, they said, working with people for longer than is feasible is difficult. Teams need to work with the resources they have, and while services are usually open for people to come back to them, there is a balance to be struck between working with everyone who needs support at one level, or focusing on people with higher needs but in doing so, working with fewer people.

A final comment concerned induction and training. At one organisation, a key message is imparted to new starters: it takes time to build relationships with clients. The systems in which people are working can pose a challenge, and it is worth trying to think of certain processes in a different way. For example, referral processes and risk assessment forms could, to outside observers, appear to be a conversation along the lines of: 'We've never met, but I want you to tell me in detail about the most embarrassing and shameful things you've done to other people before we can work together.' This isn't a conversation anyone would want to have. As such, shifting the focus from risk assessment to 'safety planning' puts some value back into this interaction. This example demonstrates the importance of making changes when possible, even if they seem small.

Relational value 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.

Slido question: What words and/or phrases does this make you think of?

Discussion summary:

One person summarised their response to this relational value by saying ‘relationships are key to support and reflect’.

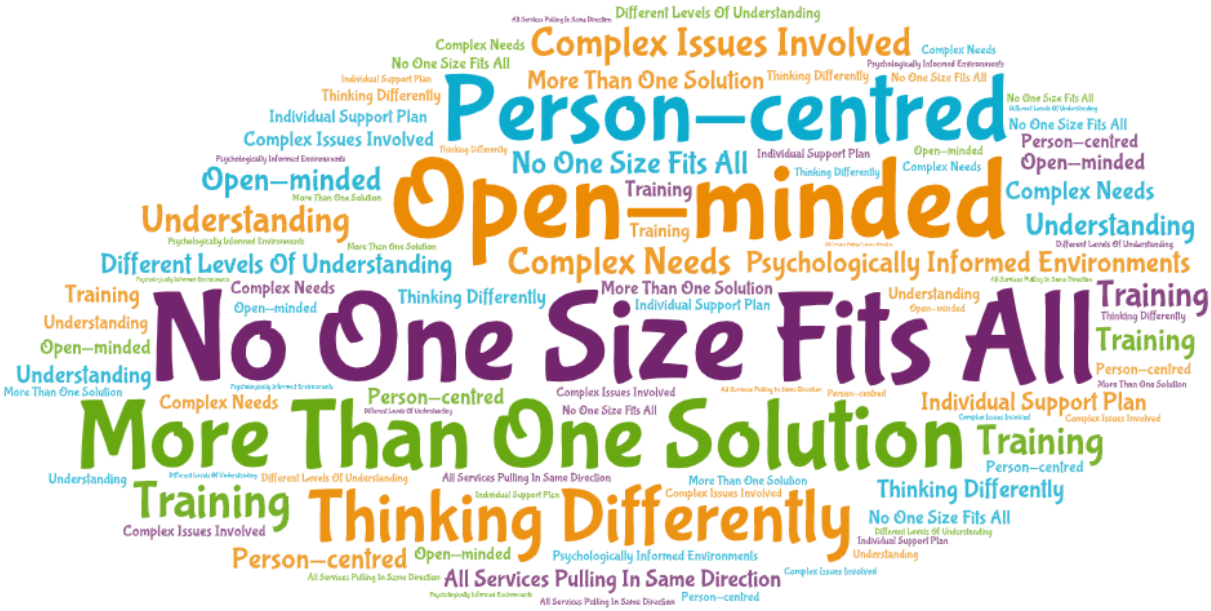
Another participant talked about the development of psychologically-informed approaches at their organisation over the last couple of years. It’s been working well, with a focus on reflection and being client-led. This means that understanding where people have come from is important, as is working with trauma as opposed to against it. The difficult arises when partner organisations don’t work in the same way – other people in the focus group agreed with this last point.

Somebody else talked about the changes in the approach their organisation has taken to training, with an increased focus on reflection. Several years ago, initial training and induction sessions would be delivered, and then months would pass before members of staff were asked ‘how useful did you find that training?’ This made training feel like a ‘one-and-done' exercise rather than an ongoing, iterative and reflective process. Now, the organisation will follow up more frequently with questionnaires and additional sessions, to encourage people to think about how they can use what they’ve learned over time.

Relational value 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.

Slido question: What words and/or phrases does this make you think of?



Discussion summary:

One person said that, from their experiences at their organisation, as trauma-informed approaches have developed, clients have reported feeling less stigmatised and more human. Echoing an issue that was raised during the previous discussion, however, this doesn't extend in the same way to other sectors. Housing and the health service were specifically named as examples of sectors where language is used that could be seen as more stigmatising and, in some cases, more medicalised. More basic training when it comes to trauma-informed ways of working is needed across sectors that provide support.

Somebody else pointed out that they work in a team compromising of members of staff representing different sectors. The training available to, and taken up by, different colleagues highlights the difference in buy-in to trauma-informed working across sectors. For some people, attending training covering trauma-informed approaches seems to be 'going through the motions' or a box-ticking exercise, rather than true buy-in. Just because people do a particular job, this participant said, that doesn't mean they have certain values or even a genuine interest in making a real difference to people's lives with different approaches. Outside formal training opportunities, this person thought it would be good for people to be encouraged to 'train themselves' - by researching different approaches and learning from colleagues and partners in different organisations.

Final comments concerned the fact that a lot of trauma-informed training can seem quite surface-level, acting as a kind of 'overview'. Attendees thought that an increased focus on practical use of trauma-informed approaches would be beneficial. For example, training for police officers could look at specific examples of language and framing for notes covering a situation that would be more positive. In this sense, the training could look at aspects of given roles, and how a trauma-informed approach could interact with different jobs and tasks.

Relational value 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.

Slido question: What words and/or phrases does this make you think of?

Discussion summary:

One participant pointed out that support should be as unique to each person as possible. This organisation starts with a 'getting to know you' form, to develop an understanding of what has caused a person's trauma. This can inform practical support – for example, somebody might have no issues turning up to a doctor's appointment, but have an issue with dental appointments. Taking this approach can be difficult with overstretched teams, however.

Another person highlighted the importance of community trauma. The lack of diversity in organisations can exacerbate a sense of trauma that affects communities and groups across the world.

Someone else discussed the need for organisations to think about re-traumatisation, how it can happen, and how it can affect people. Efforts need to be made to ensure that the risk is minimised. At a systems level, this can be difficult. A lot of it comes down to the relationship between clients and staff, and relationships between the different levels within a sector and organisations. Echoing earlier comments, this person also highlighted community trauma and other things that can contribute to trauma – poverty, for example, might have affected clients receiving support and added to their trauma. This sometimes doesn't seem to be acknowledged enough.

Relational value 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.

Slido question: What words and/or phrases does this make you think of?

Discussion summary:

When it comes to stigma, one person said, there is the issue that many mental health services won't take referrals for people who are using substances or drinking, which leads to a 'chicken-and-egg' situation. People are using substances to address mental health issues that could be alleviated by support that isn't being provided. More needs to be done when it comes to joined-up collaboration in this area, and more funding would help too.

Another person reinforced this idea, highlighting the need for effective training. They pointed out that, to work with people experiencing certain issues, training is needed – somebody working with a person with alcohol issues, for example, could cause damage if they haven't been trained to understand these issues.

The issue of long wait times, mentioned earlier, came up again here.

Finally, a participant explained that this relational value would be supported by most people, but the operative word is 'medicalise'. Statutory mental health services are set up to clinically diagnose and possibly medicate a condition, and to follow the medical model in doing so. If the condition experienced by most of the clients being discussed here is trauma, that doesn't always neatly fit into the medical model. This means that effective mental health support doesn't exist to the extent it should – good practice exists in isolated patches, rather than at a systemic level.

Conclusion and key themes

A number of overarching themes were identifiable in the discussions detailed above. Any further work on the practicalities of implementing 'A Heart of Help' should consider how these could be addressed. We have listed the main themes arising from the focus group discussions below:

Resources: All of the practitioners we spoke to broadly agreed with the principles behind each relational value. However, reservations arose when discussing how to practically implement them, with resourcing being a key theme. Many homelessness, alcohol, and substance use services are currently experiencing financial challenges following years of public spending constraints, which is being felt directly by people delivering support. Evidence[6] shows that demand for support services has increased, as has the complexity of people's support needs, whilst resources are becoming scarcer. Practitioners are trying to do more with less, leading to stress and burnout. Whilst the people we spoke to absolutely saw the merit in the relational values in the Heart of Help report, they were frank about the fact that additional resources and funding would be needed to apply these relational values in a meaningful way.

Whole-organisation approach: Nearly every discussion focused on the importance of taking a person-centred approach. Whilst there is widespread acceptance from organisations working in relevant sectors that person-centred, trauma-informed approaches are fundamental to providing good quality support, conversations at the focus groups illustrated the need to apply this at all levels of the organisation. That is to say, organisations will need strategic impetus behind a person-centred and trauma-informed approach, in addition to the understanding and delivery of such an approach by frontline staff. The decisions taken by senior leaders significantly influence culture, policies and service design, and have a huge impact on whether a person-centred and trauma-informed approach can be delivered at an operational level. Reflective practice and support for frontline staff is also crucial, to prevent burnout from ongoing exposure to trauma, as well as in response to traumatic incidents. However, this needs to be integrated into service design, and therefore supported by senior leaders and commissioners.

Cross-sector understanding trauma: Participants in our focus groups felt that they and their organisations have invested a lot of time and resource into training around trauma. They have worked to build an understanding of what trauma is, and how to work in a trauma-informed way. They were strong advocates of the benefits of this, but expressed frustration that this is not the case across different sectors; they felt that trauma-informed approaches are less embedded in the health service, for example. People being supported will need access to a number of different public services to support their recovery, and a frequent misunderstanding of trauma and how it presents can undermine someone's progress substantially. Participants felt that all services having a shared understanding, with the same commitment to working in a trauma-informed way, needs to be a priority for successful implementation of the relational values and recommendations.

Time limits and Key Performance Indicators (KPIs): On the practical subject of how best to implement the relational values, people consistently pointed to structural barriers in the commissioning and delivery of services, such as time limits and KPIs. People felt the sometimes overly bureaucratic way in which their services were commissioned would not allow for the flexibility and person-centred approach needed to meaningfully embed some of the relational values. This is an important consideration for policy makers, such as the Welsh Government, who often set the guidance, terms and conditions for relevant funding streams, as well as commissioners, who can determine the flexibility, constraints and reporting requirements placed on services.

[6] https://www.cymorthcymru.org.uk/wp-content/uploads/2024/12/HM-report-WG-Budget-25-26-ENG.pdf