A HEART OF HELP

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

Straen Trawmatig Cymru | Traumatic Stress Wales

Cymru sy'n Ystyriol o Drawma
Trauma-informed Wales

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

“IT’S NOT LIKE IT’S COMING FROM A HEART OF HELP…

– a view from a participant about how services can feel

Images used throughout are of stock models.
Quotes are from actual research participants.

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FOREWORD

Trauma-informed working is becoming more prevalent across Wales, with notable introductions of this approach in education and housing, in social care and health, and substance use services. There is also a broader push across Welsh Government to create a Trauma-Informed Nation. The shift that is happening, slowly but surely, is making it possible to work with people in a new way. The publication of the Trauma-Informed Wales Framework (2022) is a welcome step in consolidating this shift and giving a way for this approach to be collectively understood and acted on, across our country.

However, there is still considerable work to do across Wales: establishing wider understanding of this way of being for services and considering how trauma-informed approaches generally (and the framework more specifically) can become more embedded in the way we do things.

Any trauma-informed work needs to be done in partnership, bringing people together and listening to experiences and perspectives we might not easily understand. This piece of work, funded by Traumatic Stress Wales in collaboration with ACE Hub Wales, aims to support the framework implementation commitments.

We sought the views of two groups of people that have been marginalised by society and systems for a long time. By focusing on the lived experience of people using substances, and people seeking sanctuary, we can ensure their voices are heard as we develop the continued implementation of trauma-informed approaches across Wales.

We are hugely grateful to the people who gave their time to share their voices and their experiences. Their voices were hopeful, despairing, angry, compassionate, moving and powerful - and much more. It is critical that we respect these voices and, where we can, take action that honours their contributions.

All too often, policy and practice seek to be neat and tidy: to polish approaches and sort people into boxes. One of the significant themes that came through from listening to people was the sense of being stuck in a system that dehumanises, stigmatises, and blocks access, often in service to bureaucratic approaches that professionals themselves oppose.

> **“Whoever reads this report will have something to reflect on. Whether it is at a personal level for our practice, an organisational level, or a systems level, we should hear these voices as a call to action.**

A shift to trauma-informed working is needed, and long overdue. It isn’t a simple thing; it is highly complex and - particularly when systems feel at breaking point - it can feel impossible. But these times are when this way of working is most important, and when even small changes, at a human level, can change someone’s life. It is why we have called our report “Heart of Help”, based on the words of someone we spoke to for the research, who was feeling the despair that comes from being judged and ignored. They were simply seeking human connection and compassion in a system that is designed to avoid it.

It is often not grand, sweeping structural changes that people want, but individual compassion and warmth, and a system that enables – no, encourages – that.

Ewan Hilton

CEO, Platfform and member of Wales Trauma-Informed Framework National Steering Group

INTRODUCTION AND WAYS TO USE THE REPORT

Background to the report

We were 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. After early conversations, this developed into an exploration of people's understandings and experiences of trauma more broadly, to provide a richer source of information to support implementation of the framework.

This report has used a short literature search to set a benchmark for what we understand of each group and their experiences, and then conducted a series of interviews and focus groups for people and practitioners, to gather their perspectives on trauma-informed practice. As this report's opening suggests, we have prioritised their voices, consistent with the framework recommendations (chapter 6), and have used the idea of reflections throughout, drawing together people's stories and views.

Our hope is this report can be used by organisations and practitioners at different levels, and that it can be read just for the reflections or delved into more deeply to see the detailed discussions.

We do not want this report to stay unread on a shelf or in an inbox. We have structured it so that people can navigate easily to areas which are most relevant and useful to them. We have summarised each chapter heading and suggested alternative ways to read for ease.

Chapter Overviews

CHAPTER ONE:
Relational values for trauma-informed change.

There are overall themes and key themes captured, which have their own chapter and can be read as a compass to help all services find ways to become more relational and trauma-informed, whether at an individual, organisational, or system-wide level. This idea of the key themes being used as a relational compass can also be applied to the implementation of the Trauma-Informed Wales Framework, as across Wales we consider how best to embed this to create change in our public services.

CHAPTER TWO:
Understanding the context.

We have summarised a literature search and set out an overview of the context in which the two groups (people using substances, and people seeking sanctuary) will each access services. This chapter can be used to give an early and basic understanding of some of the challenges faced by people accessing services, and the policy context in which we operate in Wales. It also identifies similarities from the literature search which can help influence ways in which we might fund, design, commission or deliver services in line with the ideas of relational and trauma-informed practice.

CHAPTER THREE:
Taking a Wisdoms approach.

This chapter provides an overview of our methodology, with more detail available in the appendices, and explores the Wisdoms approach that we have used for this project, which can be a powerful way of listening to people and harnessing their lived experience and expertise.

CHAPTER FOUR:
Hearing people's stories from the substance use system.

This chapter focuses on the experiences of people in the substance use system, both people accessing services, as well as people supporting others. These findings are based on adopting a Wisdoms approach which listens to people, hears the stories shared, and aims to use these to affect real change.

CHAPTER FIVE:
Hearing people's stories from the sanctuary system

This chapter focuses on the experiences of people in the sanctuary system, both people accessing services and people supporting others. These findings are based on adopting a Wisdoms approach which listens, hears the stories shared, and aims to use these to affect real change.

CHAPTER SIX:
Framework recommendations.

This chapter draws out key recommendations or areas of advice and development for the implementation of the Trauma-Informed Wales Framework.

CHAPTER SEVEN:
Conclusion.

Appendices.

A series of appendices provide various additional pieces of information around language, methodology and examples of conversation scripts for the research.

Ways to read the report

Understanding the reflections from each group.

We have included at the start of Chapter Four and Five reflections from interviews and focus groups. These are a helpful way of getting an overview of what we heard from people and can be used to understand shared challenges and enablers in the system, as well as hearing the shared themes from people we spoke to.

Focusing on the Trauma-Informed Wales Framework.

If you are particularly focused on the Trauma-Informed Wales Framework, and how this report can support implementation at a national, local or organisational level, we would encourage the reading of Chapter One, the reflections in Chapters Four and Five, and the final Chapter. While the rest of the report is useful context, a focused reading of these sections would support work on the Framework.

Looking to consider organisational or practice change.

If you are interested in what you can learn about how to start implementing a relational approach to working with people, we would encourage Chapter One in particular – but would also suggest that implementing change requires an understanding of complexity, and so a wider reading of the report would be helpful.

Understanding what policy changes are needed.

We have very deliberately not included policy or legislative changes in this report. There will be changes we would call for as an organisation, as others would – but often policy change can take a simplistic, non-systemic approach to change. We wanted our report to capture the complexity of human relationships, and the messy, difficult nature of adopting a relational, trauma-informed approach. Nonetheless, there are reflections throughout Chapter Four and Five, from people who are currently in our system and who are crying out for change. This, and the context from Chapter Two and key themes in Chapter One, will be helpful for policymakers and campaigners in coming to their own conclusions about what needs to change.

Wanting to understand how your service compares.

We do not agree with comparing services, as the result can be reductive and induce shame. However, self-reflection and understanding how we can work together to change people's experiences is important. We would encourage reading Chapter One to understand the key themes, consider the approach outlined in Chapter Three and how you might listen to people in your own services, and read the challenging and question-raising stories from people in Chapters Four and Five.

Feeling overwhelmed and wanting the answers.

This report doesn't give answers – it gives people's stories and shapes those stories in a way that we can understand and learn from. It also suggests broad recommendations that could drive forward the trauma-informed journey in Wales.

The stories in Chapters Four and Five show us that however good our intentions, the feeling of overwhelm in a broken and harmful system is all too common. If we're to address this, and the flaws in the system, we cannot assume that we already have the answers – but we can know the direction in which we're heading. Chapter One is helpful in understanding this 'compass not map' approach.

Organisations involved in the report:

Traumatic Stress Wales and the Virtual Hub

Traumatic Stress Wales is a national quality improvement initiative. Funded by Welsh Government, it aims to improve the health and wellbeing of people of all ages living in Wales who have been affected by traumatic events, with a particular focus on those at risk of developing, or who are already experiencing, post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD).

Traumatic Stress Wales has a national Hub and leads in all seven Health Boards. It aims to facilitate the development of a network of easily accessible, locally based services centred around the people they are trying to help. This network has streamlined care pathways to avoid unnecessary repeated referral and assessment. The initiative covers children, young people and adults, and is co-produced, co-owned and co-delivered by all relevant stakeholders, including people with lived experience of PTSD and CPTSD.

Platfform

Platfform is the mental health and social change charity. We are a platform for connection, transformation and social change. We work with people experiencing challenges with their mental health, and with communities who want to create a greater sense of connection, ownership, and wellbeing in the places they live.

We're driven by the belief that a strengths-based approach is the foundation to sustainable wellbeing for everyone. We do not believe that people or communities are "broken" or in need of fixing. Instead, an understanding of our past experiences and current connections can help us build positive change in our lives, and in our world.

Welsh Refugee Council

Welsh Refugee Council has over 33 years' experience empowering sanctuary seekers and refugees to build new futures in Wales. They listen to people's needs, and co-produce projects that create improved pathways of support. For this report, Welsh Refugee Council offered advice, conducted a literature search focused on sanctuary seekers and refugees, and conducted their own Wisdoms research with the people they support.

Mayday Trust

Mayday Trust transformed itself from a traditional charity providing supported accommodation services, to a nationally recognised voice for radical systems change. When Mayday heard from people that traditional services were failing to help and they were becoming trapped in broken systems, Mayday set about to transform the services it offered. Mayday Trust developed the Wisdoms approach to listening to people that has been developed further by Platfform and used in a research context. As of publication, Mayday Trust has merged with Platfform.

New System Alliance

The New System Alliance is a partnership, funded by the National Lottery Community Fund, made up of Mayday Trust, Platfform and Homeless Network Scotland. This report, while funded by Traumatic Stress Wales, was possible because of colleagues from the New System Alliance.

GDAS

The Gwent Drug and Alcohol service provides support to individuals and families affected by substance misuse across all 5 local authorities. GDAS is delivered in consortium with 3 of Wales largest substance misuse providers; Kaleidoscope, Barod and G4S. GDAS represents a truly collaborative, meaningful partnership approach which is crucial in delivering excellent service in Gwent.

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

CHAPTER ONE:
RELATIONAL VALUES FOR TRAUMA-INFORMED CHANGE

At Platform, we believe that all too often, the complexity of system change is missed. We use the distinction between a "map" and a "compass" to articulate an approach to change.

With a map, the direction is often laid out ahead of you, and while that might work for a simple or complicated system (Snowden, 2000), it does not help navigate the uncertainty and shifting nature of a complex system with human relationships. For that reason, we draw on the idea of a "compass", which in relational system change means holding to key values, listening to people, and holding compassion for everyone across the system.

This chapter explores key themes we found from our report, which we have used to create key relational values – helping act as a "compass" for system change. How these values could be used is dependent on the individual, organisation or system seeking to make changes.

Relational values from people's lived experience

Below are a series of 'relational values', summarised from the wider report, setting out ways that people can and should think about or approach services. We have provided an overview paragraph of each value, phrased as needing action by people, services and systems, to reflect the whole-systems nature of the change needed, while also reflecting that individuals can do much of this by taking actions that are possible themselves, despite the barriers in place.

The relational values proposed, stem from listening to people and studying what their experiences told us. They are not exhaustive, and we have no doubt that they can be expanded on, tweaked, changed, challenged, investigated, and renewed. It is why one of our final recommendations is for these values to be explored more widely in other settings. By doing so, others can consider what else can be added to them and whether different people's stories will tell us different things.

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.

Research and reports do not talk about love that often, but the people we spoke to used the word many times in our conversations, and drew attention to its lack, across the system. Connection, in the sense of relationships, was one of the most significant themes that came through, both as something that was lacking in the system, but also something that kept people alive, and helped them heal. This is reinforced by the literature search, which made clear that connection was a way to heal, and to protect against trauma.

We have deliberately used the word love in this report, because it still feels uncomfortable for many practitioners, commissioners, and policymakers to consider it in service design and delivery. Love is designed out. This came through so often – accounts of people not feeling valued, or trusted, of not feeling wanted or welcomed. This was also expressed by practitioners, who felt trapped and unable to deliver the care or support they wanted to.

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.

One of the elements that came through, in terms of building relationships, was the need for it to be trusting, understanding and focused on the needs of people as individuals. This is really challenging, however, when people are overwhelmed, exhausted, distressed and otherwise unable to engage with or process trauma. Most services and systems will need to take time to work with people who are struggling, building a 'secure base' before any deeper trauma work can be done. This means moving more slowly, building trust and getting to know people. There is guidance on one way of taking this approach (focused specifically on PTSD, but relevant to relationship building more widely), held by NICE, which can be explored further in consultation with people directly (NICE, 2018).

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.

Throughout the interviews with people the idea of feeling overwhelmed is clear. Whether this is amongst people using services, or people providing support, there is a palpable shared feeling that the system is not meeting people's needs, and people are 'falling between the gaps.' Whether this is the cost-of-living challenges facing professionals, cuts to budgets making it harder to deliver good support, the growing impacts of intergenerational poverty on people's cognitive bandwidth, or any number of other sources of overwhelm, the system can feel like it is at breaking point.

Peer support is highly valued

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

This came through clearly through our interviews. Peer support was seen by people from both groups as immensely valuable and hugely effective. This was peer support that was formal, as organised and facilitated by organisations, alongside community-based peers, family, friends, and others.

This lived experience was a powerful connection for most people we spoke to, helping them speak to people who understood first hand, and who could hear without defensiveness what it is like to experience broken systems and the trauma this can perpetuate. In this sense, being heard by someone who has 'lived it' can feel different to being heard by professionals who may not fully understand, and/or who may be experiencing the overwhelm within the system itself (and undoubtedly from other sources too).

Power should be shared

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

The sense of powerlessness and hopelessness felt by many of the people we listened to is clear. So too, from the review of the research, is the extent of re-traumatisation through abusive power dynamics reinforced by traditional services: of people "knowing best" or enforcing models of treatment.

This should not be used to shame services – often this happens because of policy models, legislative constraints or lack of funding. But actively committing to sharing power over decisions, treatment, and accommodation, wherever possible, would be an effective way of breaking down barriers within the system that can otherwise remove agency from people.

Storytelling can be healing

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

Shame derives its power from being unspeakable (Brown, 2012). Sharing our stories and having them heard in safe places can help tackle the shame that surrounds us. It is this healing nature of storytelling that has driven our passion for this research project. People who are shut out by the system, and who are re-traumatised and often ignored, can feel unseen, unheard and unloved. The same happens for professionals, and the pressure can continue to build. People understandably become overwhelmed – feeling a range of emotions including anger, bitterness, feeling depressed, anxious, terrified – and the cycle continues, driven by shame.

Despite their absolute desperation not to, services feel shame for perpetuating the same power dynamic that created the broken system in the

first place. People are often stuck in that cycle too, seeking agency and freedom and yet not being understood. Into this mix of emotion we throw system change language, we review structures, and we propose change, and we wonder why we can't make the changes we want.

This creates, and locks in, a shame-blame cycle in our services, which makes it hard or impossible for us to think, process or reflect. It also makes it harder for people to make long-term decisions when in overwhelm, as we are just trying to survive.

The link is therefore clear: both people using services, and people providing them, are stuck in separate but similar shame-blame cycles, and the system is not able to provide a way out of that, so these vicious cycles continue or worsen indefinitely.

This, amongst other reasons, is because people have not been heard - and the first step towards healing is to be heard by people, with whatever complexity that you may bring to that.

This theme comes through strongly in the conversations we've had: people wanting to share their stories, to understand what has happened to them, and to help others. If we are to change the way we deliver services across Wales, we must make space for everyone to tell their stories (if they want to share them), and to feel heard and understood. It is a huge challenge – but the power it can give people is revolutionary.

Systemic challenges can get in the way

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

There was a clear sense from the interviews and focus groups that there was a disconnect between what people wanted, and what the system could give. In some cases, this disconnect was seen in the system forcing people to have support ended shortly after they had achieved a goal (thereby removing the relationship and connection that supported the achievement). In other instances, it could look like service gatekeeping, overwhelmed services, or lack of space to create warmth and connection. Whatever the cause of the disconnect, people were struggling.

This is not a new finding, but it does underscore the importance of creating systems and organisations that can create space for trauma-informed practice – trying to be trauma-informed within a broken or breaking system is extremely hard.

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.

One element that came out strongly was that people need time. People need time to build trust *before* people work with services, and throughout. This point is a plea to the system, to give people time *after* they have achieved positive outcomes.

One of the themes that came from people we spoke to was about support being withdrawn too early, or people feeling a need to second-guess how many sessions they had left. This left people feeling at risk, or almost punished for managing to take positive steps towards recovery or healing.

Services and support should not be withdrawn too soon and should go at the pace the person receiving that support needs. This will be a challenge to the system, as services are often commissioned with tight timeframes of support, and these obligations can be contradictory to person centred, needs-led support. Commissioning systems are often *complicated*, whereas support systems need to be *complex*; there can be a disconnect between the two (see Chapter One Definitions.)

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.

Professionals we spoke to talked about the need for more training, or better training, to deliver a trauma-informed service. However, the people receiving support spoke more about the need to be treated like human beings, with compassion and kindness.

This is a real tension – there is a perception that creating a trauma-informed service requires specialist expertise, which in turn can lead practitioners to feel that they do not know enough.

Instead, we recommend an approach to training that encourages reflective capacity and creates a space for professionals to develop confidence in taking risks, working in a relational way, and challenging traumatising systems.

We would phrase this bluntly: would you want

to be supported by someone who has high levels of expertise with specialist knowledge, but who is unable to hold a positive relationship with the people they support? Or would you want to be supported by someone who can sit with you while you cry, make a cup of tea, and keep you safe until you are ready to talk – and who can then work with you, supported by their high levels of knowledge and expertise?

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.

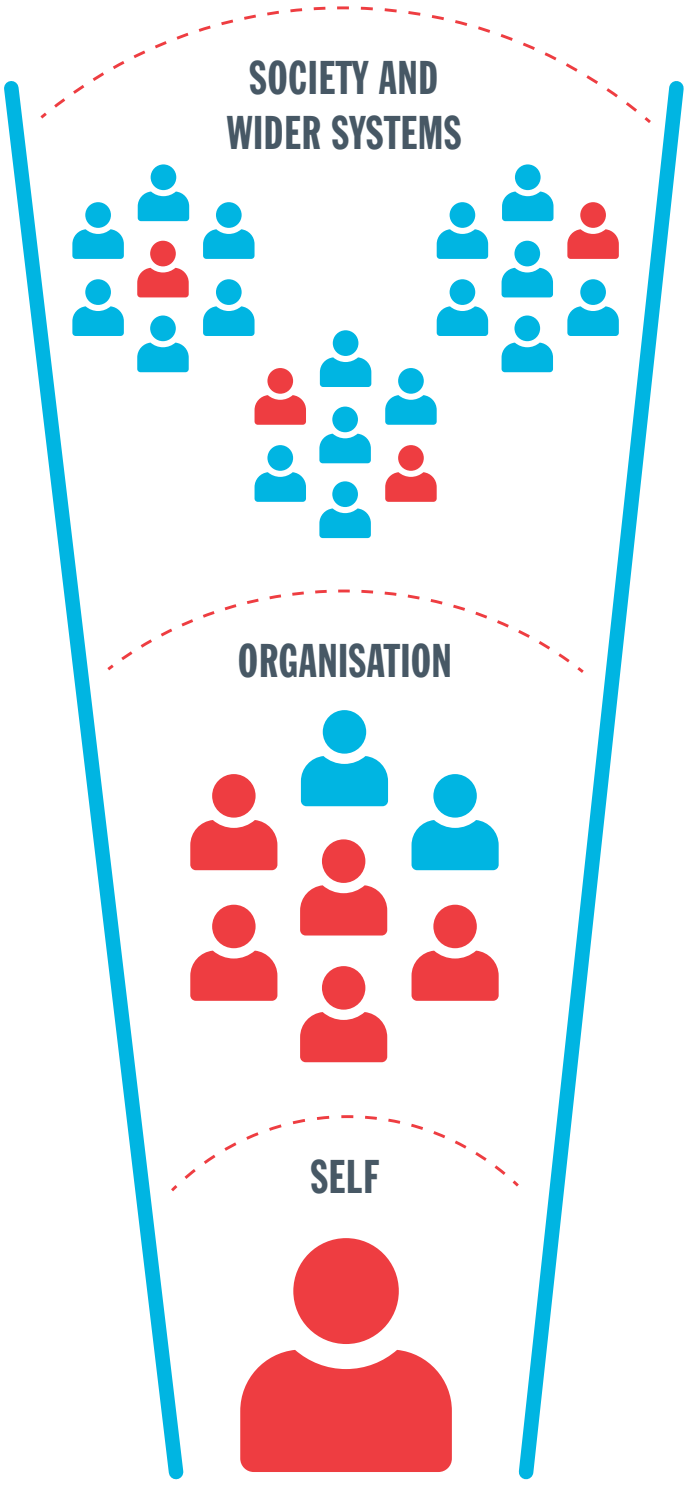
Professionals drew out, without prior awareness of the Trauma-Informed Wales Framework, what we have summarised as a three-layer understanding of trauma-informed practice.

Practitioners described that they saw it as something that individuals could do in their practice, that organisations could work on to create the right environment for staff to be trauma-informed, and finally that the system should be shifted to create the right conditions for trauma-informed practice.

This is reflected in the Trauma-Informed Wales Framework, in its multi-layered approach. We would encourage organisations across Wales, who are involved in the wider implementation of the Framework, to consider how system conditions can be created that enable change.

At present, the focus on trauma-informed practice is often on the individual practitioner, with training, reflection and guides or manuals. Organisations are often included too, particularly supported by guides such as the TrACE Toolkit from ACE Hub Wales (2022). There is less work, from a trauma-informed perspective at least, on changing the systems, cultures and conditions that drive and underpin a lot of the way we work with people.

One vital piece of learning from this research, which is reinforced by the literature search, is that individuals cannot do this on their own. While they can make changes (at a mainly individual level) that will make a huge impact, the cost of sustaining this against the backdrop of a coercive and broken system is immense and unsustainable.



Change relies on our ability to influence at different levels

Trauma should be understood in different contexts

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

Both sets of literature searches for this report have described hostile environments for people, whether this is perceived as deliberate by design – such as in welfare (Wright et al., 2020) or the asylum system (Refugee Action, 2020) – or seen as an indirect product of the system.

The idea that services can make people's distress worse, or traumatise people further, was heard from the people we spoke to, who talked about how sometimes the support they had or the way they were spoken to caused further harm. This can be described as 'internal' trauma (iatrogenic), which is caused by the system.

This was a view largely shared by practitioners, who felt complicit in a system that got some things right, but where other elements were actively harmful to people. They also shared that while they and their organisations were trying to be relational and act in a more human way, other services were not. Further conversations and our literature search demonstrated systemic barriers to this, such as staffing levels, caseloads, wider stigma, societal judgement and more.

At the same time, people carry their own trauma with them, external to the service or system they are receiving support within. These external contexts do not exist completely separately to services and wider systems, but for professionals they can feel outside (and therefore external to) their control.

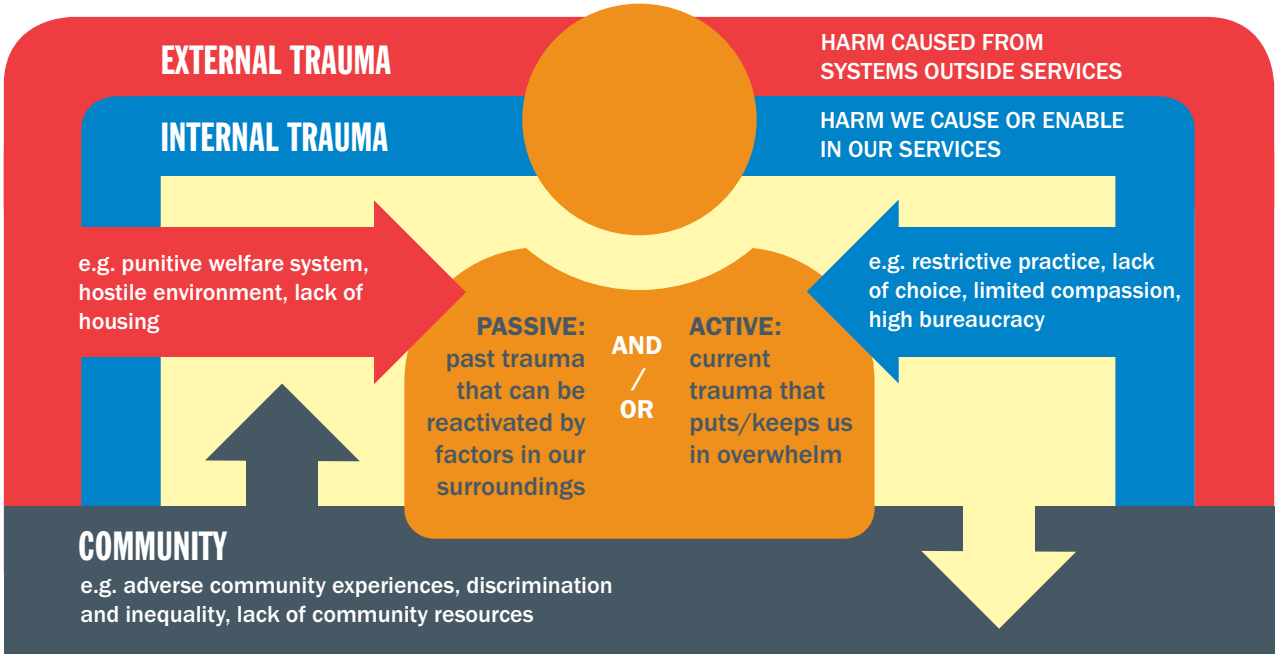
Both internal and external trauma can be seen as active (still taking place around the person, e.g. in active situations of abuse and fear) or passive (trauma that is no longer actively taking place but can be triggered or activated by experiences).

The 'passive' form of trauma is often the form that is understood after training. While this understanding has led to marked improvements in some areas of the system, it does not fully encapsulate the complexity of trauma.

Finally, we considered the impact of community trauma, which is *"the product of the cumulative impact of regular incidents of interpersonal, historical, and intergenerational violence and the continual exposure to structural violence. Structural violence refers to harm that individuals, families and communities experience from the economic and social structure, social institutions, social relations of power, privilege and inequality and inequity that may harm people and communities by preventing them from meeting their basic needs."*
(Pinderhughes et al., 2015).

This context was important for people we spoke to, and was expressed in multiple instances as lack of hope for change in their experiences.

In terms of professionals, the idea of 'vicarious trauma' was clear from the research. This can contribute to disconnection between people providing and people receiving support, and



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

can make it much harder to work in a relational, trauma-informed way.

There are many 'models' that aim to summarise or explain trauma – we are not seeking to reinvent those models. We are offering the model outlined above to explore the stories of the people we listened to, and to make sense of the experiences they shared. Our hope is that this wider understanding of trauma will support professionals in being curious about the people they support, and relational in their practice.

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 or stigmatise people, and that does not remove free and informed choice.

Platfform published its manifesto early in 2023, which sets out a clear case for an evolution in our understanding of mental health. The link between poverty and mental health is a powerful one, and the need for positive connections, ability to engage with communities, and services that listen are key pillars of the organisation's mission.

These links are picked up in the literature searches for both groups of people, and what becomes clear is a complex, intertwined relationship between mental health, substance use and poverty – and similarly between people's experiences as sanctuary seekers, poverty and mental health.

These combinations feed into each other and create a complex series of influences on people's ability to thrive. This complexity of multiple causes and effects needs to be understood by services working with either group. Of critical importance is the need to understand that there are other systemic issues, in addition to poverty and trauma – which include, but are not limited to, the system not hearing people, barriers being in the way, and more.

Using the relational values

It is important that we do not see these relational values as separate to, or replacing, the existing work undertaken by organisations in creating the Trauma-Informed Wales Framework. We see the relational values we have identified as being useful in the following ways:

- Supplementing and building on the five practice principles of the Trauma-Informed Wales Framework;
- Mapping relational values across the 'levels' of the Trauma-Informed Wales Framework;
- Acting as a 'compass' for your organisation or sector as you work towards a trauma-informed approach.

The 5 Practice Principles

A universal approach that does no harm: proactively supports and encompasses community-led approaches, prevention initiatives and specialist therapies to enable transformation within systems.

Person centred: the person is always at the centre of a trauma-informed approach. It takes a co-productive, collaborative cross-sector approach to identifying, understanding and supporting the person's needs. It promotes psychological and physical safety by promoting choice, collaboration and transparency.

Relationship-focused: safe, supportive, empathic and trusting relationships are central to a trauma-informed approach.

Resilience and strengths-focused: a trauma-informed approach builds on the natural resilience of individuals, families and communities.

Inclusive: a trauma-informed approach recognises the impact of diversity, discrimination and racism. It understands the impact of cultural, historic and gender inequalities and is inclusive of everyone in society.

Relational values supplementing and building on the five practice principles of the Trauma-Informed Wales Framework

The Trauma-informed Wales Framework sets out five practice principles that should underpin and guide efforts to transform systems and services to a more trauma-informed setting. We endorse these principles fully, and the 'relational values' set out in this report are not intended to replace the practice principles.

The relational values describe what people want services and systems to understand – the five practice principles are broad ways of working that would encapsulate a lot of that work. We would encourage use of the relational values to start answering the central question: what would a trauma-informed approach, focused on the five practice principles, start to look like?

Relational values mapping across the levels of the framework model

The Trauma-informed Wales Framework sets out a Trauma Practice Framework Model, which breaks down ways that people can be supported in a more trauma-informed way. This is explicitly stated as *"a spectrum, rather than a hierarchy"*, but in practice, there is a risk that responsibilities are seen as partitioned. For example, one reading might assume a responsibility for *trauma* aware practice can be ignored within a specialist intervention.

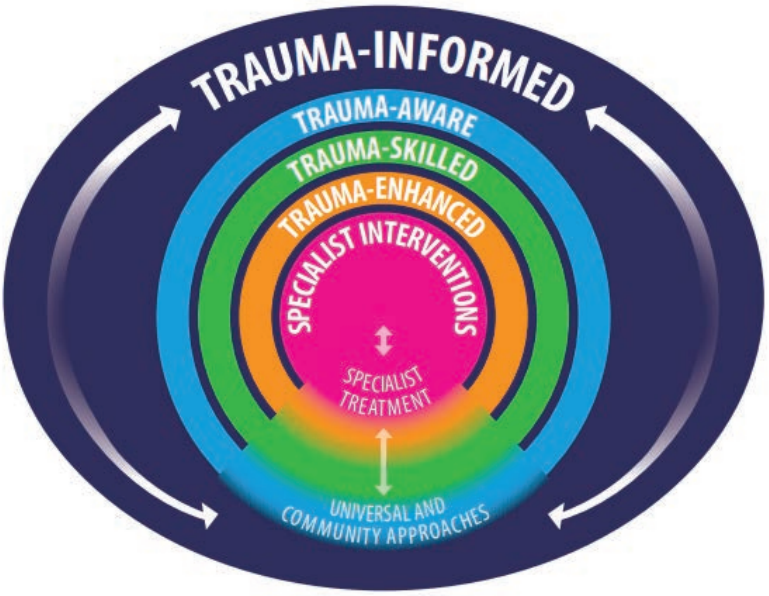
This report and its findings demonstrate that even in highly specialist interventions, such as substance use or sanctuary seeker provision, people need to always understand and deliver the 'basics' of a trauma-aware service at every level.

The values below, again, do not replace the Trauma Practice Framework Model, but instead can be used to demonstrate to organisations the reality of the *'spectrum'* approach explicitly committed to in the framework itself.

By committing to relational values, however that looks within each service, sector or area, and wherever people sit in the system, conditions can be created that are as close to trauma-aware as they can be. It is no use holding expertise, or working in specialised settings, if we do not also act in a trauma-aware way. Expertise without relational values can leave people feeling isolated and disconnected.

Relational values acting as a 'compass' for yourself, your organisation or wider change

We could use the relational values to ask questions of our services and the wider system, and to explore whether we have created the right conditions for a trauma-informed approach. This is not a recipe book – we cannot just add these values into our practice and expect systems to catch up. However, if we can use the relational values to reflect on the reality of what our services or systems offer people who need connection and support, we could start seeing what gets in the way, much more clearly.



Trauma Practice Framework Model – the relationship between universal and specialist approaches all working in a trauma-informed way. It recognises how individuals move between practice levels based on need, in a non-linear way.

CHAPTER TWO: UNDERSTANDING THE CONTEXT

What is similar?

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-migrationary 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 strategising 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. Specific barriers for each group exist that do not apply in the same way to the other, which are explored below.

People who use substances

The literature search demonstrates the significant prevalence of trauma and adversity in society, particularly among socially disadvantaged and minority groups. The complex relationship between poverty, mental health, and substance use further emphasises the need for a comprehensive holistic, whole-system response.

The manifestation of trauma within the context of substance use is complex; individuals may use substances to alleviate the distress caused by traumatic memories or to navigate traumatic relationships, including relationships with helping professionals in trauma-uninformed systems. Moreover, the risk of further trauma and adversity is heightened among those using substances to cope.

Trauma-informed support emerges as a pivotal approach, shifting the focus from blame and control to understanding and creating conditions for people's free and informed choice.

The extent of harm for individuals who use alcohol and substances

For some individuals, substance use is linked to poor outcomes in both health and wellbeing. It is recognised that whether or not an individual's substance use becomes harmful can be partly predicted through a range of social factors. For example, research on the impact of ACEs in Wales (Bellis et al., 2016) has shown the impact of ACEs on health-harming behaviours, including substance use.

While it is not easy to determine the boundary between harmful and non-harmful substance use for individuals, hospital admissions are a commonly used measure to quantify the population-level harms of alcohol and illicit drugs.

The most recent data finds that in Wales in the years 2021-22, there were:

- 4,849 hospital admissions related to illicit drugs involving 3,869 unique individuals.
- 13,815 alcohol-specific admissions involving 9,035 unique individuals (Public Health Wales, 2022a).
- 322 deaths due to drug poisoning, an increase of 43.8% from the previous calendar year.
- 618 alcohol-related deaths, and 472 alcohol specific deaths, an increase of 8.4% and 7.8% respectively.

Deprivation and harm resulting from alcohol and drugs

There is considerable evidence of a linear relationship between experiencing harms resulting from substance use, and deprivation. In the year 2021-2022, the proportion of all patients admitted to care settings for alcohol-specific conditions who lived in the most deprived areas of Wales was 3.2 times higher than those from the least deprived areas. In relation to illicit drug use, this figure rose to 5.9 times higher (Public Health Wales, 2022a).

This relationship translates to a steep inequity within substance use attributed mortality. Taking all 1,660 deaths which were classified as 'drug misuse' in Wales occurring between the years 2012 and 2021, 41% occurred amongst those from the 20 per cent most deprived areas. As such, deaths classified as 'drug misuse' were five times higher among those living in the most deprived fifth compared with the least deprived fifth (Public Health Wales, 2022b).

Prevalence of trauma and adversity for people using alcohol and drugs

Evidence shows that many people using alcohol and drugs have experienced particularly high levels of trauma and adversity in their lives. For example, the UN has previously reported that 75% of women and men attending alcohol/drug services report having experienced trauma and adversity (WHO, 2002).

A large body of literature confirms a relationship between adversity and substance use (see Grummitt et al., 2022). In the original Adverse Childhood experiences (ACEs) study the authors reported a direct correlation between traumatic childhood experiences and increased risk of substance use later in life (Dube et al., 2003). This correlation was so strong that Felitti (2003, p.554) concluded:

"...the major factor underlying addiction is adverse childhood experiences that have not healed with time and that are overwhelmingly concealed from awareness by shame, secrecy and social taboo..."

This finding has been repeatedly replicated. A meta-synthesis of qualitative evaluations examining the link between ACEs and 'addiction' found that substance use is employed as a coping mechanism in the face of feelings of low

self-worth, depression, shame, and inadequacy arising from childhood adversity (Teixeira et al., 2017). This is further evidenced by Asmussen et al (2020), noting the same strong links between adversity (in this case, ACEs) and substance use.

Social exclusion, trauma and substance use

Social exclusion can arise from negative social interactions or in social dynamics in which a person feels physically or emotionally separate from others. Social exclusion is common and often evokes painful and unpleasant emotions and sensations (Wesselmann and Parris, 2021). Individuals from stigmatised groups are most likely to experience chronic social exclusion, which Wesselmann and Parris (2020) argue constitutes a type of traumatic experience. Studies confirm correlations between both loneliness and chronic social exclusion, and substance use. Moreover, the stigmatisation of individuals who use substances can contribute to chronic social exclusion, and in turn to experiences of trauma which can again influence individuals to seek substances (see previous source.

It should be emphasised, however, that the relationship between adverse experiences (childhood or otherwise) and substance use is not deterministic. Research indicates that a number of psycho-social factors mediate the relationship between ACEs and substance use; interpersonal factors, such as parent and peer relationships, were most commonly found to mediate the relationship between ACEs and substance use (Grummitt et al., 2022). Our current connectedness, followed by our history of connectedness, is the best indicator of our current wellbeing – our connections can help us heal (Perry, 2022).

Many children exposed to ACEs show extraordinary resilience in the face of adversity, highlighting the many potential intermediary factors that can be harnessed to promote better outcomes for individuals with trauma histories (see previous source). Safe and supportive interpersonal relationships in both childhood and adulthood can mitigate the impact of ACEs on mental health and substance misuse (Jaffee, 2017; Bellis et al., 2016). It must therefore be emphasised that the presence of adverse experiences should be understood in terms of risk, rather than fate.

Relationship between trauma and alcohol and drug use

Although living through trauma is relatively common, and many people show remarkable resilience, it remains a fact that people who live through trauma are at higher risk of experiencing poorer outcomes at all stages of their lives if they do not have access to the right support at the right time (NHS Scotland, n.d.).

Evidence suggests that many people who use alcohol and drugs do so as a way of coping with trauma (Van der Brink, 2015), whether this is trauma from past events or from ongoing circumstances such as domestic abuse. For example, this may include self-medicating to escape invasive memories, as a way of managing traumatic experiences, or to make the effects of traumatic relationships easier to cope with. Some people who experience trauma may experience poor mental health because of their experiences and may use alcohol/drugs to self-medicate (Reynolds, Nayak and Kouimtsidis, 2018).

It is also known that people who have experienced trauma who are also using alcohol and drugs face an increased risk of experiencing further trauma and adversity. Using substances may impact people's safety and stability or make it more difficult for them to sustain healthy and positive relationships with family members and support networks, making it harder to create the relationships and connections that are most effective in addressing substance use (Morgan, 2019).

People seeking sanctuary

The examination of trauma's prevalence and impact on sanctuary seekers and refugees reveals a complex interplay of pre- and post-migration factors that impact on mental health and wellbeing. The review has illuminated the profound psychological distress often experienced by these individuals due to exposure to traumatic events and the challenging post-migration environment. Notably, it underscores the significance of re-traumatisation through various systemic factors, such as socio-economic conditions, discrimination, inadequate accommodation, and the asylum process itself.

Trauma-informed approaches emerge as a crucial and ethical response to the needs of sanctuary seekers and refugees. These approaches, centred on safety, trust, empowerment, and cultural sensitivity, offer a framework to address the unique challenges these individuals face. The review underscores the importance of adopting trauma-informed care not only in individual therapeutic interventions but also within larger societal systems and support networks. Such approaches aim to promote healing and the necessary conditions for resilience around people seeking sanctuary, but also extend these things to professionals and organisations delivering services. This emphasises the need for self-care and support to counter the impact of vicarious trauma.

Crucially, implementing trauma-informed care requires overcoming structural challenges, fostering cultural awareness, enhancing cross-cultural competence, and fostering partnerships among various stakeholders. By challenging negative narratives, recognising cultural diversity, and promoting inclusivity, society and support systems can work collaboratively to provide a more empathetic, effective, and holistic approach to supporting the wellbeing of sanctuary seekers and refugees.

Our literature search on people seeking sanctuary is covered in more detail than the section on people using substances. Many of the findings from the search, particularly about the barriers and specific challenges faced, can be applicable to all groups, but we felt that the need to draw out the barriers faced by people seeking sanctuary was important.

Defining sanctuary seekers and refugees

The definition of a refugee, as per the United Nations High Commissioner for Refugees (UNHCR, 1951, p. 3), encompasses individuals who are unable or unwilling to return to their home country due to a well-founded fear of persecution based on factors such as race, religion, nationality, membership in a particular social group, or political opinion. A 'sanctuary seeker' refers to an individual who has departed their country of origin in search of safety but has yet to receive official recognition as a refugee (Grasser, 2022, p. 909).

Typically, most sanctuary seekers seek refuge in neighbouring countries. Those who choose to seek refuge in the United Kingdom often have familial connections or cultural affiliations, often stemming from historic colonial ties to Britain and its wider former colonial reach. (Davies et al., 2021, p. 2311).

The United Kingdom operates resettlement schemes that accommodate a limited number of refugees annually. In the absence of such opportunities, individuals must assert their asylum claims within the borders of the United Kingdom, which often entails irregular entry, commonly facilitated through small boats or lorries (Walsh, 2022, p. 3).

In recent years, the majority of sanctuary seekers in the United Kingdom have travelled from countries such as Iran, Afghanistan, Iraq, and Syria. Males aged 18-49 comprise approximately two-thirds of this population (Home Office, 2022).

The sanctuary seeker population in Wales

The Home Office releases annual statistics on UK Immigration, yet there is limited data available that provides specific, non-aggregated information on Wales (Welsh Government, 2022; Crawley, 2013, p.3). In 2022, there were 74,751 UK asylum applications. Individuals arriving on small boats accounted for 45% of these claims (Home Office, 2022). Across Wales, 7,638 sanctuary seekers were supported under section 95 in 2022 (Wales Strategic Migration Partnership, 2022).

Due to the current backlog of asylum claims, sanctuary seekers are sometimes waiting up to three years or longer for a response from the Home Office (Trueba et al 2023., p. 3).

In 2022, 16,649 individuals were offered refugee status in the UK (Home Office 2022). The proportion of these individuals residing in Wales

is unknown. But in 2005, it was thought that around 10,000 refugees lived in Wales (WRC in ELWa, 2005, p.2).

The extent and impact of trauma for people seeking sanctuary

Sanctuary seekers face unique and complex challenges that often put them at greater risk of facing significant mental health difficulties. Many individuals have been exposed to multiple traumatic events including war, violence, torture, and/or human trafficking (Silva 2021, p. 1; Carswell et al., 2011, p. 112) These experiences can lead to significant psychological, emotional, and physical distress.

Sanctuary seekers and refugees are at significant risk of exposure to various forms of violence, persecution, and displacement, not only in their countries of origin, but during their journeys to seek safety, and as sanctuary seekers in 'safe' countries.

Unsurprisingly, the literature confirms high prevalence of traumatic stress in sanctuary seekers in the UK. A recent study suggests that "sanctuary seekers are ten times more likely to experience PTSD and CPTSD than the general population" (Jowett et al., 2021, p.1). This is corroborated by a global meta-analysis, finding the extent of PTSD and Depression amongst sanctuary seekers, to be 31.5% (Blackmore et al., 2020, p. 1-2).

Researchers propose that these statistics could be even higher if Western measurement tools accounted for how distress can manifest differently across cultures (Rowley et al., 2020, p. 4).

Reinforcing persistent trauma: challenges facing people seeking sanctuary

Socio-economic status

It is widely accepted that socio-economic and political factors are determinants of mental health. Harsh living conditions, low levels of financial support and the application process, as well as loneliness, discrimination, and uncertainty, can all factor into immediate and long-term risks to a person's mental state (Jannesari et al., 2020, p. 1056).

Crucially, the post-migration "social conditions of sanctuary seekers, often place them at the lower end of the social gradient" (Hynie, 2017, p.299). And for many, this disabling environment can lead to re-traumatisation (Chaffelson et al., 2023, p.3; Hanley, 2022, p. 178; RC Psych, 2020, p. 1).

Accommodation

Sanctuary seekers are frequently housed in hotels or hostels, with no acknowledgement of their specific needs. For instance, torture survivors may be required to share a room with someone they don't know, and pregnant women are often housed in remote locations, hours away from a hospital (Allsopp et al., 2014, p. 29-30).

One individual was housed in a "large, mixed sex hostel, with imposing security systems" triggering flashbacks to their previous imprisonment (Rowley et al., 2020, p. 18). Meanwhile, sanctuary seekers who have remained in initial accommodation for a substantial period might feel provoked when offered alternative accommodation. This is likely because they have established connections to a place and/or the people; a known protective factor for trauma survivors (Deckker, 2018, p.257).

The 'Move On' period, for refugees, is also precarious. A recent study conducted with UK refugees, captured "four main themes of distress during this time; the limited 28 days, difficulty interacting with services and the public, financial concerns and housing" (Rowley et al., 2020, p. 14). Often, individuals end up sofa surfing or in poor accommodation, with others, victim to sexually abusive situations, modern slavery and homelessness (Crawley 2013, p. 3).

Unemployment

Adverse circumstances like these occur for several reasons, not least lack of economic and political power. Most sanctuary seekers legally can't work until they receive a positive response on their claim.

For refugees who do have the right to work, many experience "high levels of underemployment and unemployment, despite arriving to Wales with good qualifications" (Crawley, 2013, p.5). A recent study with UK refugees reported that unemployment and not keeping "busy" triggered or worsened PTSD symptoms such as, "rumination over past traumas, contributing to an increase in flashbacks" (Rowley et al, 2020, p. 23).

Moreover, trauma can often make it more difficult for individuals to maintain a job, due to these responses to trauma (Ajdukovic, 2004, p. 121).

Home Office interviews

Home Office interviews intend to determine whether an individual fits the criteria of a refugee. By nature, the interviews are set up with an atmosphere of interrogation; the intention is that sanctuary seekers must prove their "fear of persecution" (UNHCR, 1951, p.3). Individuals are required to recount potentially distressing and terrifying events (Canning 2017, p. 122).

This questioning has no acknowledgement for the ways in which trauma can manifest in people seeking sanctuary: for instance, distrust for authorities or intense fear of deportation (Taylor et al., 2023, p. 242; Partavian and Kyriakopoulos, 2023, p. 323).

One sanctuary seeker voiced that "interviews last for hours, being questioned...when you feel the person who is questioning you is just going to find you a liar" (Trueba, 2023, p. 6-7).

Individuals who have experienced traumatic events should be able to "relay their experience in their own time" and when they feel safe and supported (Canning, 2017, p. 122). Adding to this,'PTSD is linked with difficulty recalling memories' (Herlihy and Turner 2007, p.4) and "shame can impact a person's ability to narrate their experiences coherently, particularly if they do not trust the interviewer" (Chaffelson et al., 2023, p. 22).

The consequences of these interviews can be life-altering for sanctuary seekers, and therefore can be significant sources of trauma, both for the reasons above but also because it can mean a return to life-threatening situations.

Racism

An overarching and important conversation across the literature has been on racism and discrimination and how this is of itself a traumatic experience (Wilkinson, 1997 in Kaur, 2019, p.28) that can exacerbate pre-existing feelings of fear, insecurity, low self-esteem, and distrust (Partavian and Kyriakopoulos, 2023, p.323).

It is not accidental that sanctuary seekers are marginalised from society through housing or work, or discredited and interrogated in Home Office interviews. Scholars have determined the Asylum Legislative Framework to be informed by "racialisation and racism at several points" (Solomos, 2019 in Brown et al., 2022, p.3).

Indeed, recent policy developments, including "replacing current arrangements for accommodation with barges and reception centres and developing offshore accommodation processes for those awaiting claim", have followed an increasingly hostile trajectory (Brown et al., 2022, p.4).

On top of this, individuals often experience discrimination and xenophobia from the population of the destination country, which is increasingly associated with poor mental health (Grasser, 2022, p. 914; Ramsey, 2021, p. 24). In the year 2021-2022, 109,843 race motivated hate crimes were recorded across England and Wales (UK Government, 2022). This discrimination is argued to play a crucial role in "converting the experience of migration into a traumatic life event" (Kuey, 2015, p. 63).

Barriers to accessing (mental) health care and support

Sanctuary seekers are entitled to all NHS services in Wales, free of charge. Yet the barriers to accessing healthcare "can be so high that these rights are very challenging to realise" (Farrant et al., 2022, p.1). The Welsh Government explains these barriers in two categories; personal and structural (2018, p. 29).

Personal barriers include cultural differences, stigma, shame, and distrust, which inhibit individuals from discussing their mental health and seeking treatment (Grasser, 2022; Witkin and Robjant, 2018, Wood et al., 2022). Language difficulties factor into communication difficulties with healthcare professionals (Welsh Government, 2018).

Structural barriers encompass socioeconomic and institutional conditions, lack of awareness about accessing healthcare, financial constraints, and systemic racism and discrimination (Kiselev et al., 2020; Castro-Ramirez et al., 2021; Chlewinski et al., 2011 in Allsopp et al., 2014, p. 3; Asif and Kienzler, 2022, p. 2).

Sanctuary seekers who are not part of resettlement schemes face additional challenges in accessing healthcare (Ramsey 2021, p. 34; Welsh Government, 2018, p. 29). The prevailing hostile environment and immigration controls contribute to a climate of fear and reluctance to seek healthcare among sanctuary seekers due to concerns about removal (Lewis 2019; Griffiths and Yeo 2021; Kaur, 2019).

Trauma-informed approaches: specific needs for sanctuary seekers

Trauma-informed approaches are of paramount importance when working with sanctuary seekers due to the high prevalence and profound impact of trauma within this population. While trauma-informed care is "not fully reckoned with" (Grasser, 2022, p.913), the literature presents a consensus on the positive impacts for sanctuary seekers and support workers.

First and foremost, trauma-informed approaches recognise the complex and unique needs of individuals who have experienced trauma, who may be exposed to ongoing traumatic experiences such as racism, social exclusion and economic precarity, and/or who are vulnerable to re-traumatisation.

By adopting a trauma-informed lens, supporting services and individuals can better understand and respond to the specific challenges faced by sanctuary seekers, fostering an environment that promotes healing, resilience, and recovery.

Recent research with mental health practitioners, has uncovered that sanctuary seekers "struggle to engage in therapy when they face immediate and urgent legal, practical, and social problems" (Partavian and Kyriakopoulos, 2023, p.327; Canning, 2017, p. 118).

Supporting sanctuary seekers in acquiring their primary needs such as housing, food and income is therefore vital to holistic trauma-informed support (Grasser, 2022, p. 913). This is reinforced by wider research conducted by the Joseph Rowntree Foundation which demonstrates the short and long term impact of poverty on cognition, particularly around longer-term decision making and planning (Fell and Hewstone, 2015).

Moreover, trauma-informed approaches take into account the cultural and contextual factors that shape the experiences of asylum seekers and refugees. This includes recognising the diverse backgrounds, beliefs, and values of individuals and adapting interventions accordingly.

Culturally sensitive approaches that are respectful of language, traditions, and customs can enhance the effectiveness of interventions and facilitate meaningful connections. Recognition of a person's subjectivity, beliefs and agency helps to instil a sense of control and is highly advantageous to healing.

Sanctuary seekers who have their lives uprooted, are susceptible to many feelings of loss, including loss of identity and loss of control (Katy et al., 2009 p. 307; Taylor et al., 2020, p. 3-4). Trauma-informed care, therefore, intends to cultivate a safe space where individuals are given free and informed choice in their lives. This involves focusing on an individual's existing strengths and collaborating with a person to define a recovery plan that will work for them (Wood et al., 2022, p. 592-594).

A recovery can take many forms, and the routes towards it are equally varied. For some, it is the need to share their stories and be heard. In that case, it is critical for healing that "victims of violence play an active role by not only telling, but also interpreting their trauma stories" (Mollica et al., 2001 in George 2010, p. 382). For others, a recovery journey may look like using time for other activities. Indeed, many sanctuary seekers, while waiting for a decision on their claim, structure their time through "studying, socialising, domestic work, prayer and voluntary work", and this in itself can be viewed as a person-centred recovery plan (Wenning, 2021, p. 5-7). The key aspect is giving choice and control, sometimes described as "empowerment', to people to decide for themselves. Giving choice and control 'does not aim to deny victimisation but recognises that imposing hierarchies of vulnerability on sanctuary seekers can undermine aspects of strength in survival" (Canning, 2017, p.126-127).

Challenging negative narratives and promoting cultural awareness

The British cultural imagination has perpetuated harmful stereotypes about refugees, conferring and subsequently reinforcing one-dimensional identities such as "victim," "bogus," and "sick." (Cooper et al., 2020) These damaging narratives contribute to post-migration trauma through racism, disempowerment, and marginalization.

To become trauma-informed, society must dispel these myths by engaging in campaigns, education, and art that showcase individual stories, cultural richness, and the autonomy of refugees. Initiatives like 'Refugee Week' aim to counter stereotypes and foster better relations by highlighting positive refugee experiences (Pupavac, 2008). By doing so, society can create a more empathetic environment and contribute to healing.

Individual interventions often overlook the collective trauma within communities and may not align with diverse cultural healing practices. Services that connect refugees with their cultural communities facilitate community healing and integration. Grassroots mapping and peer-led groups enhance accessibility and foster trust, allowing for open sharing and collective support (Block et al., 2018). By promoting community healing and recognizing diverse ways of coping, trauma-informed care becomes more inclusive and effective.

Enhancing cross-cultural competence

Cross-cultural understanding is paramount in trauma-informed care. In order to prevent blame, dismissal and re-traumatisation, service providers need to comprehend the diverse ways trauma can manifest. Acknowledging cultural differences in time management, family dynamics, and social interactions is crucial for professionals working with refugees (Block et al., 2018). Culturally adapted services, tailored to the needs of specific refugee groups, lead to more effective outcomes (Im and Swan, 2022).

The employment of staff with lived experience bridges cultural barriers, building rapport and trust within the refugee community (Morton,

2014). Furthermore, understanding cultural differences in acculturation and assimilation pathways helps carers create an empathetic environment that respects refugees' unique experiences (Block et al., 2018).

Fostering partnerships and inclusivity

Partnership building serves as a foundation for embedding trauma-informed practices across different levels of care. Collaboration among mental health professionals, resettlement services, and refugee community leaders can bridge gaps and enhance agency capacity for trauma-informed care (Im and Swan, 2021). Meaningful partnerships contribute to trust, hope, and empowerment within the community (Im and Swan, 2022). Strengthening networks and resource sharing maximizes positive outcomes for clients, while fostering motivation among both community workers and service providers.

CHAPTER THREE:
TAKING A WISDOMS APPROACH

METHODOLOGY

The aim of this research is to contribute to the evidence base supporting the implementation of the Trauma-Informed Wales Framework.

To structure this investigation, we have adopted a methodological approach inspired by the 'Wisdoms Approach', an evolving methodological framework developed through the work of Mayday and supported in this instance by the New System Alliance. The rationale for adopting this methodological approach is outlined in more detail in a supplementary document (See: Appendix 2).

Why Wisdoms?

We wanted to explore people's feelings and experiences, and to understand the relationships and connections that they value. It is these connections that will make the Trauma-Informed Wales Framework a success, but we also know that they can be hard to create and sustain within the formal settings of public and third sector services.

By taking an approach that prioritises listening to people's complexities, asking them open-ended questions, taking the time to remove barriers to participation, and reducing the formality of the process, we were able to explore the experiences people have had across their lifetimes.

There are of course limitations to this methodology. The sample size for example, means we cannot generalise too broadly, nor can the claims be assessed for accuracy. The stories we have heard from both professionals and people accessing support are not necessarily reflective of wider experiences across Wales – this will need to be explored further in future.

The research was conducted in two stages, as outlined below:

Individual conversations

- We recruited and interviewed 15 people from a larger list of individuals who draw on support from Platfform, and 15 people who draw on support from the Welsh Refugee Council.
- Participants were recruited by staff members with whom they were already working but interviewed by individuals to whom they had no prior relationship. This was so that we could be confident that they could talk freely about the supporting organisation or support that they were receiving.
- All conversations took place in May and June 2023.
- Individuals had in-person conversations with Platfform and Welsh Refugee Council staff members who volunteered to take part.
- Participants were provided with an accessible 'easy read' resource, produced by Platfform, outlining the Trauma-Informed Framework for Wales in advance of the interview. Since these interviews, a public easy read version has been produced by TSW and ACE Hub Wales (Traumatic Stress Wales, 2023).
- Interviews for people seeking sanctuary were conducted by a researcher who was able to source an interpreter or communicate themselves in the same language.
- Participants were asked a single question: **"When you've struggled, how would you have wanted to be supported in the best way possible?"**
- Participants were encouraged to speak for as long or as little as they wanted. Conversations lasted about 20-30 minutes on average, although some were longer (up to 1.5 hours).

- A natural, conversational style was adopted between evaluator and staff.
- Prior to the conversations, staff participated in an hour-long training session.
- Conversations were not recorded. Following the conversation, the staff member filled in a sheet with notes describing the conversation and noting anything important that the participant had said (see Appendix 4 for a blank copy).
- To conduct the analysis, we used an inductive 'thematic analysis' approach (Braun and Clarke, 2006). This inductive thematic analysis developed from open coding of the data, identifying related codes, refining into cross-cutting themes, and writing up results. Thematic analysis allowed the researchers to seek both commonalities and differences in the views and experiences of the participants.

Focus Groups

- Following the individual interviews, we invited individuals to attend group conversations. Four focus groups were conducted.
  - Focus Group 1 comprised 6 individuals with lived experience of substance use
  - Focus Group 2 comprised 7 professionals working in services that support individuals who use substances
  - Focus group 3 comprised 5 people seeking sanctuary in Wales
  - Focus Group 4 comprised 5 professionals working in services that support sanctuary seekers in Wales
- Focus groups took place in July 2023.
- Conversations lasted about two hours on average.
- Participants were provided with a project brief, outlining the purpose of the research and the Trauma-informed Framework, and an accessible 'easy read' resource summarising the Trauma-Informed Framework for Wales in advance of their focus group.
- Participants were asked a series of questions which were based on prepared focus group discussion guides (See Appendix 5). Conversations were allowed to develop in a naturalistic way, facilitated by the focus group moderator.
- Participants were encouraged to talk as much or as little as they felt able to in order to answer the question.
- Conversations were recorded with participants' consent and transcribed using automatic transcription software with researcher input.
- As with the individual interviews, to conduct the analysis, we used a 'thematic analysis' approach (Braun and Clarke, 2006). This inductive thematic analysis developed from open coding of the data, identifying related codes, refining into cross-cutting themes, and writing up results. Thematic analysis allowed the researchers to seek both commonalities and differences in the views and experiences of the participants.

CHAPTER FOUR:

HEARING PEOPLE'S STORIES FROM THE SUBSTANCE USE SYSTEM

INTERVIEWS

The findings from interviews with individuals are grouped into three primary themes, each encompassing a secondary set of themes.

The first two primary themes cover *Histories of Trauma* and *Traumatic Systems and Needs, Wants and Aspirations*. The third theme relates to *Support*. This encompasses both the need for support and barriers to accessing support. This theme underpins all other findings and is reported across both pillars.

Reflections

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.

Histories of trauma / traumatic systems

A universal theme that emerged from the interview conversations was that of trauma. The individuals we spoke to intimately understood the role of trauma and stress in shaping their life trajectories with regards to substance use and experience of, or aspirations of, recovery. The content of the interviews reflect trauma both in terms of past experiences, and as live issues, signalling the capacity for harm embedded in public services. Subsets of the theme are outlined in turn under the following headings: histories of trauma, systemic barriers to accessing support, lack of connection, authenticity or compassion, and stigma and shame.

Histories of trauma

A number of people we interviewed spoke openly and candidly about their own histories of trauma. Individuals were aware of the profound link between their own traumatic experiences and substance use. Individuals described using substances to cope with difficult thoughts, memories and emotions. Multiple individuals understood 'addiction' to drugs and alcohol as a sign of their trauma.

> "Trauma can be the core problem not the drink or the drugs."

> "Trauma needs to be addressed more than the drugs and alcohol."

Additionally, as the quote below illustrates, substance use was understood as a substitution for human connection and support that was not available, or not available at the right time.

> "I did try to get support, but it just wasn't there. Alcohol and painkillers was the only coping strategy available to me."

Individuals also described harmful interactions within public services and social systems, such as the criminal justice system, as 'traumatic' in themselves. As part of this, people described being compelled to receive support that was inappropriate considering their personal trauma histories. For example, a person described not wanting to be seen by a male mental health professional but understanding that there was no other route to accessing support without doing so.

> "You get traumatised every time you go back into the system."

Additionally, individuals described experiencing re-traumatisation in service settings when expected to discuss their trauma histories repeatedly, or with professionals with whom they had not developed a sense of trust.

> "Mental health services made me feel like the trauma was my fault. I had to relive my trauma again and again. Didn't give me confidence in the support I was trying to get."

> " ... had a very bad experience, left feeling angry, dehumanised and isolated."

Systemic barriers to accessing support

Long waiting lists for services, difficulty accessing appropriate professionals, and bureaucratic challenges are commonly cited barriers to receiving timely support. Participants described feeling locked out of accessing support for mental health services due to restrictive and siloed support systems which had divided support for mental health and substance use. That, and long waits for support, have had debilitating impacts on people's relationships and wellbeing.

> "Can't help me until I'm off the methadone."

> " ... have to go cold turkey."

> "Me and my partner asked for support and were told there was a year's wait. Our son was taken into care while we waited."

Additionally, individuals discussed the challenges of navigating fragmented services, especially at critical life events such as when leaving prison. Individuals called for a holistic approach to support.

> "There should be a central hub for prison leavers to access services in one place rather than going to different services in different locations. These need to be trauma-informed."

Lack of connection, authenticity or compassion

A primary theme among those we spoke with was the need for connection and meaningful relationships (outlined under the theme Needs, Wants and Aspirations). Equally, feeling the lack or absence of connection, authenticity or compassion was commonly cited as a serious issue for those seeking support from public services.

> "It's always been us vs. them: support services see us as the other."

> "There's a lack of human empathy."

> "There's no human touch, no human relationship."

One conversation in particular illustrated the sense of loneliness and isolation felt when interacting with services where understanding, compassion and empathy were absent.

> "No one knew how to work me out. I didn't know how to work myself out"

> "[I was told I was a] bit too complex for us"

Negative experiences with services that lack empathy and understanding had discouraged individuals from seeking support, and eroded faith in the capabilities of services.

> "It makes [it] a tick box exercise."

Stigma and shame

Interviewees described feeling that professionals had made stigmatising judgements and assumptions about them when seeking support from services. Experiencing stigma and judgment from professionals within public services had been detrimental to individuals seeking support for substance use and related challenges and was identified as a barrier to trust.

> "Professionals make instant judgements when you mention drugs and alcohol."

> "Services are judgemental when it comes to people on drink and drugs. It's just a tick box exercise."

Stigmatisation of substance use, and mental health challenges were linked to feelings of shame, guilt, and isolation, deterring individuals from seeking support.

> "Shame. Being shamed. Feeling ashamed. It's a big issue."

One person described having observed a slow but positive shift in societal attitudes toward mental

health and addiction, with increasing understanding and acceptance, and reduced stigma.

> "The Probation Service is now seeing that just because a person uses substances it doesn't make them a bad person."

Needs, wants and aspirations

The second primary theme present in the narratives of the individuals we spoke with was that of 'needs, wants and aspirations.' Individuals expressed clear understandings of what they needed from others in order to live well and shared their hopes for the future. The theme of needs, wants and aspirations encompasses multiple factors, each are outlined in turn under the four sub-thematic headings: relationships and the need for connection, the need for care and support and the need for autonomy and agency.

> "I just needed someone to talk to when I was younger, someone to tell me it wasn't all my fault [...] someone to lean on, to check in on me and just make sure I was OK is what I needed."

Relationships and the need for connection

Individuals spoke about the importance of empathy and kindness and the 'human touch' in supporting relationships with professionals working in service.

> "Often people using services have never had much love so it just comes down to offering people a bit of love."

Authentic human connections were felt to foster a safe space for sharing experiences, struggles, and aspirations, enabling individuals to confront their challenges openly. These connections, whether with peers, support workers, mentors, or loved ones, played a pivotal role in their overall wellbeing.

The meaningful relationships that individuals had fostered through volunteering and other activities were characterised as a 'lifeline,' providing a sense of belonging and understanding that countered feelings of isolation, alienation, and shame. Through relationships, especially those built through peer support activities and work, individuals talked about finding understanding, empathy, and acceptance.

Peer support was highlighted as an essential component of recovery for many, providing a sense of belonging and understanding. Sharing experiences with peers who have gone through similar struggles helps individuals feel validated and less alone in their journey.

> " ... just want someone to listen and not judge."

A small number of individuals who met with us had moved on to working in services supporting others. Additionally, others expressed that they aspired to enter into supporting professions in the future. Interviewees valued being able to offer compassion and support to individuals facing struggles and recognised that they carried a great deal of knowledge and understanding that could make a meaningful difference for others.

The need for care and support

Many interviewees emphasised the importance of understanding and addressing underlying trauma as a central aspect of recovery. Trauma-informed support involves recognising the prevalence of trauma, understanding its impact on individuals, and integrating this awareness into service delivery.

Participants highlighted the need for support services that are sensitive to trauma, avoid (re)traumatisation, and promote healing and empowerment.

Participants advocated for holistic approaches to consider the whole person, recognising that substance use and mental health issues are often interconnected with other aspects of a person's life, such as housing, employment, and relationships.

Positive experiences are often tied to services that take a comprehensive approach, providing assistance beyond substance use treatment to address broader life challenges. Stable relationships with support workers, colleagues, and mentors were for building trust, fostering a sense of safety, and encouraging engagement in services.

> "[Organisation] is like my family".

Interviewees stress the significance of identifying and addressing issues at an early stage to prevent them from escalating. Early intervention was seen as something that could have prevented the substance use and mental health challenges from worsening, and from potentially leading to more severe difficulties.

Agency and autonomy

Participants expressed frustration that their own self-knowledge had been discounted or disregarded in favour of a one-size fits all approach to recovery. This approach failed to acknowledge their own individual aims, and failed to utilise the unique insights individuals have into their own experiences.

> "No one has asked how I want to move forward... I know what I want and what I need but no one has asked me that."

Not only do individuals want to define the terms of their own recovery, but they also find empowerment in supporting others through their experiences. Engaging in peer support roles allowed individuals to use the knowledge they have to support others.

For some individuals, volunteering in peer support roles had helped them to feel 'enriched' and 'valued'.

> "[Organisation] saw my potential and that changed everything for me."

In addition, individuals were motivated to drive systemic changes in support systems and wider society. By openly sharing their experiences, individuals contribute to raising awareness, challenging stigmas, and advocating for improvements in the care and support systems.

> "If you don't share your story, nothing will change."

FOCUS GROUPS

This section of the report presents the findings from two group conversations, each with individuals who volunteered to participate in a focus group to share their expertise. The first group was comprised of six individuals who had graduated GDAS' peer support academy and who volunteered as peer supporters at GDAS. The second was comprised of seven professionals working in 'substance misuse' services.

The focus groups were facilitated by the research team at Platfform, who guided the conversation using a template of questions developed through analysis of some of the common themes within individual interviews (see Appendix 6 for the full focus group conversation guides and full lists of all questions asked).

Reflections from people using substances

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. This can be described as a situation where a diagnosis or label can lead people to dismiss concerns or ideas that they would normally listen to from another person.

Alternatively, it can be where behaviour is seen as a consequence of a label, not as a result of people's experiences.

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.

Reflections from participants working with people using substances

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.

Exploring the detail: focus groups of lived experience

More information on participants, questions and guides, can be found in the appendices. The focus group followed a natural conversational flow, with people finding their own direction and focusing on what they felt was important or helpful, in line with the overall Wisdoms methodology.

Some clear themes were identified, which we explore below.

Need for comprehensive and integrated services

Participants highlighted the barriers they face when accessing support, including long waiting lists for services such as therapy or addiction treatment.

The participants discussed the challenge of navigating fragmented services that do not communicate effectively with one another. This lack of coordination was a source of frustration and confusion for individuals seeking support, as they often needed to repeat their stories and concerns to different service providers.

> "Like I said, I self-referred and I am quite confident and stuff, but somebody who perhaps wasn't able to do that, to refer themselves [...] it could be difficult there. Definitely needs to be more help. And less stigma, I think."

Participants emphasised that process of accessing multiple services can be overwhelming, especially for individuals who are already dealing with mental health or substance use issues. There was a shared desire for a centralised and integrated support system where individuals can access multiple services under one roof. Participants believe that having a 'one-stop-shop' for various needs, such as housing support, addiction treatment, mental health services, and counselling, could make the process more manageable and less daunting.

> "And then you gotta constantly explain yourself to different ... over and over and over again. And it's tiring."

A participant described a typical experience of a person leaving prison, obligated to meet a number of appointments with different services (including probation, housing services, applications for benefits and substance use services, all based in different locations.)

> "It's so overwhelming, you know, in my head, it makes common sense to kind of set up a place where they could go to one place ... That's how it should be in the real world, cause it would make it a lot easier. But you know, for some reason we live in the ******* matrix."

Stigma, judgement and labelling

Stigma surrounding substance use and mental health was a recurring theme throughout the group conversation. Participants described feeling judged, categorised, and misunderstood by healthcare professionals. The negative impact of labelling and assumptions on individuals seeking help was discussed.

Stigmatisation and labelling are recurring concerns, with participants mentioning how terms like 'alcoholic' or 'addict' can negatively impact their interactions with healthcare professionals. Stigma contributes to individuals being subject to unfair assumptions about their motivations and needs, as well as a lack of understanding and compassion, making it difficult for individuals to seek help without fear of judgment.

> "They think you're going to, you know ... asking, you know, for medication. Well, I'm not asking for medication. I'm asking for answers to help me sleep ... Straight away they were kind of ... making up their own mind that I was asking for, you know, substances, and I wasn't."

One individual described feeling stigmatised when, during a visit to the GP he noticed the word 'alcoholic' written across his medical notes.

> "Yeah, you're branded.
>
> You know, I refuse to be pulled. into that circle of I'm an 'addict'. Well, you know what? Yeah, I do take drugs. But that's not all of me [...] a very small part of me. Maybe took a few years to kind of realise that."

Several speakers expressed dissatisfaction with the support they received from GPs. They mention that GPs often lack understanding, empathy, or effective solutions to their problems. The experience of being stigmatised or not taken seriously was common, and some participants feel that GPs tend to dismiss their concerns.

> "Sometimes they won't even make eye contact with you. You are left alone. [Won't] sort of give you any, you know, any help?"

Compassion and empathy

Participants emphasised the significance of compassionate and empathetic interactions when seeking support. They appreciate an approach that welcomes them, listens to their needs, and treats them with respect.

> "I think sometimes, you know, I think people get their wires crossed and, you know, I just think we need to show people love. That's it. It's really simple stuff."

One person reported having had a positive experience of seeking support from a GP. He attributed this to empathy and understanding displayed by the GP.

> "Yeah, definitely. You know, there was empathy there straight away because he probably walked, you know, he walked down that road himself. Yeah, so he understood."

A lack of compassion and empathy within services was criticised for making the process of seeking support and navigating systems more difficult, and ultimately discouraging individuals from seeking help.

> "When you're having to deal with God knows how many different bureaucrats and God knows how many different offices. They all come across as very aggressive and it's very confrontational because none of it is actually - you know, they don't care about you. You don't matter. You are just a unit. Basically, you are somebody who is going to be a tick box exercise [...] So they don't even treat people with respect, yeah."

Warmth and understanding from professionals and peers were seen as vital in creating a supportive environment.

"I believe if someone relaxes around you through showing them a bit of love, that warms them and then they relax more when you're relaxed."

Compassionate approaches were highlighted as more effective than strict or rule-based interactions. Participants appreciate when service providers listen actively and create a safe space for them to share their challenges and experiences.

" ... a little bit of compassion and a little bit of empathy generally that makes a person wanna stay ... You know, if someone gently kind of pulls me in, in a very compassionate way, I'm warm to that. I warm to people showing compassion, you know."

The value of being heard and understood was emphasised throughout the discussion. Several participants raised concerns related to being supported by key workers who they had felt lacked knowledge, experience or understanding of the issues they were facing.

"Really, I just don't think she knows enough about it. She hasn't experienced it herself. Like you don't have to have, but I think I would say it helps you know."

Additionally, participants wanted professionals to recognise and acknowledge the work and effort they had put into their own recovery.

"And the thing is... usually you have to put in an awful lot of effort yourself.

Yeah, and it's not just sort of somebody holding their hand and saying, 'oh, you know, just do this, do this, do this'. You actually have to force yourself to do things. You have to force yourself to overcome those triggers, and it's every single day, and it's hours and hours a day that you're having to overcome all of this and [...] it's bloody hard work. And you need. Yeah, you need not just help, you need a little bit of recognition that you've done it."

Trust and consistency

Consistency played a pivotal role in establishing trust. Individuals wanted stability and reliability in their support systems. Consistency in communication, actions, and availability demonstrates a commitment to their wellbeing. Stable, consistent and long-term relationships with support workers were linked to a sense of security, making individuals more willing to open up about their struggles.

"You build up that rapport with them because, I mean, if you trust somebody ... you know they're working with you and you trust them, you're going to build up that kind of rapport with them where, because they know you, they know your foibles, they know your failings, they know your triggers. They know lots about you. And that's fine - if you trust them, you're gonna tell them all these things. So you are working with somebody who knows a lot commitment. It's also quite a big commitment on their part as well."

One participant described feeling let down and hurt when discharged prematurely from a service.

Consistent support also reinforces that their needs are valued and that their recovery is a priority. Ultimately, by maintaining consistency, support providers can build a strong foundation of trust that empowers individuals to navigate the path to recovery with confidence.

Punitive and rule contingent services

The difficulties of effectively maintaining routines and structure while struggling with mental health and substance use were raised as challenges that can act as a barrier to accessing support. Participants discussed the challenges of attending meetings when struggling with mental health.

Additionally, participants shared a feeling of injustice regarding support that was contingent on strict rules. Often these were felt to be based on stigmatising assumptions.

> "There are different standards applied, aren't they? But basically, if you're homeless, if you're a substance user or anything like that, you have to prove something. Whereas if you were a [...] politician you could just say "I am" [...] and it would be taken as read. There is a very different standard approach."

Several participants reflected on what they described as a punitive approach where access to support was withdrawn on the basis of the person being unable to comply with rules and processes.

The group discussed instances in which having missed appointments due to normal life events would result in consequences, further limiting their access to support. Several members of the groups shared a feeling of unfairness, perceiving that professionals providing services had not been held to the same standards.

> "However, it would be the other way round if that person had missed the appointment, it would have been totally different, but they missed the appointment. The professional missed an appointment."

Participants described a feeling of having to 'jump through hoops' to access support. Examples were provided, including individuals being required to prove homelessness to access housing support, or prove that they were using substances to access treatment.

> "You're not believed. Basically, you know your credibility is always questioned. And that's not right. Because the thing is, you're still a human being. If you've got problems and you're trying to get help that probably means that you're trying to improve yourself. So why not be given help on the basis of what you've said, not just having to prove it? It's yet another barrier."

> "Again, it's the same thing. It's a different world. Live in a house and you are registered there to vote and you pay council tax and whatever. You're treated very differently if you live in a tent, you have no rights at all. No. OK [...] you might be trespassing, but the point is, there's normally a reason for it that you're in the tent. So the help should be the other way around, instead of trying to clear that mess away, treating people as a mess and inconvenience, they're untidy, they're dirty, they make the streets look bad."

Substance use as a self-soothing behaviour

Substance use was understood as a symptom of underlying distress, and as way to cope with difficult emotions. Participants urged the importance of asking 'why' an individual is using substances.

> "All they need to do is just ask one simple question and well, it's just a word and it's 'why' and that it would just make such a massive difference just to add from that first interaction you have with any kind of specialist of any kind that they need to just say why?"

> "Something's happened you know, whatever it may be, you don't just start drinking, you don't wake up when you're a child and think, oh, I know I'm going.to become an alcoholic ... There's always a reason, so it needs to be asked why?"

Participants highlighted the importance of helping individuals holistically and offering support with factors underlying the individuals' substance use, rather than addressing substance use in isolation. Two participants shared feeling 'dismissed' by health professionals when seeking help.

> "And I mean ... like, the GP you go in and you explain that, because you're aware you're drinking far too much and you know that you need help because it's not something you can deal with on your own. And you say, 'I need help'. And what do you get told? Cut down your drinking. That's not helpful. Because you're drinking for a reason. You need help to get rid of the [...] you don't need the symptoms treated. You need the problem treated and the problem is what's causing the symptoms."

> "[I've been] on antidepressants for over 20 years and not once have they said to me, well, is there, do you think there's a reason behind this? And of course, there is. They don't care. They just give you a prescription."

Peer support

Peer support was consistently seen as a positive force, offering a safe space where individuals could be themselves without fear of judgment. The sense of belonging, understanding, and acceptance from peers was highly valued.

Participants spoke passionately about the sense of belonging they found within peer support groups. The ability to interact with individuals who truly understood their journey created an environment of authenticity and acceptance. This sense of belonging instilled a renewed sense of self-worth and purpose, countering feelings of isolation that often accompany substance use challenges.

> "The peer support for me is ... is everything 'cause people know you know you've got people you can just be open with. You're not hiding yourself anymore... my family and friends try to understand, but they don't. It's as simple as that really. Well, that's not their fault, but [...]"

> "[...] just going into GDAS and if I come in and I just see [name] for example and it's like, you know, hey [name] how are you [...] and I know that if I needed him he'd be there and it's just knowing that [...] It means a lot to me."

> "I'm allowed to be me and I'm OK with that."

Participants consistently emphasised the unique value of connecting with peers who have shared similar experiences. This connection provided a safe and nonjudgmental space where participants could openly discuss their struggles, triumphs, and aspirations, as well as moments of joy and laughter.

> "All [I] get from them is support and they [...] always make me feel welcome and [...] that they appreciate me, even with my oddities."

> "And as well as the like the bad times and the sad times, there's so much fun and laughter, and we just take the **** out of each other and have a laugh."

Peer support allowed participants to communicate without the need for extensive explanations. The shared experiences provided an unspoken understanding of the complexities and nuances associated with problematic substance use. This facilitated genuine conversations that focused on the underlying emotions, triggers, and factors contributing to their struggles.

> "You are [...] just in amongst your people [...] and it [...] really is such a weight off not having to explain yourself and just to know that people understand, [...] you know, you can say anything and you just - you're never judged."

Peer support fostered a sense of community that extended beyond the confines of formal support group settings. Participants described forming close bonds with peers and viewing them as a form of chosen family. This extended network of support encouraged ongoing growth and provided a safety net during times of difficulty.

> "And I've like formed really, really close bonds with people. And they're like family, better than family, some people. It's just it's a relief to come here. When people believe in you as well, you know they like cheering you on."

> "They don't even have to say anything. You know who they are. You know, it gives you confidence in your in your life, basically in other aspects of your life. You know you feel better person like you feel "oh yeah, I can do this."

Volunteering emerged as a powerful avenue through which individuals with lived/living experience of problematic substance use could contribute to supporting others and the community. By engaging in volunteer work participants channelled their experiences, skills,

and empathy towards positive change, helping others facing similar challenges.

> "These people on the street, they don't know when their next meal could be. So when we're doing food like that, it's good. And then also if they've got issues when they're struggling, they can come and they just speak to us and there's no judgement."

Participants used their own experiences as sources of strength and guidance for others. This dual role of both beneficiary and contributor amplified participants' self-esteem and reinforced the notion that their experiences were valuable contributions to the betterment of their community.

As well as connection, volunteering provided some participants a feeling of structure, and a welcome distraction from difficult emotions.

> "And all the time you're thinking of others [...] It makes you feel good because you're not thinking about yourself."

> "Yeah, and I volunteer. Not only because I want to pay it forward because of all the help I've had, but personally because it works for me as well because I developed structure and routine whereas before I never had that."

Goals and aspirations

Participants shared aspirations for positive change, including improved support services that address underlying difficulties and offer holistic care.

The desire for greater understanding of mental health and substance use, reduced stigma, and more accessible and effective services was evident.

Many participants expressed interest in continuing their involvement in peer support and contributing positively to their communities, or in securing work in roles that would allow them to use their knowledge, skills and experience to benefit others that were facing similar struggles.

> "I think every human being Kind of goes through all that stuff and then they go through all that, you know, that trauma and that trigger stuff..."

> " ... You know, they've got so much more than just picking up a bottle or putting a needle in your arm or whatever substance you're doing. There's so much more than that. We can just kind of break that little bit of that circle and that's what we do as peers. We give people the power to believe that they can do that. You know, because that's what's been given to us, isn't it? It's been given to us freely, so we have to, you know. I shouldn't say we have to. I choose to give it to people. You know, have it. Take it, you can have it all, you know. And who doesn't want to do that for another human being, you know? Who doesn't want to give another human being the belief that they can? And then, you know, that in itself is special, isn't it? You know, so we're ... we should look at it and think we're in a really special place. What we've got, you give away freely to others, and maybe one day they'll be sitting around the table, you know, talking about this stuff and thinking, 'you know what I wanna do? I wanna do what they're doing. How do I do it? You know, it's really special what we've got."

Exploring the detail: focus groups of professionals

Familiarity with the concept of trauma-informed approaches

Participants discussed trauma-informed approaches as they related to their own roles and organisations. The concept was broadly divided into two meanings. The first related to the importance of understanding and recognising trauma when working with individuals who access their services.

Participants raised the importance of training and educating staff to understand and recognise the impact of trauma in service users.

> "And for us, it's been about helping staff to understand that some of the behaviours that people exhibit when they come to us is due to the trauma that they've experienced in life."

The second interpretation related to adopting principles of trauma-informed approaches at the 'organisational level', including in the organisations' physical spaces, policies and practices, and in the ways staff are supported in their roles.

> "So, it's all-encompassing, all embracing. It's a lot larger for an organisation to do that than when you first think about ... It's not just our service users, it's everybody who we work with and it's probably quite a long process to get there."

Experiences of change as a result of trauma-informed approaches

Participants discussed observing positive cultural shift within certain services, but stated that a broader, whole system approach was 'lacking'. Specific contextual factors such as organisation size were flagged as potential barriers to key institutions such as a health setting's ability to reflect trauma-informed values.

> "I think once you start seeing things through that trauma-informed lens, you see a lot of things that are not working or not right. You know ... you notice things as soon as you start looking at things differently."

There appeared to be cross-group support and agreement in response to one individual voicing frustrations regarding the challenges and limitations of trauma-informed working within a wider system.

> " ... one of my frustrations about this is as great as it is to, you know, for substance misuse, substance use services to be sort of adopting this trauma-informed approach is that, you know, why is it that it's always our sector that that is given more and more work when other, shall we say, more higher paid services aren't sort of being tasked with trying to adopt this approach? And no matter what we do, it's the frustrations that we then put onto the clients when we're trying to signpost them to other areas and that you know, we can't... You know we can't get services for whatever reason that may be and whether it's eligibility criteria, the politics, um around, you know they should be using drugs or they should not be using drugs it's quite a frustration and I, you know, I think really more emphasis needs to be taken on at this approach being adopted on a wider basis."

> "Just providing someone with relationship that feels safe and trusting is huge and that doesn't take massive amounts of expertise and training."

Key challenges or complexities in adopting trauma-informed approaches

Re-traumatisation

Professionals understood that for individuals engaging with systems of support there was a risk of re-traumatisation. There was supportive consensus for a participant who proposed implementing the use of 'assessment or treatment passports' that could travel with an individual to reduce the impact of over assessment.

> "We have to make it easier for people to travel through the system and to travel from ... organisation to organisation, if that's needed, without being over assessed and having to repeat their story, which in itself is triggering for them."

Financial constraints

Participants discussed the inherent challenges of navigating the delivery of trauma-informed services within the confines of external financial and budgetary pressures.

> "Additionally, probably one that everyone has or has had, for me, it's just the waiting list, the demands of the pressures of a large waiting list really make it difficult and not just that people are waiting so long to get that support that they won't, but also, and for me personally, I'm just trying to manage that.

> Trying to support as many people as possible while also trying to be as trauma-informed as possible and those things can kind of clash heads. And so that's an issue that I'm experiencing anyway and I certainly know that others are."

The overarching economic constraints were identified as putting pressure on supporting individuals and limiting the resources necessary for effectively supporting individuals over the long term and were linked to low staff moral and high turnover.

> "... why would you want to be a worker in a substance use when you can get a higher salary stacking shelves in the supermarket?"

> "I think it's really difficult to try and implement what we want to implement and what we're expected to implement. But with the lack of funding, lack of staff, like lack of everything, really, it's like is it ... ever going to work in its purest form? Then you know I think, until we've got a full kind of infrastructure, how good is it gonna be?"

Staff wellbeing and high staff turnover

Participants underscored a prevalent issue of high staff turnover within the substance use sector, and resulting impacts on service users who experience disruptions to the support they receive. There was an evident concern for employee wellbeing and morale.

The turnover and the responsibility of dealing with departing staff's caseloads signal potential challenges in maintaining a supportive and cohesive team environment. The need for

comprehensive training and adequate support for employees was also emphasised, along with the need for more staff supervision time.

> "Obviously you know people are being passed from worker to worker to worker. If people are leaving and it's about being able to, you know, when we do employ people, giving them the right training, giving them the right support so that they feel that they are valued as well... in my role for the last two months I've seen half a dozen people already leave, you know, and having to deal with their caseloads and contact those people."

Implications for staff of adopting trauma-informed approaches

The need for quality training and resources

Several individuals agreed that there was a need for quality training to effectively support trauma-informed service delivery, ensuring that professionals possess the knowledge and skills required to implement the changes, and to create the conditions that can improve people's experiences. There is a real sense that training alone, or one-off training, cannot give the knowledge or reflective capacity to make a meaningful difference.

> "You know, one day's worth of training the trainer and then that's delivered out to staff and then we've done the tick box. I don't think it's satisfactory."

Vicarious trauma

Participants discussed the blurred boundary between service users and professionals, many of whom have faced similar challenges to those they are charged with supporting. The discussion highlighted a tendency for professionals to overlook the personal impact of absorbing and processing the trauma-related experiences of those they help.

This lack of decompression and open discussion about their own emotional reactions can lead to the accumulation of vicarious trauma – a form of emotional distress that results from regularly witnessing or hearing about the traumatic experiences of others.

> "I think we're all very good in these kinds of sectors that looking at other people's difficulties and challenges they face and then kind of not decompressing that and not talking about how that's made us feel. You just get on with it and get up and go on to the next day."

> "...if you're working with domestic abuse, any form of like domestic violence, sexual violence, or if you work in working with people who have sort of like fled war and things, those members of staff will get vicarious trauma. It's not like you might, you will get vicarious trauma."

> "I think it's really, really important that we do look after ourselves and look after staff, because if we don't look after ourselves, then we can't deliver either."

KEY MESSAGES FOR CHANGE

Members of the focus group were asked to share one final message or demand.

"Let's create a great environment for staff and service users where neither feels threatened and they can lead, sort of, stress free lives. And they don't feel put upon to actually deliver more. And that would be my aspiration."

"Mine is always the same. It's invest in the young people because they're the adults of the future and the more you invest in them now, the easier it will be as we go through time. And we've seen services cut and chopped and chopped for young person services, we need to invest in that right now and it's always my same battle cry."

"For me, I think service collaboration: that everybody's working together with the same aim. The end goal is the client - forget about the client sometimes we all get caught up in our own stuff. But at the centre of it all there's a person and I just wish that services would just start working together more. We work in a very disjointed way here with services externally ... so joined up working would be #1 for me."

"Yeah, that we're not all working in silos. We all have exactly the same goal for the people who working with and ultimately we should be getting together around that bit and with their voice central saying what they need and how we can support them."

"I would like to see a different kind of accommodation... where the expectations are different. And [where] they could just actually feel safe. But just turn it round on its head and offer and deliver something that is absolutely more suitable for them rather than just offer what we've already got, because it doesn't work for everyone."

"I think sometimes it's frustrating when 'the computer says no.'"

“NO ONE HAS ASKED HOW I WANT TO MOVE FORWARD… I KNOW WHAT I WANT AND WHAT I NEED BUT NO ONE HAS ASKED ME THAT.”

CHAPTER FIVE:
HEARING PEOPLE'S STORIES FROM THE SANCTUARY SYSTEM

INTERVIEWS

The findings from interviews with individuals, are grouped into two primary themes, each encompassing a subset of secondary themes. The findings are presented under two main headings: stressors and adversity, and needs, wants and aspirations. A third cluster of themes relates to 'support' and encompasses both the need for support and barriers to accessing support. This subject underpins all findings and is reported across both primary themes.

Reflections

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.

Stressors and adversity

A universal theme that emerged from the interview conversations was that of adversity and life stressors. The individuals we spoke to commonly chose to outline the conditions of their lives, both past and present - pre and post migration - that had caused stress. The theme of adversity encompasses multiple factors: each are outlined in turn under three headings: the asylum process, shelter, and barriers to participating in society and accessing support.

It should be noted that, as our literature search attests, sanctuary seekers are exposed to stressors and experience adversities far beyond what is detailed in this report. The contents of this chapter reflect what the 15 individuals we spoke with felt was most important to them to share with us at the time. This report honours those conversations and is not intended as a comprehensive or generalisable account of the sanctuary seeking experience.

The asylum process

The process of claiming asylum was commonly cited as either a difficult experience, or as a prior obstacle that had been overcome. Waiting for the Home Office to come to a decision about claims, often for long periods, had translated to long periods of time living with uncertainty, anxiety and unease. These findings are consistent with existing research (Hoare et al., 2020).

> "In the beginning, I isolated myself, didn't want to meet people and didn't trust anyone. It's very hard to leave everything you have behind and start a new life with new people. After getting the status I feel more comfortable. I could speak easier and started planning for the future."

For some the outcome of the claim meant a risk of returning to dangerous, or even life-threatening situations in their country of departure.

> "I have very big dreams, but the uncertainty and fear for what the future might hold damage my mental health. Sometimes I feel that I'm valueless and that my life is frozen."

Several participants described living in financial hardship and reported that the financial assistance they had access to was not enough to live well. This contributed to overall stress and worry.

Even when granted asylum, the process had had serious impacts on the lives of sanctuary seekers. An individual described the confusion and shock of being required to move on from temporary accommodation within 28 days of being granted asylum, a requirement that the individual was not able to meet, and which therefore led to homelessness.

Being 'granted and settled' was an aspiration that most had shared; for some it was the key to being able to resolve other issues, such as providing potential routes to reuniting with family members, securing employment and stability, and being able to 'move on' with life.

> "Getting the status will open the doors for job opportunities, family reunion, and re-establishing myself as a human being."

Shelter

The importance of finding a secure and stable living environment was a critical issue for a majority of those who participated in interviews. Safe and stable housing was a primary aspiration for many and was presented as being fundamental to emotional, physical, and mental wellbeing.

Three individuals reported having been homeless. For multiple other individuals living in a temporary hostel was cited as a significant cause for stress, uncertainty, and feelings of unsafety.

There was a feeling for some that accommodation could compound pre-existing

mental and emotional difficulties, and that shared accommodation was a site where poor mental health was not only prevalent, but also impacted on people.

> " ... sharing accommodation with strangers from different backgrounds and different mentalities really affected... mental health and increased depression."

> " ... difficulty in the temporary accommodation provided, the smells and noises were difficult."

Participants described the quality of accommodation itself as a potentially detrimental factor, describing the environments in which they had been housed as dirty, noisy, and smelly. Participants emphasised the challenges of being housed in shared accommodation with others from different ethnic, religious, or cultural backgrounds and different age groups.

Such factors diminished the individual's sense of control and ability to observe personal values, choices, and preferences in their living environments. One individual reported feelings of anxiety and fear due to sharing accommodation with individuals who were using and selling drugs and the subsequent repeated presence of strangers.

The geographical location in which they were required to live was also a concern for sanctuary seekers. One individual discussed the anxiety felt when learning that he would be 'dispersed' to another area. Another individual talked about having felt 'alone and depressed' in the location in which he had been placed and contrasted this with feeling 'safer' in Cardiff.

> "When I received the keys to my house I felt so much joy. I felt happier receiving the keys than when I received my status."

Barriers to accessing support

Individuals faced multiple challenges in accessing essential services. Several participants reported having a lack of information about available services and about their rights as asylum seekers or refugees.

Sanctuary seekers reported delays in getting access to essential services due to long waiting times and acute difficulties in accessing mental health support that was appropriate to their specific needs. The lack of - or poor - integration of services was also mentioned as a barrier to being able to effectively navigate systems of support.

> "I thought after getting the status life will be easier, but I faced a lot of challenges I never knew about. I had no idea how to navigate the welfare system or how to set up utilities. Everything was confusing."

Long waiting times affecting claims for asylum and for mental health support was a significant concern for some. Sanctuary seekers expressed the need for timely interventions to address mental health concerns.

> "If I could get the mental health support when I first asked for it, my life was going to be different. I had suicidal thoughts while waiting; I needed urgent support."

Language barriers presented significant challenges for many of the sanctuary seekers when attempting to access essential services. The inability to effectively communicate had led to confusion, misinterpretation, and frustration. Participants reported negative consequences for wellbeing when unable to access translation services. In some cases, this had led to severe distress.

> "When I realised that the interview transcript I signed was wrong, I cut my hand and started talking with it like a crazy man: Why? Why did you sign?"

Language for many was felt to be a major obstacle to social integration, preventing individuals from expressing their needs, understanding important information, and navigating critical bureaucratic processes, hindering their access to vital services such as healthcare, education, and legal assistance – thereby adding to feelings of isolation and vulnerability. A notable number of interview participants referenced language classes, accessed through a local education institution, as a positive example of support they had experienced, highlighting how critical language appropriate support had been for their overall wellbeing.

Difficult thoughts and emotions

A common experience for the sanctuary seekers we spoke with was that of difficult thoughts and emotions. Stress, anxiety, depression and troubling thoughts were a daily challenge for some. Traumatic histories were a factor.

Daily stressors stemming from the asylum process and poor living conditions also greatly contributed to the mental health of sanctuary seekers. Negative experiences of seeking support were also reported to be confounding factors.

> "I try to be strong and look after myself and stop overthinking, but sometimes I can't control my thoughts. Two years is a very long time."

Needs, wants and aspirations

The second primary theme present in the narratives of the individuals we spoke with was that of needs, wants and aspirations. Individuals shared their hopes for the future and outlined what they needed to live well.

The theme of needs, wants and aspirations encompasses multiple factors, each are outlined in turn under the four secondary theme headings: relationships and the need for connection, the need for autonomy and agency, the need for recognition and validation, and finally, the need for support.

Relationships and the need for connection

Individuals expressed the importance of being in the presence of others and not feeling alone. They desired social interactions, friends, and support networks to alleviate feelings of loneliness and to overcome the mental and emotional challenges they faced.

Occupational activities, including education, employment, group and peer support networks were all cited as routes through which individuals had sought or found connection with others.

Social interaction, support from peers, and the positive distraction to be gained by participating in activities were seen as vital for their ability to cope with difficult thoughts, emotions and memories. Social connection was named as a way in which individuals could find respite and healing from the ongoing impacts of trauma.

> "To me family means safety and security."

Some interviewees had been unwillingly estranged from their families while seeking safety and asylum. They expressed concern about this separation, and a strong desire to be reunited. The separation from their families was cited as a significant cause of depression, anxiety, and poor mental health.

> "I can't survive without my family. Being far from them affects my entire life."

Family estrangement was, for some, held to be the most significant and direct cause of mental and emotional distress. One individual asserted that these could only be addressed by being provided a route towards reuniting with loved ones.

> "I feel my life is meaningless. I have a body without soul and feelings. I have no interest in things and in the future since I lost my family. If I have them around me, my life will change."

The need for autonomy and agency

The desire for employment and independence emerged as a significant concern among those we interviewed. Every person that participated in an interview expressed a desire and need for occupation, whether voluntary or paid, to use their skills and knowledge to contribute and to be able to achieve independence.

Moreover, employment and volunteering were seen as opportunities to form social connections and build networks within their new communities, allowing for greater integration and belonging.

> "I don't want to be treated as a vulnerable human being."

Engaging in activities like volunteering, participating in projects, and attending educational courses positively impacted the wellbeing and self-esteem of some. The opportunity to use their skills and abilities in a productive way was highlighted as a therapeutic activity, or as means of reducing the frequency or impact of difficult thoughts and of being valued and recognised as competent.

> "I also attended a course with Cardiff Met University via OASIS, which has actually helped me lot in terms of balancing myself and finding myself [...] who I am."

Most expressed the desire to be financially independent as a way of securing stability.

> "I am very happy in Wales; I feel very welcome and supported. However, life would be so much more stable if I could bring my wife, get a council flat and find a job."

The ability to work and be self-reliant was mentioned, not just a means of achieving financial stability but also a pathway to regaining a sense of dignity, individuality, and purpose.

Having the opportunity to be meaningfully engaged in activities was a route through which individuals sought to showcase their skills, talents, and qualifications and to reaffirm their self-worth and capabilities after the challenges they have faced.

> "Being able to work will change my life. I'll feel more valued and will be able to send some money to my 10 year old son I left behind. I feel very guilty towards him".

The need for recognition and validation

Several individuals voiced their desire to 'be listened to' and to be 'believed'. The contrary feeling of being dismissed and disbelieved was one that individuals reported having experienced through the asylum process.

> "I lived my entire life stateless in my own country ... got refused in Sweden after 4 years. I was hopeless with no direction and when I finally arrived in the UK, I thought my pain would come to an end and I would be able to say, "I EXIST", but unfortunately that didn't happen. I've been waiting now for 3 years. I started losing hope for the future."

Several individuals recounted negative experiences seeking support from medical professionals, describing the feeling of 'not being taken seriously' and in some cases, not being 'believed' when attempting to seek support in medical settings.

There were negative consequences for individuals who felt their need for recognition and validation had been disregarded. These experiences had manifested in a lack of trust and confidence in institutions' abilities to provide the support they needed.

> "I feel stigmatised. I don't like to be looked at as a refugee, a Black person. I would like to be treated as a human being."

Some individuals had found recognition and validation through peer support networks. Validation and recognition of thoughts and feelings provided a sense of acceptance and belonging, fostering self-esteem and confidence. One individual had found solace and a means of expression through writing, poetry, and reflective journals.

The need for support

Participants were asked how they would want to be supported and so the theme of support, was accordingly prevalent throughout most interviews. Overall, participants placed a high value on 'practical' support, including, language and translation services, education, and above all, access to knowledge and information. This is consistent with participants' desires for agency and autonomy.

Several participants mentioned the challenges they faced due to a lack of information about available services and their rights as asylum seekers or refugees. Difficulties caused by the lack of integration of services was also mentioned as a barrier to being able to effectively navigate systems of support.

Several interviewees appreciated the support received from organisations like the Welsh Refugee Council, Oasis, and the British Red Cross. Educational opportunities for both children and adults were regarded positively, as they were seen as routes to helping people integrate into their new communities, to use and develop their skills and to feel valued.

Mental health support was identified as a critical need by sanctuary seekers. The impact of trauma, uncertainty about the future, and isolation were evident in their testimonies, with individuals reporting having struggled with difficult thoughts and emotions.

Participants emphasised the importance of raising awareness about mental health support, and of challenging the stigma, at both community level and within institutions, that is associated with seeking mental health support.

> "I went through a lot, especially when I was homeless. I needed a lot of support, especially mental health support, but I could not ask for it as there is a cultural stigma associated with it."

> "Mothers get scared to get mental health support because they are scared to be called crazy and then their children will be taken away."

Long waiting times affecting claims for asylum and for mental health support was a significant concern for some. People expressed the need for timely interventions to address mental health concerns.

> "If I could get the mental health support when I first asked for it, my life was going to be different. I had suicidal thoughts while waiting, I needed urgent support."

Several individuals shared negative sentiments towards specific support they had accessed, particularly those in which they were compelled to talk about traumatic histories. This was experienced by some to be detrimental in that it encouraged them to reflect on highly painful memories and experiences. This is concordant with the literature regarding the risk of iatrogenic harms among individuals living with traumatic stress.

> "I'm struggling with low mood, loss and anxiety due to past and present trauma, but I don't want talking/counselling sessions. Talking about my experience makes my mental health worse. I try to forget and cope. I don't want to remember."

Therapeutic approaches based on talking were regarded as both ineffectual and, in some cases, actively harmful. Several participants reported having negative responses following therapeutic sessions and reported experiencing mental distress when recounting their own trauma histories.

Additionally, having such experiences had resulted in individuals avoiding seeking support for their mental health later on.

> "I felt down and lost. I've been referred [...] last year [...] and got two talking sessions, but I noticed when I think or talk about the past events, it damages my mental health more. That's why I don't ask for mental health support. I try different techniques I learned there, and they work sometimes. Only I can help myself."

Participants mentioned positive experiences with tailored services and peer support networks, such as MindSpring, which provided a sense of safety, belonging, and the opportunity to spend time with others.

> "I was stressed, isolated and had no friends, but after attending MindSpring I realised that all these feelings are normal as I am in an abnormal situation."

Focus Groups

This section of the report presents the findings from two group conversations, each with individuals who volunteered to participate in a focus group to share their expertise. The first group was comprised of five individuals seeking sanctuary in Wales. The second was comprised of five professionals working with sanctuary seekers and refugees.

The focus groups were facilitated by Welsh Refugee Council support workers, who guided the conversation using a template of questions developed in collaboration with Platfform and derived from analysis of some of the common themes within individual interviews (see Appendix 6 for an example focus group conversation guide).

Reflections from people seeking sanctuary

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.

Reflections from people working with people seeking sanctuary

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.

Exploring the detail: focus groups of lived experiences

Support received

When asked about receiving support, members of the group spoke about a diverse range of activities and institutions. Participants found support in the community, in schools, and in church groups.

Voluntary organisations and mental health organisations were also mentioned; this included OASIS, with their MindSpring programme based in Cardiff, and educational opportunities such as English (ESOL) classes.

Participants also spoke about other formal education opportunities for both adults and children.

Two members of the group spoke positively about tailored mental health programmes like MindSpring, which they explained provided much-needed support for their emotional wellbeing.

> "Not only does it give you confidence, it also gives you tools to be able to handle the stress. And it also helps you with finding your feet, because it's a new environment, you don't have a lot of people that you know around, but with MindSpring you get to meet friends, you get to balance yourself. At the same time you get to spring from the boat and start somewhere."

One person spoke about the importance of supporting communities. The individual talked about an experience of receiving help and support from grassroots members of the community, individuals not associated with any charity organisation. This was an emotionally significant experience for the individual as it was felt to be an authentic and truly voluntary act of support.

> "Wales is one of the countries... I've come to believe that if there is no other home, just come to Wales. Because people are friendly, they will help you as long as you ask, they will help you."

Support wanted

Participants discussed experiences of seeking support with mental health. Several participants expressed dissatisfaction with the support they received from medical settings, particularly regarding mental health.

> "Sometimes I was needing mental health support there was not also any chance to see a mental health specialist, see a doctor, or something like that."

Long waiting times to see doctors and the lack of opportunities to see specialists were mentioned as a significant barrier preventing individuals from accessing timely interventions for mental health concerns.

> "When I was a new arrival, I was really in need of mental health support [...] Until now, I'm two years here, I didn't have enough mental health support [...] to be honest that's the only thing."

> "Mental health is not a problem that you can stay on the waiting list to speak to someone... sometimes it's gonna be too late."

Some participants shared experiences of being dismissed or not taken seriously when seeking help for mental health issues and the resulting feelings of frustration and neglect. All participants shared personal stories, or stories of others that illustrated this sense of frustration.

One had endured considerable delays in accessing physiotherapy. The individual shared that physical pain had prevented him from being able to sleep and study, but that he had found some relief in volunteering, which had provided social connection and distraction.

> "My mind is all the time busy... all the time thinking ... like why, why, why, why no one helps you?"

The lack of specialised mental health services for sanctuary seekers was highlighted, emphasising the need for tailored and empathetic support to address their unique challenges and experiences.

> "They just give you medication [...] they just give you a tablet [...] still I'm using them but it's not changing anything [...] they've changed the level but still it's the same, they don't have [...] someone special for that [...] for mental health."

Ability to access support

The participants shared their varied experiences of seeking support and the barriers they had faced or anticipated facing to accessing the support they needed. The group also discussed challenges in navigating the bureaucratic procedures required as part of the asylum process.

> "But if I go one or two times, ask for support and don't get any on the third time, even when I need support [...] I will give up [...] I will not ask to get support [...] I will stop asking because one or two times if you don't get it then you're gonna give up [...] I didn't get any response on the times was needing support, so I just gave up."

"You thought that when you're a refugee you're gonna be happy, but it's more hard than before, more stressful."

"In terms of accommodation I think [...] there is a lot that needs to be improved [...] The place I was moved in after my initial housing, it left me with a bitter taste."

Some individuals expressed hesitancy in seeking support through formal channels due to a lack of trust in specific institutions following incidents of maltreatment. Moreover, some felt that their rights were limited as refugees, leading to a sense of powerlessness in accessing the help they required.

"Seeking support is one of the most difficult things, especially for us as asylum seekers, and refugees [...] I think we are also in the same category in the sense that we're kind of like beggars, and beggars don't have a choice, you take what you are given, so in that sense you only seek support for things you think they might be able to help you with, meaning, things that you have seen being done, or being offered. But things that you don't know, it's very difficult to ask."

One individual emphasised that experiencing a lack of compassion or respect from individuals in supporting roles was experienced as a form of mistreatment which can cause emotional harm, and which could prevent people from seeking support in the future.

Such dynamics had, in this person's experience, resulted in individuals not reaching out for help even when in critical need.

"And even if I do go there [...] even for the people that can [ask] for it [...] the way people treat you is not the same way they might have treated a person that has the rights [...] if you are a refugee, your right is only limited because you are a refugee, so you still won't be able to get certain help to a level where you expect a normal person to receive the help, and some of the help [...]

I'm just given like a flyer, it's like (sigh) 'let's just assist this one to get rid of them'[...] it's not like it's coming from a heart of help, it's coming from a heart of 'to get rid of these people' [...] I have heard a lot of people crying that you go for help, but the help you receive... it's like, you're just a dog, so get whatever I give you.

You have no way to complain or no way to air your view or air your point. So, in a way you are being mistreated in your help [...] so a lot of people tend to ... I'd rather stick to myself or die with my sickness or die with whatever I'm going through rather than going there and being treated in that way so, for me it's one of those things that needs to be addressed..."

Two participants described feeling stigmatised as refugees, noting that the label "refugee" itself carried negative connotations and led to discriminatory attitudes. They shared experiences of being treated as weak or vulnerable, an identity they felt had been forced upon them, but with which they did not self-identify. This unwanted stigma influenced sometimes deterred them from seeking support altogether.

> "I really hate the name refugee [...] the term refugee itself it's like its written on your forehead, it's like that's your name [...] and it's not something nice, it's not something you want to have."

> "Why [do] they look at us as weak. We came from different countries, and we had different circumstance, but why always they call us vulnerable. This is kind of advertising for charities, to get funded, or it's just to get sympathy..."

One of these individuals then asserted the value of compassion and empathy in individuals in supporting roles and in wider communities and the damaging impacts on individuals when compassion is absent from acts of support.

> "But honestly speaking, some of the things that you see how people are being spoken to or being treated [...] you feel like, 'oh my god, I wish I was in his shoes to help this person and I would have shown this person how to treat another human being.' But a lot of it is all about humanity [...] and that is lacking in a lot of places where we need support."

As a result of negative experiences and limited expectations of institutions, some preferred to rely on friends, grassroots community members, and specific voluntary organisations for support.

> "Because I volunteer at a lot of places, I have made a lot of friends in the places I volunteer for so because of that I am quite happy with the way I have been treated in Cardiff [...] or not only Cardiff but Wales."

Things making a positive difference

Educational opportunities, particularly English (ESOL) classes, were also mentioned as critical in helping sanctuary seekers integrate into society and connect with others. Educational opportunities in particular were essential in easing transition into a new country and fostering a sense of belonging and acceptance.

> "Finding myself in a place where I could do things that I used to do back home was one of many comforts."

Things that get in the way or make life harder

Language emerged as a significant barrier in accessing support and information for sanctuary seekers. Many participants highlighted the importance of English proficiency in communicating their needs effectively and understanding available services.

Additionally, language barriers were seen as barriers to being able to express themselves, connect with others and fully participate in society.

> "If you have the language, you will be confident [...] you can ask what you want to ask [...] also you can share your feelings, thoughts, give your opinion [...] also this is one thing that gives you the opportunity to integrate; success for the society and you could be a good value for them as well."

Sanctuary seekers felt that language barriers and lack of information hindered them from seeking support effectively. Language barriers led to confusion, misinterpretation, frustration and isolation, making it challenging to navigate bureaucratic processes and access vital services.

They expressed the need for improved language support and information dissemination in multiple languages to empower them to seek the right support at the right time.

> "Unless you read English or speak English it's very difficult for you to be able to access information here."

> "Most of the support is based on [...] are you able to communicate what you want [...] some of the things, when you're not a native speaker of the language it's very difficult to express".

Experiences with work and education before and after arriving in Wales

Participants spoke passionately about their varied career ambitions, which encompassed working in the tech sector, joining a family business, and working in supportive roles in the voluntary sector to utilise their knowledge and experiences to support other sanctuary seekers.

Although each person held goals and aspirations, each had faced considerable obstacles in pursuing development opportunities due to the asylum process, language barriers or limited financial assistance for education.

Some had been unable to resume or build upon careers or educational pathways in which they had had previous experience due to administrative obstacles and thus had been blocked from utilising the skills and knowledge they already had, as well as from developing further skills or knowledge.

> "We have the skills, but because of the limited situations we are in, what can we do?"

> "The barrier of "you can't work" means the skills that you already have you can't use and the ones that you want to acquire you can't because of the barrier of few scholarships."

The employment restrictions or the lack of work opportunities had led to feelings of frustration, unwanted dependency, and helplessness, exacerbating existing mental health issues.

> "There are a wealth of people with a wealth of skills that are out there, doing nothing, at the same time they can't improve what they have already [or] integrate better in the communities that they are living in."

Even for those who had secured the right to work, there were ongoing barriers to participation. Individuals cited obstacles in accessing the labour market, including language barriers, unfamiliarity with local job markets, bureaucratic hurdles and discrimination.

Despite their skills and qualifications, sanctuary seekers reported encountering challenges in having their credentials or skills recognised, limiting their prospects.

> "There is a hidden racism. It's not publicly displayed but it's a hidden one. People will tell you, getting a job here is not easy, and it's because, the moment you pick up the phone and they hear your accent, already you're pushed on the back line because of your accent."

Aspirations for the future

The group members shared their aspirations for the future. Participants discussed reuniting with family members, 'settling down', obtaining (better) employment, and helping others by sharing knowledge gained through their own experiences.

> "My goal [for the future]? I want to be part of this community, and to be able to achieve that, I want to have my family around me, especially my children."

> "I want to settle down, I want to feel "okay I could settle down" [...] [the status] it means to me a lot, it means [...] there is like a second homeland, I could stay, which is emotional kind of support, kind of, I could have a second homeland, I could stay here, I could build my life."

Exploring the detail: focus groups of professionals

Adversity and stress

Participants introduced themselves as professionals and in two cases, as individuals with backgrounds as sanctuary seekers. The group expressed a strong commitment to their work, sharing their personal journeys and their motivation to support others facing struggles.

One participant reflected specifically on the significance of vicarious trauma and the need for boundaries when working with traumatised persons. The sentiments of needing support dealing with difficult conversations and experiences were also reflected by other participants.

One of the professionals, discussing his own history as an asylum seeker, described his distressing experience coming to the UK after fleeing war.

> "I came to the UK [as an asylum seeker] ... nearly 9 years destitute without any support. [...] This is torture, this life it's already torture, then you come here, you are like, happily, I start a new life [...] after 3 months the government will say no..."

The individual emphasises the physical manifestations of adversity and stress.

> "It affects you... stress, diabetes, blood pressure, angina.
>
> [...] mentally, physically, and everything, it was torture [...] so that's how it was [...] trauma for me [...] I'll never forget, and I'll never forgive them, because I have been a victim of their political interests but thankfully I'm here to support other people now."

He reflected on his position now as a professional working in a service aimed at supporting sanctuary seekers, and how he seeks to give back and help people who are facing the adversity and struggles that he has experienced. This further highlights the de-humanising and invalidating processes that sanctuary seekers are often subject to.

> "Until when will this system will be treating humans as a number? Even not a number you know, because even if you are a number, you have got your place."

Familiarity with the concept of trauma-informed practice

Among the group there was, broadly, a lack of familiarity with the term 'trauma-informed' and how the term 'trauma-informed approaches' can be understood. Three participants questioned whether the term refers to a specific framework, methodology or formal training pathway.

One person added that that anyone who is experienced in the sector has experience of working with people who have histories of trauma, and therefore to work in the sector means an implicit understanding of trauma gained through proximity to these individuals.

"... Just implementing compassion and understanding that clients have been through a lot... I'm not sure if there's a formal approach.

If trauma-informed could just mean being used to and understanding how to talk with people who have trauma [...] more training would be useful, but nothing can beat genuine experience and empathy and sharing of that person's awareness of what's going on with them."

The participant mentioned at the outset of this chapter raised the risk of vicarious trauma, secondary trauma, or compassion fatigue. The individual understood 'trauma-informed approaches' as a framework which emphasises the need for healthy boundaries and self-care.

"... you can be traumatised by hearing about someone else's traumatic experiences, so I think that's a big issue for me in terms of how we work 'cause it helps us put boundaries in place."

The group expressed a consensus that vicarious trauma is a significant concern for those assisting populations that frequently have profound trauma histories, such as sanctuary seekers.

Professionals working with these populations frequently bear witness to the traumatic experiences and emotional struggles of their clients, and internalise these stories, leading to a deep emotional toll. Two participants highlighted in turn that this was a particular risk for those with personal backgrounds as sanctuary seekers themselves.

"Most of the people, they have situation like mental health and it comes from trauma back in countries or here and sometimes [...] the situation is blue, not so nice [...] it affects us, also we are human and we feel sorry for them [...] at the same time we remember our past as a refugee or asylum seekers, we came from the countries where there is war [...] a trauma so yeah [...] but we have good times, good news sometimes, yeah."

"...It's just, for myself [...] sometimes I remember my past [...] it reminds you [... and I will get in a place [where I will] will try much, much extra to help him because I'll say I don't want you'll be part of these circumstances."

Key components of trauma-informed practice for prioritisation

When asked about key components of trauma-informed practice, the participants stressed the importance of compassion, empathy, safety, managing expectations, and holistic approaches to understanding individuals as humans beyond their trauma.

One individual advocated the view that "a person is an entire holistic thing" and spoke against "catastrophising the experiences they've been through."

"We should be honest as well with the clients because already they were in trauma, if we promise something that we cannot do again they will go through trauma, and we don't want that."

> "Keeping clients and also keeping yourself safe."

Key challenges or complexities in adopting trauma-informed approaches

Challenges in applying trauma-informed approaches raised by the group members included the lack of formal training in trauma knowledge and awareness, and the difficulty of setting personal boundaries.

Participants noted how clients' stories can affect workers emotionally, leading them to go above and beyond to help.

> "We often forget that we are human when we're going the extra mile for clients..."

Several participants reflected on how implementing barriers could be challenging, as professionals can compare their lives outside of work with the lives of those they are supporting.

Exposure to others' suffering can evoke feelings of helplessness, guilt, stress, and overwhelm, affecting their own mental and emotional wellbeing.

One member of the group described feeling guilt when going home to eat dinner with an awareness that others are going hungry.

> "You feel shame as a human."

> "...in a way it brings about this guilt which is difficult to overcome sometimes."

Culturally informed practice and trauma-informed care

The focus group participants highlighted the significance of cultural sensitivity in providing support for sanctuary seekers and refugees from diverse backgrounds. They emphasised the importance of understanding clients' cultural contexts, respecting their values, and involving them in decision-making processes.

Professionals acknowledged the positive impact of shared religious or cultural backgrounds in fostering trusting and close relationships with clients.

> "...and in turn leads to more honesty which can help them to help you support them in the best way."

One person added that it was essential not to impose personal beliefs and ideas on clients, but to make them aware of all available options and empower them to choose what they believe is best for themselves. Dealing with individuals from different cultural backgrounds required adaptability and consideration of diverse experiences.

The professionals recognised the complexities of cultural values and highlighted the need for careful consideration and respect for individual autonomy in addressing family matters and decision-making.

Building rapport and working with trauma

The group shared several strategies for establishing trust and building rapport with sanctuary seekers and refugees who have experienced trauma. Active listening, empathetic engagement, and providing a comfortable environment were highlighted by the group.

> "Listening to people, be compassionate, be human with people that's it... it's just 'human-ing', isn't it?"

> "... the environment really helps; I always try to offer a comfortable environment."

One participant gave the example of a Muslim woman who doesn't feel comfortable being in a room on her own with a male caseworker, and emphasised the cultural significance of sharing food. Taking the time to understand clients on a deeper level, considering their cultural backgrounds, and offering privacy when discussing sensitive issues were seen as critical in fostering trust.

Language was also recognised by several members as an essential tool in creating meaningful connections and demonstrating respect for individuals' backgrounds. Some individuals described how being able to communicate with individuals in their native language could help them to feel relaxed and happy. Another member of the group talked about learning some key phrases in multiple languages as a way of connecting with individuals.

Building relationships beyond the refugee status by engaging in general conversations and showing genuine interest in clients' lives was seen as a way to humanise the interactions and make them less transactional.

Consistency and honesty were noted as crucial in building trust, ensuring clients feel supported and valued. Creating a safe and welcoming space, being compassionate, and respecting clients' boundaries all played essential roles in establishing trust and rapport.

> "Talking about just general things other than the fact that they're asylum seekers or refugees helps so Just talking about schools or [...] what learning in school or y'know like just things that we do in our lives [...] it helps to build that rapport where they feel like human beings and not service users."

Implications for professionals

Professionals agreed that consistency in approach across an organisation is crucial to ensure that the needs of both clients and professionals are upheld effectively.

One person raised that while refugee charities 'go the extra mile' to provide a more personal and human-centred approach, non-targeted mainstream services were perceived as being more transactional and less person centred in their support.

The face-to-face nature of the work done by refugee charities was seen as a significant advantage, allowing professionals to establish more meaningful connections with clients and providing a truly human-centred approach.

> "It helps that the type of work we provide is face to face so you can see that it's another human being sat across the table in front of you, not just some voice on the other end of a phone, so I think that really helps us provide a more [not] just trauma-informed but [also a] human centred approach."

Support or helpful training

In terms of support and resources, the participants appreciate the availability of counselling and wellbeing services for offloading their concerns. They also find managerial support and opportunities to discuss with colleagues beneficial.

The professionals identified a need for additional training and professional development opportunities to improve their trauma-informed practice. They highlight the importance of receiving training that is focused on both the 'heart' and the 'head', including providing reflective spaces and opportunities for sharing ideas and experiences among caseworkers.

“MY GOAL [FOR THE FUTURE]? I WANT TO BE PART OF THIS COMMUNITY, AND TO BE ABLE TO ACHIEVE THAT, I WANT TO HAVE MY FAMILY AROUND ME, ESPECIALLY MY CHILDREN.”

CHAPTER SIX:
FRAMEWORK RECOMMENDATIONS

We have not wanted to create a long list of recommendations, because the power of this report is with the stories and lived experience of people, and the reflections that have come from them.

However, both the key relational values we have identified in Chapter Two, and the shared reflections throughout the report, have helped us identify some key recommendations for the implementation of the Trauma-Informed Wales Framework.

Some of these may already be underway, others may be highly aspirational, but they reflect key themes from the report that should be useful in taking forward the creation of a trauma-informed Wales.

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

People and organisations are overwhelmed and struggling for time. The levels of fatigue and crisis they are facing make it difficult to reflect on and address the challenges in their services.

A helpful overview of how organisations could start to implement the Framework would be invaluable. This could draw together the TrACE toolkit, with best practice for internal system change, and the Trauma-Informed Framework "spectrum" model and five principles. It would be a useful resource for an overwhelmed system.

This implementation guide should take people slowly through the journey, enabling them to navigate through overwhelm, distress and burnout, while offering hope and progress for people who are desperate for change.

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

One of the themes that has emerged from this report is the connection between 'structural' and 'relational.' The two cannot exist separately: the structures of our helping systems need to have relational thinking at their foundation and our relational thinking needs to work within these structures.

When organisations are attempting to implement the framework, or are on their own trauma-informed journey, these two elements will push organisations towards or away from relational working.

At present, the Framework understandably focuses more on individual practice, but this report is very clear that is impossible for either individual or organisational practice to happen independently of context.

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

Storytelling is a hugely powerful tool both for healing and for gathering emergent practice. In a complex system, it is the emergent practice in line with the Cynefin model that will help organisations and people navigate their way towards a trauma-informed and relational way of working.

By prioritising storytelling and sharing of experiences, organisations will be able to develop greater understanding of the system, and people in it, at all levels.

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

There is a need for training to be less about information and more about developing ways of thinking, reflecting, and learning. This is an area that TSW/ACE Hub are already very clear about, but it is a message that is still not being heard more widely.

In a complex system, we need individuals who can hold uncertainty, challenge upwards, share power with others, and take considered risks that embrace humanity. This requires a training approach to trauma-informed practice that embraces complexity and doesn't seek to create experts in anything other than connection.

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

We would encourage TSW/ACE Hub to develop a bespoke approach for service designers and commissioners. This could either be training, or a guide, and would capture and demonstrates the complexity of people in the system.

This would need to be structural and relational as well, understanding the interactions at a policy-making level (see below) that drive commissioning behaviour, while also demonstrating the impact commissioning practice can have on individual relationships.

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

Peer support, we can see from this report, is of huge value to people experiencing difficult times. Often, peer support is instinctively relational, and can work in parallel to the existing professionalised system.

Peer support contains a sense of humanity that provides real value to people in distress. However, peer support may not receive the recognition it deserves, and nor is it fully captured in the spectrum model as part of the Framework.

While there are references to peer support in the Framework, it does not feature significantly - yet we can see through this report how crucial and life-changing it has been for people in the system.

There is a lot that services and systems can learn from peer support, and we would encourage examples of emergent practice to be sourced for any future versions of the framework - particularly any implementation activity.

If peer support - which is freer, more human, and relational than professionalised systems - is what is most valued by the people we spoke to, the question must be "how can we take learning and ways of working from there, and bring what we can into mainstream services and systems?"

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.

To deliver a trauma-informed system, we need to address the systemic and structural barriers to change.

We have (see Recommendation 5) suggested a guide or other form of support for commissioners, but a focus solely on commissioners would be neither fair, nor effective.

We also need to work with policymakers at Welsh Government level (both politicians and officials), as well as with other stakeholders from public bodies, third sector organisations, and others, to develop a better understanding of trauma and its impact across the system.

Until we can have a whole-system approach to trauma-informed practice, the structural barriers will remain in place.

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

This was a challenging report to write, and we have no doubt it will be hard to read. For people who work day in and day out to provide a service, despite gruelling conditions and growing pressure, it may feel like an attack, or an undermining of the excellent work they do.

This 'shield of shame' (Learning and Wellbeing Psychology, 2021) can cause systems to clamp down on change in order to avoid feeling that shame and taking action.

Any work to implement the Trauma-Informed Framework should develop tools or approaches to help organisations hear challenge and distress about their practice, in a safe and relational way.

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

The findings that we have come to are based on a small number of stories and experiences, albeit powerful and moving. That does not mean they are not valid, but it does mean they may not be immediately generalisable.

The relational values that we have drawn together are built around people's experiences. We are confident that they could be used across a wide range of services, sectors, and areas – given that the two groups of people we spoke with have had experienced across different countries, services, and approaches.

However, further research and exploration would help to strengthen, extend and develop these values.

CHAPTER SEVEN: CONCLUSION

This report began as a short, commissioned piece of work, and, upon hearing the stories and experiences of people, became much more.

In some ways, the findings are not a surprise: people have serious concerns about the system in ways that we expect such as waiting times, challenges around dual diagnosis, a hostile immigration system, lack of quality housing, and other well-known but seemingly intractable structural challenges.

And yet, there were relational challenges raised too. People being left feeling dehumanised or uncared for, dismissed and more. This was contrasted by the many positive experiences, too, of members of staff going above and beyond, making a real difference within people's lives.

We were left with the unmistakable sense that our system is reliant on, and vulnerable to, the relationships we hold across the wide range of services and individuals.

It is a complex picture, and it is no wonder that for many professionals and people we support alike, there is real exhaustion. Where relationships fail, no level of structured system can succeed, but relationships need structures to be set up with flexibility and humanity, in order to flourish.

It is this close relationship between structural and relational that needs to be brought to the fore in Wales if we are to make meaningful changes that will genuinely benefit people.

The Trauma-Informed Wales Framework is an excellent start in attempting to address this connection between structural and relational. We have identified relational values in **Chapter One** and these can be used alongside the existing framework to explore how to deliver relational change on the ground, in varied services and systems.

In **Chapter Six**, we also use the findings of this report to make clear recommendations for the implementation of the framework across Wales.

The reflections throughout the report are a way of hearing collective voices of people in the system, and giving a powerful summary of what the reality is for both people working in the system and those seeking help from it.

It is not always easy reading, but the pain people feel within the system needs to be heard. All too often, one part of the system is trying to help, while simultaneously another part of the system is removing the safety and stability needed for people to benefit from that help. At the very minimum, in the absence of wider legal and social change, professionals and services must be aware of this complexity, and seek to understand and show compassion rather than apportion blame.

We also want to conclude by sharing our clear view that we do not seek to shame people in the system. We need to respect and honour the pain people feel, so we can develop much-needed change. But we cannot affect that change if we are so exhausted, overwhelmed, and shamed that we feel paralyzed.

We do have to reflect, as well, that this research has been effective at generating questions and hypotheses, and at exploring people's experiences and feelings. Further work will need to be undertaken across Wales to better understand and make good use of these findings.

We want this report to be a loud and clear call for action, with hope and compassion for a better way of working - one that remains practical and grounded, and that can build on the work already being done across Wales.

APPENDICES

APPENDIX 1:

GLOSSARY AND NOTES ON LANGUAGE

Adversity

Adversity is a word we use as distinct from *trauma*, but very much linked to it. Adversity can be poverty, lack of community resources (including relational aspects). Adversity may contribute to trauma or cause it, but is not necessarily a specific trauma in itself. This is the context that people will be experiencing when accessing (and delivering) services. Many of these could also be seen as part of the wider determinants of health and mental health.

Compassion

The word compassion is used throughout this report. It is a word used broadly, and it means different things to different people. We draw our understanding of compassion from the Circle of Security model (Powell et al., 2009). Using this model, we recognise that compassion is not just 'being nice', or always simply giving people what they want. Instead, compassion is about offering kindness - and that this can involve taking charge when needed, or giving clear boundaries. The idea of being 'bigger, wiser, kinder, stronger' is one that we would encourage all services to adopt; that we will always meet responses - even challenging ones - with compassion, and that we will recognise when to offer leadership and when to be led. Throughout this report, when we talk about compassion, it is important to remember this nuance.

Complexity

Throughout this report, we refer to complexity. This is based on the Cynefin model (Snowden, 2000) which is a helpful sense-making tool. This breaks down systems into *simple*, *complicated*, *complex* and *chaotic*. Most public service systems, working as they do with people, are complex – there are no simple solutions, and the most effective approach is instead to act, sense and respond. This is where the *relational* aspect of our approach fits, as it enables people the space to take action, make sense of people's reactions, and respond appropriately. By contrast, *complicated* systems just require an understanding of the component elements – not an approach that's possible for systems built around human beings.

Empowerment versus Agency / Free and Informed Choice

At Platfform we try to avoid the use of the word *empowerment*, in favour of the word *agency*, or the phrase *free and informed choice*. This is because we believe that power cannot be given, but instead we should be working in a rights-based way that considers what structural, systemic barriers are reducing, inhibiting, or preventing people from using their agency. The idea of empowerment all too often reinforces a power imbalance, presenting people as passive, rather than active. Where it has been used in this report, it is because it is seen in the literature search, or people use it themselves to describe their approach or experiences.

Persistent Trauma versus Chronic Trauma

We use the term *persistent trauma* rather than *chronic trauma* because the language of chronic illness has become rooted in a medicalised context and can lead to assumptions that the trauma is permanent and that there is no hope. Describing trauma as *persistent* does not diminish its seriousness, but is more easily applicable to context and experience and can therefore be seen as a more hopeful framing.

Relational approach

The term *relational working* can and has been used to describe a range of practices, but broadly encompasses the ways in which agencies and practitioners approach working with individuals, and also with each other, to deliver services that enable people to build new relationships and to flourish in those relationships (Bevan and Quilgars, 2019).

Resilience

The ability for individuals to overcome serious hardships such as those presented by ACEs or trauma. Resilience is impacted by context (Traumatic Stress Wales and ACE Hub Wales, 2022). The term *resilience* is used throughout the report, because it was captured in either the literature search, or directly by listening to voices of people and those working with them.

Re-traumatisation

Re-traumatisation is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma (Zgoda et al., 2016).

Sanctuary seekers and refugees

In the literature search, and following advice from the Welsh Refugee Council, we note the accepted language is currently *sanctuary seekers* and *refugees*. For ease of writing and reading, we have used this in shorthand, as *sanctuary seekers*.

Substance use

Throughout this report, we favour the term *substance use*, as opposed to *misuse*. This is partly to reduce or remove the shame from the term, but also to reflect that substance use is extremely common and is not confined to areas of illegality. People across the UK use a wide range of substances to regulate themselves; in that sense, it should not be seen as 'misuse' as it fulfils the purpose intended by the person making use of it.

Trauma

Trauma is defined as any experience that is unpleasant and causes, or has the potential to cause, someone distress and/or anxiety. It is important to note that trauma can also be used to refer to the impact of a traumatic event (Traumatic Stress Wales and ACE Hub Wales, 2022).

Trauma-informed approach

This approach recognises that everyone has a role in facilitating opportunities and life chances for people affected by trauma and adversity. It is an approach where a person, organisation, programme or system realises the widespread impact of trauma and understands potential paths for healing and overcoming adversity as an individual or with the support of others, including communities and services. (Traumatic Stress Wales and ACE Hub Wales, 2022).

At Platfform, we take it further, and build in Dr Karen Treisman's work, which we explore below. By being relationship-focused (which is part of being relational), we can heal from what has happened to us.

We do not want to focus our support for people on making them more 'resilient' or better able to 'cope' with adversity. Instead, we want to shift our systems so we reduce the occurrences, impact and further perpetuation of adversity. It is also a key feature of working relationally, and in a trauma-informed way, that we do not only focus on the individual level but consider the systemic influences around us and work to address them.

Becoming a trauma-informed organisation is not just a single decision, it is a long-term journey that requires adopting clear principles (Treisman, 2020) across multiple levels of an organisation including staff, people we support, and others that cross into our lives. It should not just be focused on professionals and how they work with people they support, but on how we all relate together at all levels.

Wisdoms Research

The Wisdoms is an approach to listening to people, first developed by Mayday Trust for an organisational listening setting. Through the New System Alliance, Platfform and Mayday Trust have further developed the approach for application to a research setting. The Wisdoms approach draws on a range of qualitative approaches to research, including participatory research, narrative inquiry, emancipatory research and grounded theory. It was first used in Wales for Platfform's report Wisdoms from Housing (Platfform, 2021) and has been further developed for this report.

APPENDIX 2:

METHODOLOGICAL APPROACH

The Wisdoms Approach to Research

The wisdoms approach is a qualitative and interpretivist method of inquiry that is based on a 'deep listening' interview technique.

Deep listening is chosen for its potential to strengthen the relationship between individuals who are involved in the research, and the organisation by which they are supported. The approach produces a rich depth on insight from individuals who are sharing their views and experiences.

The research approach we adopted in this study is inspired by the Wisdoms Approach and embraces its aims and principles.

Listening to voices of lived experience: Our Methodological Approach

For this inquiry, we used a qualitative research approach that does not conform to one single methodological foundation but draws influence from radical research traditions, which include:

- **Emancipatory Research -** also encompassing inclusive or participatory research methodologies are a family of research approaches that seek to empower the individuals that are the focus of the social inquiry. Emancipatory and inclusive methods acknowledge and explicitly undermine power differentials that can arise within the research relationship. Emancipatory methods aim to empower the individual or community that is at the centre of the enquiry by facilitating them to lead the direction of the research at every stage, from design to output.
- **Action Research -** also known as Participatory Action Research (PAR), or co-operative enquiry, a family of research methodologies which pursue action (or change) and research (or understanding) at the same time. Practitioners conduct enquiries to help them improve their working practices, which in turn can enhance their working environment and the impact of their work on others. The purpose of undertaking action research is to bring about change in specific contexts.

We sought to develop an approach which is foremost about relationships. We drew on the core principles of emancipatory research by seeking to uplift and empower the individuals that are at the centre of the inquiry through co-design and co-production. Our research also incorporates the reflective and reflexive aspect of action research, as the interviewer uses the research process as a tool to reflect on their own professional practice and how their behaviour impacts the people they work with and support.

Sampling Method

We employed a sampling method that blended purposive and convenience sampling.

For the purposes of this research, we wanted to seek the views of individuals who draw on care and support from public services with regards TSW's Trauma-Informed Wales Framework.

We invited individuals who were supported by Platfform and the Welsh Refugee Council to share their views and experiences and hopes in response to the Trauma-Informed Wales Framework.

Our interviewers were volunteers drawn from staff working in Platfform and the Welsh Refugee Council. We used staff embedded in these organisations, rather than external researcher-interviewers, as these interviewers were able to draw on professional expertise as individuals in supporting roles and further the connection and trust between individuals drawing on support, and the organisation in which they are supported.

Method of Inquiry

Participants were provided with an accessible 'easy read' resource outlining the Trauma-Informed Framework for Wales in advance of the interview. During the interview, participants were invited to share their views, opinions and experiences concerning the Trauma-Informed Framework for Wales. During interviews, participants were asked a single question which prompted an unstructured conversation.

This research conforms to a method of inquiry resembling narrative interview approaches. This is the least structured form of interview process. The interviewer is not looking for the answers to questions; rather, they are looking for the 'story', which is that which the participant chooses to share. This method of inquiry yields detailed data from which rich insights can be drawn.

Method of Analysis

As a result of the interview, interviewers produce detailed field notes, recounting everything that they remember having been said. Interviewer field notes will then be transcribed to enable analysis.

This research utilised an inductive thematic analysis approach, whereby the researcher(s) did not begin analysis with pre-determined theoretical constructs or frameworks.

Braun and Clarke's (2006) thematic analysis method consisting of six iterative steps: (1) becoming familiar with the data, (2) generating codes, (3) generating themes, (4) reviewing themes, (5) defining and naming themes, and (6) locating exemplars or testaments.

Inductive thematic analysis developed from open coding of the data, attending to the language, sentiment, and descriptive content of the words. Researchers then chose clusters of thematically related codes and then outlined the way in which the codes are conceptually congruent. Themes capture dimension or meaning across multiple codes.

Thematic analysis was chosen as it allows the researchers to seek both commonalities and differences in the experiences of the participants.

While themes often emerged through the clustering of codes, the codes were not quantified. The researcher sought to consider each contribution with equal weight.

Limitations to the methodological approach:

- **Sampling:** As with any small sample qualitative study, the sample size is intentionally small. The participants were selected through purposive and convenience sampling methods. This is critical to the Wisdom approach, which builds on existing relationships. This sampling method is non-probabilistic, and no assumptions can be made about the representativeness of the sample. It should therefore be emphasised that it will not be possible to use the findings of this study to make generalised assumptions about the wider population.

- **Data collection:** The data used for the analysis in this research was derived from field notes, a method common in ethnographic study. This means that this is not a complete account of everything that was said. The content of the field notes is dependent on the interviewer and is likely to some extent to reflect the value that the interviewer attributed to what they heard. It also introduces the risk of misremembering.

- **Research Ethics - Reflective Process:** Ethical obligations were of primary importance when we developed the methodological approach to this research. From the outset it was necessary to consider how the research contribute to the constructed identities of those taking part. There was the ethical risk of labelling or stereotyping people as 'vulnerable' or 'at risk'. Such stereotypes can contribute to social marginalisation. We also had to be careful to ensure that people understood why they were being invited to contribute to the research, to mitigate the risk of individuals feeling singled out.

We chose to use the wisdoms approach, which draws on 'narrative inquiry' methods of questioning. Narrative enquiry asks people to talk freely about their experiences. We progressed this approach by co-creating with participants a single research question that they identified as important. This method of inquiry is ethically robust, as we were not framing the questions to be asked but were relying on people to tell us about what mattered to them, rather than predicting what would matter.

We used staff that are in supporting relationships with the participants to conduct the interviews. The intention was to draw on existing relationships where there is existing trust and goodwill to help mitigate the potential power differentials that can arise when individuals adopt roles or researcher and researched. Additionally, interviewers had existing local and contextual knowledge, which meant that participants asked to be signposted to resources of support, they would be able to oblige.

We needed to determine whether the research was considering that there was a risk of difficult topics emerging within individuals' stories that could cause them to feel distress. We concluded that this risk is mitigated by the research design which empowers participants to lead the conversation in the direction that they wish. A strengths-based ethos was adopted at every stage of the research to ensure that the research process and the research output placed focus on individual and community assets.

Finally, there were the ethical choices about reporting. Confidentiality was managed by changing people's detail where necessary to hide identities and reporting aggregate themes, rather than individual insights.

APPENDIX 3:

APPROACH TO THE LITERATURE SEARCH: WELSH REFUGEE COUNCIL

The rapid literature search considered four overarching themes: Context, Prevalence, Experience and Understanding. The first two themes overview the UK Asylum Legislative Framework and the prevalence of trauma in sanctuary seeker and refugee populations. The second two themes delve deeper into the experience and understanding of trauma and trauma-informed ways of working.

The literature was primarily obtained from Google Scholar and the University of Manchester Graduate Database. Further Government articles and statistics were gathered to substantiate knowledge.

The same 'search terms' were used as with the literature search into substance misuse. Strand 3 was necessarily changed to reflect the appropriate sanctuary seeker focus. Typically, 'algorithms around record linkage are designed with English language or Western naming conventions in mind' (Rogers and Hanson 2022, p.5). Strand 3 reflects the various titles accorded to individuals seeking sanctuary in the West. It is important to note that these titles can carry negative associations and that behind titles are people with diverse lives and stories; not to be reduced to a label (Grasser 2022, p.915).

For the purpose of this literature search, the terms 'sanctuary seeker' will be used, but the search also looked for 'refugee' and 'sanctuary seeker/refugee'.

Strand 1	Strand 2	Strand 3	Strand 4
Trauma Traumatic PTSD CPTSD Complex trauma Community trauma ACEs Adverse Childhood Experiences	Trauma + informed Trauma-informed Trauma-informed approach Trauma-informed care	Sanctuary Seekers Refugees Asylum Seekers Migrants Immigrants Displaced Person DP Stateless Person Exile	Prevalence Association Relationship Perceptions Experiences Understanding Views

Inclusion and Exclusion Criteria

It is understood that specific socio-political contexts will shape the experiences of trauma in sanctuary seeker communities. Therefore, recent UK literature was prioritised, with an effort to seek out Welsh perspectives. It must be noted, however, that Welsh publications in this sphere are particularly sparse.

Literature published in other countries has been obtained when highly relevant or to support claims. Indeed, migration is a global phenomenon with cross-cutting themes across nations. Therefore, global perspectives remain useful to map potential shared experiences for those seeking sanctuary.

A clear focus was the inclusion of literature that involved a level of collaboration with sanctuary seekers. The need to platform the voices of sanctuary seekers, when developing knowledge on their experience of trauma, is necessary to decolonise the production of knowledge in this area (Nimführ, 2022).

While sanctuary seekers are categorised differently and are extended different benefits. The decision to focus on both communities remains that, trauma is non-linear and cannot be restricted or explained in categories (Chantler 2012, p.318; Brown et al 2022, p.6). When an individual is granted refugee status, their experiences as a sanctuary seeker and the potential trauma that comes with that doesn't just end (Rowley et al 2020, p.2).

Literature on refugees that come to the UK via a resettlement scheme has been excluded because the journey is distinctly different and comes with a different package of support (Brown et al 2022, p.4). The choice to exclude literature on unaccompanied minors was also taken. This is because the Welsh Refugee Council wants to platform the voices of its service-users who are predominantly above the age of 18.

APPENDIX 4:

APPROACH TO THE LITERATURE SEARCH: PLATFFORM

The rapid literature search took a branched approach. One branch explored the literature on trauma and the development of trauma-informed approaches. The second branch explored the literature on substance use and people seeking support from services regarding substance use.

The literature was collated primarily using academic source databases including Pub Med, Deep Dyve, and Google Scholar. Further 'grey' literature was sought from Government and third sector publications retrieved through online search engines. Reference harvesting and 'snowballing' techniques were also used whereby the reference lists of relevant literature were searched to find sources that may have otherwise been missed.

To structure the search, the following question(s) were developed:

What are the:

a) **Prevalence**,

b) **Experiences**, and

c) **Understandings of trauma** and **trauma-informed approaches** among **providers** of services and **individuals who use substances**?

Search terms were developed by extracting initial key words from the questions (see words highlighted in bold) and identifying related terminology drawing on in-house expertise. The table below outlines the multiple strands of the search that were formed based on the initial key words. Searches were conducted by combining key words from two or more stands and including a range of Boolean operators.

Strand 1	Strand 2	Strand 3	Strand 4
Trauma Traumatic PTSD CPTSD Complex Community trauma ACEs Adverse Childhood Experiences	Trauma + informed Trauma-informed Trauma-informed approach Trauma-informed care	Substance Substance misuse Substance abuse Substance use Addiction Dependency Drug Alcohol	Prevalence Association Relationship Perceptions Experiences Understanding Views

Inclusion criteria

Literature was selected with reference to relevance and date to ensure that the literature reflected the most current developments in the field of research. UK literature was prioritised with recognition that the mechanisms that underly the link between substance use and experiences of trauma may differ across country contexts due to legal and policy contexts. As some of the key developments in the development of trauma-informed approaches originated in the U.S. the search criteria were flexible so that the most relevant literature could be retained.

Publications to support the use of trauma-informed approaches

The search identified a variety of organisations that provide resources to support trauma-informed practice. The table below contains useful resources that can be used to guide the trauma-informed approach that will be employed in this research project.

Organisation	What they offer	Intended audience	Link
ACE Hub Wales	Trauma-informed training for organisations	General audience	**https://acehubwales.com/resources/**
NHS education for Scotland	National level education and training resources	Health and Social care in Scotland	**https://transformingpsychologicaltrauma.scot/**
Trauma Informed Plymouth Network	Educational resources and training programmes	Plymouth	**https://traumainformedplymouth.org/**

APPENDIX 5:

FIELD NOTES TEMPLATE

Trauma-Informed Framework for Wales Listening Project

Use this sheet to make notes following a conversation. Remember - don't take notes during the conversation itself, except to ask for key 'golden quotes'.

What is important to the person (what did they talk about the most)?
Any positives mentioned regarding their experiences or perception of support and/or supporting services?
Any challenges mentioned regarding their experiences, perception or understanding of support and/or supporting services?
Golden quotes: Please write any direct quotes taken during the conversation.

APPENDIX 6:

EXAMPLE FOCUS GROUP DISCUSSION GUIDES

Other focus group discussion guides were produced for this project, which are available on request – please contact **connect@platfform.org.**

Focus group discussion guide - substance use

In advance of focus group:

- **Collect demographic data –** If doing this on the day, leave small, anonymous printed surveys on the tables, collect the following details (sex, age) This is needed so that we can be clear about the parameters of the sample in our reporting.)
- **Informed consent –** Repeat informed consent process in similar way to interviews.
- **As participants arrive –** Greet participants as they arrive. Get their names and check them of using your register of participants. Point out refreshments and encourage them to help themselves. Ask them to take a seat and make themselves comfortable.
- **Display questions so that they are visible to attendees –** Using a display board or PowerPoint.
- **Prepare to take notes about the discussion**
- **Prepare to record the session**
- **Make sure there are enough gift cards available –** Ideally give out gift cards at end of event.

Focus group discussion script [to be adapted as necessary to ensure understanding]

Welcome/ Project Outline

Welcome and thank you for being here today. The purpose of this gathering is to learn from your knowledge and experience of what it is like to seek sanctuary in Wales. Specifically, we want to understand what support people who use substances need, what makes for good support and what stops people from getting the support they need. You have a better understanding of what helps than we do. That is why we are talking with you.

Introduction/ Process

Let me introduce myself. I am (*name of moderator*) __ and I will be the moderator in today's discussion. The format we are using is a focus group. A focus group is a conversation that focuses on specific questions in a safe and confidential environment. I will guide the conversation by asking questions that each of you can respond to. There are no right or wrong answers to these questions. Just be honest. If you wish, you can also respond to each other's comments, like you would in an ordinary conversation. It is my job to make sure that everyone here gets to participate and that we stay on track. (*name of notetaker*) ___ is here to record and summarise your comments.

Before we get started, I want to let you know two things. First, the information we learn today will be compiled into a final report. That report will include a summary of your comments and some recommendations. It will be shared with the organisation that is funding us- this organisation is called Traumatic Stress Wales, and it will be published and available to read online.

Secondly, you do not have to answer any questions that you do not feel comfortable with. This focus group today is anonymous and confidential. "Anonymous" means that we will not be using your names and you will not be identified as an individual in our report of this project. "Confidential" means that what we say in this room should not be repeated outside of this room. I ask each of you to respect each other's privacy and not tell anyone what was said by others here today. Although we hope everyone here honours this confidentiality, please remember that what you say here today could be repeated by another focus group member. So please, do not say anything that you absolutely need to keep private.

As you can see, we will be tape recording this focus group. The recording will only be used to make sure our notes are correct and will not be heard by anyone outside of this project.

Focus Group Guidelines

Let me begin our discussion by reviewing a few things about the focus group.

We have some questions we will ask you. We are interested in what everyone has to say about them. There are no right or wrong answers, and we are not here to resolve any issues you may bring up or to reach agreement. We just want to understand your views. If someone says something that you agree with and want to expand on, or if you have a different point of view, please speak up.

Sometimes I may have to interrupt the discussion to bring us back to the topic or to move on to another question or topic, to make sure that we cover everything on our agenda.

We will follow several practical guidelines during this session:

- We will ask you to introduce yourself. We don't need your full name, please give us only your first name or a nickname.
- Feel free to agree or disagree with what other people say, while respecting their views.
- Please do not hold side conversations. We want to be able to hear from everyone, and to be able to hear what everyone says.
- Please try not to interrupt someone who is talking. If someone is talking and you want to add or respond to what they said, put your hand up and wait for the moderator to acknowledge you.
- Sometimes we will go around the table in a circle to share views on a topic. You can always "pass" if you prefer not to comment on that particular topic.
- We will be taking notes during the conversation. Because we are also audio-recording the session, it would really help us if you could speak loudly and clearly. Can you confirm that you are happy for us to record the session?
- Do you have any questions so far?
- [Note taker: Note start time and number of participants]

Questions

Qu. 1: Let's begin with introductions. Please share with us your name and something about you [Probes: where did you travel from today? What do you like to do in your free time?]

Qu. 2: Have you ever received support from someone when you were struggling? [Probe: this could be by a doctor, a charity, a friend or community network]

Qu 3: What types of things have you wanted help or support with (either now or in the past)? [Probe: Have you needed support with something, but couldn't get it?]

Qu. 4: What would you do if you were struggling? Would you seek support, and if so, from whom? [Probe: What would stop you from seeking support if you needed it?]

Qu. 5: What has made a positive difference to your life in the past, or what would make a positive difference in your life now? [Probe: What is the best way to support you? If someone was having a hard time, what do you think would be the most important things people could do to help them through it?]

Qu. 6: What kind of things get in the way or make life harder? [Probe - only if appropriate and necessary: what about housing, location language, social factors like racism and stigma]

Qu 7: What are your goals for the future? [What would a good future be like for you? What do you hope to do in the future? Are there any barriers or challenges that you're worried about, or you think might prevent you from getting to where you want to get to?]

Closing remarks

Thank you very much for participating in this focus group. The information you have provided has been very helpful. It will be used to help Wales adopt a trauma-informed framework which is about making sure everyone has the right support at the right time.

Are there any questions that I can answer before we end the session?

Thank you again for your help. We really appreciate your time and your knowledge. (*name of person responsible*) will help you pick up your transportation reimbursement and gift card before you leave.

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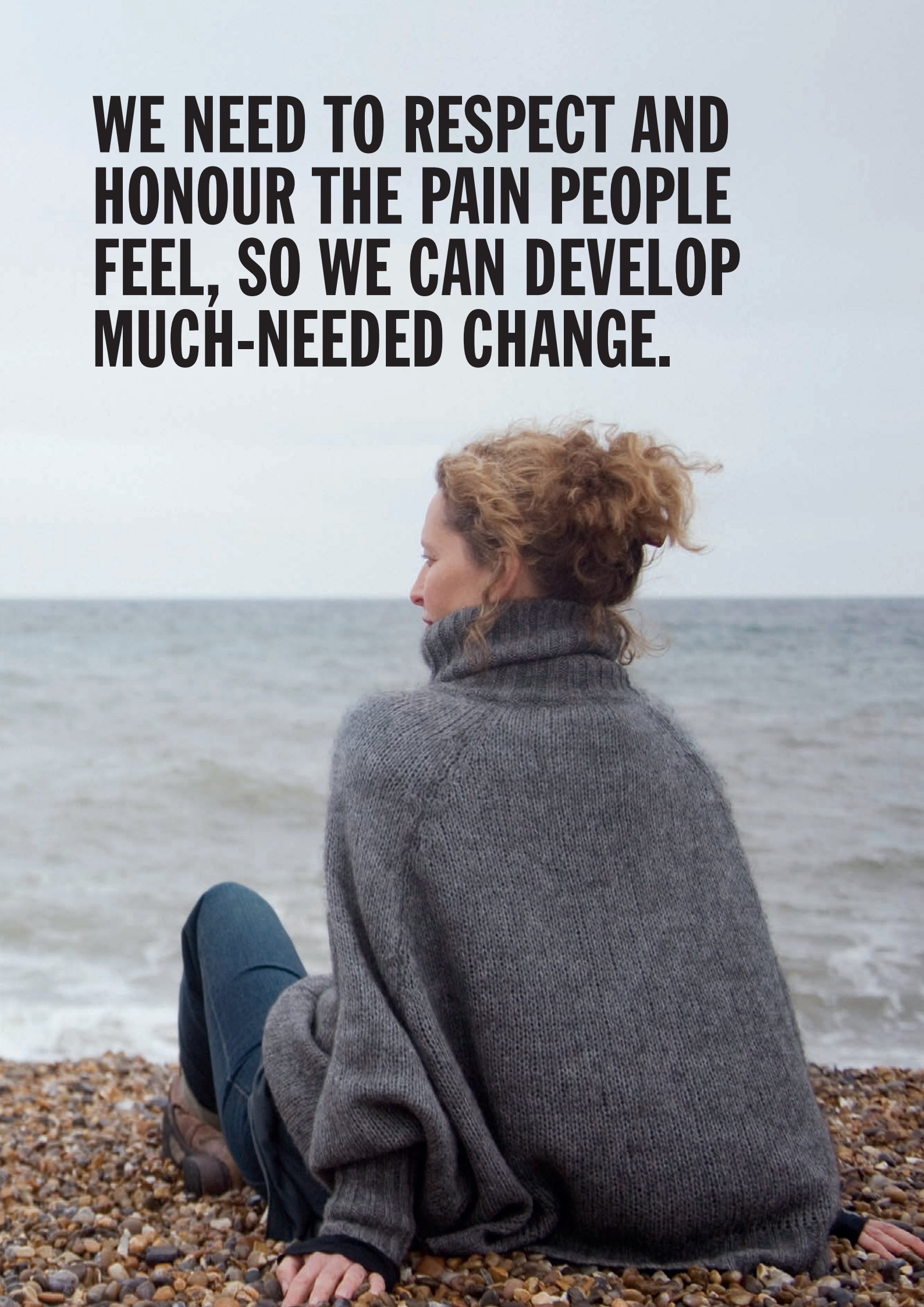
WE NEED TO RESPECT AND HONOUR THE PAIN PEOPLE FEEL, SO WE CAN DEVELOP MUCH-NEEDED CHANGE.



PLATFORM

For mental health and social change
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