

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cyllid](#) ar [Cyllideb Ddrafft Llywodraeth Cymru 2024-25](#).

This response was submitted to the [Finance Committee](#) consultation on the [Welsh Government Draft Budget 2024-25](#).

WGDB_24-25 41: Ymateb gan: Platfform (Saesneg yn unig) | Response from: Platfform (English Only)



30th November 2023

Finance Committee Committee: Welsh Government Draft Budget 2024-25

Introduction to our Response:

We have never submitted a response to a committee like this one, in over thirty years of delivering services in Wales for people experiencing mental health challenges, housing crisis or homelessness.

We write this feeling both hopeless and powerless in achieving the change we need to see for the future of both the public and third sectors in Wales.

It is clear to us that many Members across the Senedd, will be feeling the same sense of anguish about the approaching budget. Nobody came into politics, certainly not in Wales, to watch our public services collapse. Our response will be painful to read, just as it is painful to write. It is even more painful to live the experience of it every day. We can't offer easy answers or solutions, they don't exist. Instead, we wanted to share the experiences of the people we support, our colleagues in Platform, and draw out the key areas of challenges for both our organisation and the wider third sector. We have also included case studies that break down what, for example, housing support work looks like, and to consider in more granular detail how tough this work has become in recent years.

This has also led us to make recommendations that are wider and broader than just calling for funding – although funding challenges are the most significant focus for us in this response.

Every year, we know that organisations across Wales warn of the challenges in the public and third sector. It is often seen as part of the 'dance' of politics and budget-setting. In this submission we want to make it very clear: we are on the edge of complete and utter collapse. Our colleagues are at breaking point, our services struggle to meet the heightened needs of people we support, the whole system is increasingly unable to respond in any effective way. This is not a short-term storm that

FORM

Continued

we can weather. This storm has been brewing for many years. These are long-term, structural challenges that require a fundamental step-change.

We cannot soften our words this year. This is not to provoke shame or fear in our elected representatives in the Senedd. It is to bear witness as truthfully and honestly as is possible, to the suffering that we are seeing. When things feel hopeless, and when we have no power to affect change at all, the thing we can do is honour our experiences and give voice to our pain.

It is painful and we know Senedd members and officials will feel that too. There are good people at every level of the system in Wales, and as overwhelmed as they are feeling, they still get up every morning, show up and try their best. But this takes a toll, and we are feeling it. And it is not just us we have lost count of the conversations we have had this year with other organisations who are in the same state of despair as we are.

Our central concern for this response is also considering how do we work together to plan for how to over the longer-term, *recover*.

This is where we must find our hope. Across Wales, following the decisions made for the approaching budget, we must find a way to come back from the dark place we find ourselves, and build something that will transform the future of our public and third sectors. Only with a step change in approach will we move forward from the current catastrophe. This is why we have included longer-term recommendations, alongside the shorter-term. The shorter-term recommendations are what we need to survive, and longer-term to help us thrive.

About Platfform

Platfform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our focus and become Platfform, the charity for mental health and social change.

Today we work with over 9,000 people a year. We support people of all ages, across urban and rural communities, in people's homes and

Continued

alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

Summary of Recommendations

Shorter-term recommendations

Recommendation 1: We need to see an urgent uplift in the Housing Support Grant to bring us in line with inflationary increases

We have been saying for years that the pressure is increasing. This year we do not know how we can continue as we are. Our colleagues are struggling on low wages and with the pressure of working with too little resource, with seeing increased deaths and serious incidents, and we are finding it more and more difficult to provide the preventative support we know our HSG services are in the prime place to deliver (research demonstrating that for every £1 invested, a **net saving** of £1.40 is delivered by the HSG)¹.

Recommendation 2: We need to see work undertaken to establish an equivalent to the nursing safe staffing level, for supported accommodation.

Recommendation 3: The role housing and homelessness support plays must be recognised as a core provision, as other public sector services are – almost every other professional within public and third sector services is recognised, and has their work and roles understood, but housing support is not widely understood. Yet as can be seen from the evidence and stories submitted today, and in the report *Evidencing the Impact of The Housing Support Grant in Wales* (2020), they play a vital role in supporting society to thrive.

Recommendation 4: We need to see a minimum commissioned

¹ Fury, Lynn Montes and Taylor, 2020 ([Evidencing-the-Impact-of-HSG-ENG.pdf \(cymorthcymru.org.uk\)](https://cymorthcymru.org.uk))

Continued

salary level for local authority, health board and other services. Ideally, this would be set at the Real Living Wage (RLW), rather than the National Living Wage (NLW).

Longer-term recommendations

Recommendation 5: We need to shift our public services towards a social determinant led approach to mental health and distress, and one way of doing this is by ensuring the Trauma Informed Wales Framework is embedded into the budget-setting process, and we would recommend working with ACE Hub / Traumatic Stress Wales to develop a trauma-informed budget-setting / public finance tool.

Currently, the conditions created by scarcity do not enable services to offer the human, connected services needed to help people recover from crisis and distress. This is creating a huge human cost, but also generating a permanent, ever-increasing financial cost within the Welsh public sector. Research² into the determinants of health demonstrate that health **care** (that is, the healthcare system) is not the only determinant. In fact, three key pieces of research put the contribution of the healthcare system as low as 10%, and only ever as high as 43%. This means that the majority of the work needing to prevent poor physical or mental health, will need to take place *outside* the traditional health systems.

We need to challenge out-dated approaches to cost-saving exercises such as aiming for economies of scale through increased centralisation of services; command-and-control commissioning such as hours-based commissioning; and resorting to lean models derived from manufacturing rather than complex systems, to name just three. Both our traditional understanding of mental health and distress, and our public service cost-saving approaches, are driving the system into further crisis.

Recommendation 6: We need to ensure the third sector is

² The Kings Fund, 2013 ([Broader determinants of health | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk))

Continued

recognised for its preventative work in communities, and that the learning generated in meeting need early, and saving costs, is gathered and understood by Welsh Government officials and Ministers.

The third sector is able to operate flexibly, and in a place-based way, and can generate trust in a way that more traditional services can struggle with. We are generally organised around people rather than problems.

Work the third sector undertakes generates learning every day, particularly with services that aim to prevent, or intervene early. By working in the gaps between - or spaces before - statutory service involvement, there is invaluable learning generated. As one specific example of this, Platform hears the many challenges faced by people in crisis, one of which is finding it cost-prohibitive travelling to appointments in more central locations, meaning that they cancel or miss appointments with the NHS. This is seen by the NHS in the high cost of missed appointments, but the cost-pressures continue to drive centralisation of services rather than devolved place-based services.

Recommendation 7: We need to see a greater focus on community embedded place-based services, with the third sector holding a pivotal coordinating role, working on addressing the social determinants of physical and mental health, to achieve the ambitious aims of the Wellbeing of Future Generations (Wales) Act.

Recommendation 8: We need to see urgent work by Welsh Government to begin the devolution of welfare and criminal justice systems, which are preventing Wales from taking action to address embedded systemic failure.

Reality of delivering third sector services Existing in crisis, overwhelm and hopelessness

The third sector has always occupied a space in between and side-by-side with statutory or public sector organisations. This has created a helpful flexibility, responsiveness, and creativity in the system. This is not

Continued

unique to the third sector, colleagues across Wales work with these same values – but for years the conditions created by the third sector have been able to foster those approaches to problems. Over the last ten years however, this has been stretched further and further.

This constant stretching has reached what feels to us, as the point where it finally snaps. The strain and pressure of keeping organisations solvent, whilst attempting to deliver services that offer positive solutions, is more constant and intense than at any point in our history. All funding sources are squeezed, and increasingly funders, and commissioners, are responding to financial pressure by requiring ever more restrictive documentation, evidence of spend, which is further adding to the sense of overwhelm within the third sector. We say this without blame: the pressure on all parts of the sector is immense, and it is driving people to act in silos, to meet their own pressures and challenges, without looking at the whole system. These are not the conditions for co-productive, integrative or whole system working.

Running on reserves, subsidising services, pulling out of contracts

The recent report³ by Cymorth Cymru demonstrates, within the housing sector, the pressures that are felt by third sector providers across Wales. Not only is complexity of situations increasing (94% of third sector housing organisations confirm this), but demand is increasing (81%). There has been an 11% increase in the cost of delivering services, and 75% of providers are running services at a deficit, with 52% using reserves to prop up those services.

In order to respond to this, 45% of providers have not bid for new or re-tendered contracts, and 27% have reduced their service capacity, and there has been an average reduction of 8% across the sector in support hours. The pressures are also preventing providers from delivering against the trauma-informed, relational ambitions of the Welsh Government, with 50% of providers saying they had cut back on ‘non-essential’ services such as work with marginalised groups, clinical supervision, and more. We need to stress that this is not truly ‘non-

³Cymorth Cymru, 2023 ([HM-report-WG-Budget-24-25-ENG.pdf](https://www.cymorthcymru.org.uk/HM-report-WG-Budget-24-25-ENG.pdf) ([cymorthcymru.org.uk](https://www.cymorthcymru.org.uk)))

Continued

essential', but it is often the only flexibility left in any budgets. By cutting these, it is impossible to provide truly effective and impactful support for people in crisis or distress.

We suggest the following action:

Recommendation 1: We need to see an urgent uplift in the Housing Support Grant to bring us in line with inflationary increases.

Experiences of the workforce

The role of a support worker

The existence of the homelessness and support sector is, of course, a sign of continued system failure. Homelessness is solvable. We know that in times of crisis such as with the recent Covid response, street homelessness was tackled by the Welsh Government with coordinated purpose and additional funding. The fact that it has risen, and continues to rise, is a sign that the system is not working. There are many reasons for this, such as lack of appropriate housing, the level of the LHA, welfare levels, cost-of-living increases and much more. Homelessness also can act like a grenade thrown into a person's life – the system itself can cause harm, exacerbate trauma and leave people worse than when they became homeless. This is not limited to people sleeping rough, although that is where the most extreme impact is seen. It is in this space, where they work with people in high levels of distress, where the impact of support workers is felt most keenly.

At Platform, our support workers are our greatest asset. They work above and beyond. That phrase does not capture the reality of what they do, and so we wanted to make it clear what that means.

A typical working day for a support worker depends on whether they work as part of a floating support or tenancy team, or whether they work within supported accommodation. Both roles are challenging emotionally, and they require people with high levels of empathy, courage, and just sheer grit. We are awed, constantly, by the people we work with. These are not

Continued

the only roles we have in Platform, but they are a helpful way to demonstrate the work that takes place across Wales, often on the margins of our society, and without much public notice.

Case Study One: A day in the life of a tenancy support / floating support worker

I start work at 9am, but I normally turn my work phone on at 8am. I always have voicemails waiting for me. Last Wednesday, I had a voicemail from someone in a mental health crisis, and I was able to contact them around 9am and arrange a visit with them that day. I had to reorganise other visits that day, as they were a priority, and I was worried that might cause a challenge for other people I support.

This person has a diagnosis of schizophrenia, and they were having paranoid and suicidal thoughts. When I met with them, I knew they needed urgent support, so I contacted the local mental health team. They weren't that helpful, and so I phoned the GP, who sent me back to the mental health team. They sent me back to the GP, who sent me back to the mental health team.

This person was in real distress, and so I spent three hours with them in their house, making sure they were safe, checking what measures they had in place, but I still didn't think they were safe, and so I reached out to emergency services. They were taken to a place of safety, and I was able to return to the office.

By then, I had three text messages and four missed calls from another person I was supporting. When I phoned them back, they were at the end of their tether. They had tried to get a food parcel, but they had reached their maximum number from the food bank. I tried to reason with the food bank, but they couldn't make an exception, as this person had already reached the limit. This person needed food urgently, so I found a small amount of crisis funding, and used that to buy them food.

Two staff members were off sick on that day, so I was covering bits of their work, addressing messages coming through as well.

Towards the end of the day, I had a joint visit with a crisis worker to visit a young refugee with settled status, who had been in Wales for a few years. They had the bailiff at the door, they were being evicted. The Council wanted to move them into temporary accommodation, but it wasn't appropriate. The Council agreed, but they also said they had absolutely no alternative, they had no housing available. It wasn't a good place for this person because of the crime and substance use. This person was concerned that without the stability and safety of a home, their suicidal thoughts might return.

Continued

This was at the end of the day, and it broke me. They had come to this country for safety and an escape from what they had experienced. They were a young person, and the only thing I could do was buy them a tent and a sleeping bag. They were on their knees begging for help, and all I could do was give them a tent and watch as they went up into the mountains.

I had to walk away, feeling heartbroken and ashamed. I do this job because I want to make a difference, and I went to my manager and questioned why, and if this was the right job for me anymore. I do this job because I love what it stands for, but I've also got challenges at home, and it was just too much on top. These sorts of days used to be rare, but they're happening every week now and I don't see how anyone can stay in this job much longer unless things change.

Case Study Two: A day in the life of a supported accommodation manager

At 7:50, I arrived at the project, expecting bad news. I had a missed call at 5am, but it was off at the time, so I knew I would be arriving to something bad. When I arrived I saw that there was blood everywhere. I had to let myself into their accommodation, as I was worried for their safety. When I got into the room, the person told me they had been hit over the head by their partner, with an object. I had to make sure they were ok and needed to persuade them to letting us take them to hospital.

At the same time, my phone was ringing as someone in another project was experiencing psychosis and having suicidal thoughts. The staff there needed to contact the crisis team but wanted my advice. I had to juggle then, where I prioritise. Do I sit with this person in distress? Or do I provide support to someone in another project?

This was the start of the shift, between 8:00 and 9:00am.

I went to help the person experiencing suicidal thoughts, make it to hospital. After that, I came back to the first project, with the person who had been assaulted. I needed to approach this situation with a housing management perspective – the perpetrator of the assault was their partner, who is a resident with us in different accommodation. So, we had to take action, and we had to work to explain this to the person who had been assaulted, in a way that didn't damage the trust we had built up over the years. This was hard for them, and for us, because we know that the perpetrator has their own mental health problems and hadn't acted out of bad intent, but because of the psychosis they were experiencing.

Once the police were involved, things were out of our hands, and as the perpetrator had violated bail conditions, it meant they couldn't return to their accommodation, effectively making them homeless.

Continued

This was now around 12:00 – 1:00pm.

The person who had been assaulted was still in a bad way, and so the police wanted them to go to a major A&E unit – but this person doesn't trust very easily, and so I went with them. Whilst I was at A&E, I was still getting calls to help my colleagues managing this situation, but also other people from other projects needing support and advice from me as a manager. After this sort of incident, it takes people a couple of days to settle down after this has happened, and it leaves its mark on people both staff and people we support.

My working shift was meant to be 8am till 8pm. I finished at A&E just after midnight, and I was in work the next morning too.

This day was just the tip of the iceberg. This was on the top of a hard week with other safeguarding issues. When I saw the missed call, I was worried they were dead. That's the reality of support work. Waiting for the worst. We are always at this heightened stage. Our team can never feel fully regulated, always waiting for something awful to happen.

I feel this all the time. I just feel like we're heightened. We've had someone jump from a window. We see serious self-harm needing medical attention on a weekly basis. Sometimes I feel a lot of guilt because we're losing people to suicide, and we feel responsible for people who aren't even in our services yet.

That same week, we also had an experience that still haunts me. We assessed someone, who had been handed an eviction notice. They would have been perfect for our supported accommodation; with the support we could give. But we didn't have any spaces. We had no properties available. They would have done really well in our service. They sadly ended their own life that week, and it could have been prevented.

The guilt is massive. Are we making a difference, is this benefiting anyone?

The system is breaking. We're having more and more added to our contracts all the time, more expectations from commissioners. We do have good days. We've signed someone and their four kids into a flat, before Christmas. That made my week bearable. But the whole system is a constant stretch. We don't have any more resources; we are expected to do more and more support with no more funding.

I'm also thinking constantly about my team. Most of them can't afford the extra travel costs between projects or visits to people, and they can't afford to wait even a week for the expenses to be paid. It is impacting on our support. I've had to fit in financial support sessions with my team, to help them pay their bills, and the only option I can offer is additional shifts. They can't afford to live, otherwise.

I wonder a lot, why people are still here. People are still here because we can feel like a family, I'm not here for the pay! We do good things, we've got amazing successes, these

Continued

keep us going – but at the moment it just isn't enough to keep us going. We're all here for the people we support, and their successes, but it's too hard right now.

As the case studies above demonstrates, the work that support workers do every day is critical, and highly valuable in providing capacity for early intervention and prevention within the system. However, increasingly, the staffing levels due to recruitment pressures are a challenge.

We suggest the following actions:

Recommendation 2: We need to see work undertaken to establish an equivalent to the nursing safe staffing level, for supported accommodation.

Recommendation 3: The role housing and homelessness support plays must be recognised as a core provision, as other public sector services are.

The impact on support workers

As can be seen above, from the two examples of a day in support, shared by Platform colleagues, the impact on the workforce is huge and almost entirely negative. This has also been a longer-term trend since funding pressures and austerity began to hit. These two trends can be summarised as: struggling to survive and struggling to thrive.

Struggling to survive:

Many of our colleagues across Platform are, like many across the social care and housing support sectors, paid at the Real Living Wage (RLW). We made this commitment within Platform, as we believe in investing in our workforce. However, even the Real Living Wage has proven a struggle for our workforce. We hear examples from our teams every day that there is a perfect storm of increasing cost pressures facing working people, and that the stress of this is having a detrimental effect on their well-being. Some have said they are struggling to afford heating, are skipping meals and are otherwise making tough choices that have a huge toll on their mental health.

Continued

In combination with the reality of working in a system that is overwhelmed, distressed, and working with people in high levels of need, it creates a vicious cycle that we are desperately trying to address as an organisation. But without uplifts from local authorities, we are haemorrhaging staff, and seeing high levels of sickness and absence.

Struggling to thrive:

Increasingly, there is a sense that even if the cost-of-living impact can be weathered by colleagues, the third sector cannot offer the job security, the satisfaction or progression that people rightly seek (and deserve) in their employment. The third sector has survived largely because of the vocation that people feel working for good causes, and not because we can offer terms and conditions, pay increases or other options available to the private sector, and some parts of the public sector. Any terms and conditions that were competitive years ago have been squeezed or phased out to make ends meet.

One example of this challenge with progression can be seen with pay differentials for management. With every increase in both the National Living Wage, and the Real Living Wage, which has not always been matched by local authority uplifts, the gap between frontline management and frontline staff has been narrowing. With the latest increase in RLW, this gap is at its narrowest, and we and other charities are finding it harder to recruit to frontline management roles – people do not want to take on the higher levels of stress and anxiety, and sometimes risk, for a marginal increase in salary. This increasingly means that there is a lack of progression opportunities within the third sector, and what was once seen as a career where a positive difference can be made whilst still having a good quality of life, is now much less viable.

We suggest the following action:

Recommendation 4: We need to see a minimum commissioned salary level for local authority, health board and other services. Ideally, this would be set at the Real Living Wage (RLW), rather than the National Living Wage (NLW).

Continued

The conditions around support work

One of the consequences of continued budget pressures is the absence of conditions to enable or encourage relational and trauma-informed work. It creates silo working, entrenchment and toxic stress with people who make up the system, and leads to unhelpful, counter-productive approaches and decisions made from a position of overwhelm. This in turn, creates perverse incentives that lead to things being less relational, so we don't take the time to meet people's needs effectively, or we invest in the wrong approaches, or we waste time following outdated approaches to designing, commissioning, monitoring and delivering services.

We enjoy good collaborative relationships with our commissioners and appreciate the sheer scale of challenge they face. However, we have experienced their stress and overwhelm first hand, and we can see the impossible choices they are facing. We have experienced the negative side of this, with tension, attempts to force us into certain actions that are against our values, and attempts to use their power as commissioners to override operational decisions we have made in the best interests of the people we support.

We need a concerted effort by the Welsh Government to grasp the realities of commissioning for the third sector, which is very different to the commissioning or procurement of services in other areas. This needs to be a priority, and we would encourage that this takes the form of developing a trauma-informed commissioning model. A traumatised, stressed and overwhelmed system is not in the position to effectively design and commission services. A traumatised workforce is not in a position to effectively deliver services either. That is the reality we face currently.

We suggest the following action:

Recommendation 5: We need to shift our public services towards a social determinant led approach to mental health and distress, and one way of doing this is by ensuring the Trauma Informed Wales Framework is embedded into the budget-setting process,

Continued

and we would recommend working with ACE Hub / Traumatic Stress Wales to develop a trauma-informed budget-setting / public finance tool.

Structural failures in the system**Crisis forcing spend away from prevention**

We are deeply concerned about the growing move away from preventative spending, albeit through necessity. Whilst the short-term pressures on public finances dictate this, it is leaving Welsh Government spending ever more exposed. The growing pressure on public finances and on local authorities or health boards who administer much of our funding is leading to decisions being made that are far more damaging in the longer-term.

For example, one local authority last year removed funding for a service that was able to work with people at risk of crisis, which was helping contribute to the prevention of homelessness. Instead, they re-allocated that funding, as well as similar funding from other floating support providers to the commissioning of supported accommodation units. This was driven by the growing pressure to move people out of temporary accommodation. However, by taking the money from upstream prevention to invest in crisis support, it is only exacerbating the problem. Put crudely, the temporary accommodation will fill very quickly owing to the drastic pressures on the housing system – and in a short amount of time there will be further pressure within the temporary accommodation system. This is just one example of a continued vicious cycle within the system.

Another local authority has announced cuts this year to floating support, for a similar logic. We want to make clear that this is not an attack on local authorities. We can understand why these decisions are made, and they are often trapped between an impossible choice and an unpalatable one. We need the Welsh Government to understand that the funding pressures as they are, only serve to drive decisions that are economically detrimental, but also hugely damaging to public services.

This funding pressure is seen within the Housing Support Grant, and the worries by the housing and homelessness sector that this will be cut in the

Continued

draft budget. We want to stress to the committee that this funding stream is a totemic example of preventative spending. Homelessness costs the public purse a huge amount every year, with the costs of preventing homelessness only a fraction of that. To date, the Welsh Government has not committed to protecting this funding, let alone increasing it.

At a time when public finances are in such a parlous state, we need clear, honest leadership from the Welsh Government. That means prioritising prevention, openly, even if that means some difficult decisions elsewhere. We need the Welsh Government to commit to prioritising and increasing preventative funds across government.

The evidence for the effectiveness of the Housing Support Grant, and before that, the Supporting People Programme, is well-evidenced. Sometimes though, this idea of prevention can seem sanitised – we can reduce it down into digestible words which don't capture the reality of what prevention looks like. We can also fall foul of thinking of prevention as the same as early intervention. The two are linked, but by having prevention built into the system, it does still involve working with people in crisis, to prevent *greater harm* in the longer-term.

We spoke to one of the people we support, who shared this story. It demonstrates powerfully how having support services to hold people amid crisis can prevent much more expensive (human and financial) costs further down the line. The example we have chosen is not a happy one, either – this is not a prevention tale where it all has gone right, and we are clear as well that the pressures facing the sector are making it harder and harder to work preventatively *at all levels*. In the example we share, the pressures stopped us being as preventative as we would want to be – but we were able to get there before the situation deteriorated beyond hope of repair. We stress that this is not always the case. Sometimes despite our best efforts, we cannot get there fast enough, or with enough intensity of support.

Case Study 3: Supporting people and connecting them in times of crisis

A person we supported was in distress. They were reliving past violent

Continued

trauma. This mean they were saying they were going to 'kill themselves', were making threats of harm to others and were in the possession of a sharp object. They went to speak to staff as per their care plan, but due to staffing shortages the only person they could find was agency staff, and they didn't have a long-standing or trusted relationship with them.

This would have been an opportunity for prevention. If the Housing Support Grant can be increased, for example, so we were not losing staff to other better paid jobs in retail and if there were minimum staffing levels set for supported accommodation, we would have had colleagues present with established relationships, and the situation would have been resolved at this point, without any further involvement from other services.

This caused the person more distress and they began to self-harm, which they have not done for many years, as a way of trying to relieve some of the distress. They were not known to harm others. Not knowing this the agency staff contacted 111 for help and was informed an ambulance was coming to help. They told the person and they thought they would be going to the mental health ward for support. Instead, when the person opened the door, they found armed response officers pointing tasers at them, which worsened their distress.

This would have been a second chance for prevention. If we had the flexibility and space within our contracts and were funded to build better links with the police, and 111, we could build relationships so that armed response officers are not sent as default to reports of violence which are about harm to self and not harm to others. This response escalated the situation from distress into crisis.

They were taken to a hospital, receiving treatment for self-harm on a physical basis, but they were not given mental health support. As an organisation, we then took them to their GP, who referred them to CMHT, from where they were referred to a home treatment team. This person made it clear that they needed a hospital environment, and the support offered at the ward, to feel safe, and to have the space to regulate.

Continued

This is where, despite the challenges we are facing, we were able to bring regular, trusted staff into the situation, and we were able to show this person they had our full support. However, because our colleagues are not always recognised as experts, despite their years of experience, they were not able to support this person to get the service they needed in that instant, and with multiple unnecessary referrals there was a significant level of waste created. Despite this, we were able to hold this person in the peak of their distress and give them hope.

We supported this person in phoning their home treatment team, who said they would respond the following day. However, we were told by this person that it was too late, and they shared their fear they would act on their suicidal thoughts. We took action immediately, putting welfare checks in place, and established ways for this person to stay safe.

This is the point at which support services are able to deliver highly effective preventative support, but it is still very much led by crisis situations. In this situation we instituted regular checks which meant that if the situation escalated, we could take action alongside emergency services, and prevent serious injury or death.

Despite our support, this person was able to get themselves into a position where their life was at risk, but because of the welfare checks we had set up, we were able to act quickly. When this person phone 999 for help, we were also in the background contacting social services, and advocating strongly on their behalf. As a result, we were able to coordinate with the police, and with mental health services, and the person was voluntarily admitted to a ward where they felt safe. By advocating for this person, we maintained their trust in us, and their stay in the ward was much shorter, they have returned to us very quickly, and are being supported. This person wanted us to share their story with the committee.

The value of the support we can offer is clear – by holding relationships in crisis, by generating trust so people can disclose their fear and distress, and by being connected on the ground to a variety of services, we can act very quickly and effectively to

Continued

intervene and prevent greater harm, and reduce waste in the NHS, police and other systems. However, it is becoming clearer to us that the prevention work we are able to deliver is slipping further and further into the crisis space, rather than early intervention. This story makes it clear to us both the value of support in terms of prevention of costs in the system, but also how weakened our ability to offer this has become.

Increasingly, people are falling through the cracks, and HSG-funded services are more and more overwhelmed. This is adding significant pressure on NHS and other public services. It is adding to their demand and overwhelm unnecessarily. If we are to reduce the pressure on NHS, police and other services, including those funded by local authorities in Wales, we need to prioritise the work done by housing and homelessness support workers.

We suggest the following actions:

Recommendation 6: We need to ensure the third sector is recognised for its preventative work in communities, and that the learning generated in meeting need early, and saving costs, is gathered and understood by Welsh Government officials and Ministers.

Recommendation 7: We need to see a greater focus on community-embedded, place-based services, with the third sector holding a pivotal coordinating role, working on addressing the social determinants of physical and mental health, to achieve the ambitious aims of the Wellbeing of Future Generations (Wales) Act.

Recommendation 8: We need to see urgent work by Welsh Government to begin the devolution of welfare and criminal justice systems, which are preventing Wales from taking action to address embedded systemic failure.

Continued

Conclusion

For this budget, we want the committee to understand how different this feels. We know that funds are stretched. We have compassion for all involved in these difficult and challenging decisions. At the same time it is important we bear witness to the pain of the people we support, and our colleagues that provide that support.

This budget will, more than many others, risk breaking many organisations across the third sector. It will, without an increase in funding, put added pressure on already strained and collapsing statutory services. The choices available to the Welsh Government in the budget are limited, but as a committee, we hope that you will see the important impact the third sector has. In particular, we hope attention is focused on work funded by the Housing Support Grant and similar preventative funding plays in reducing the load on our public services.

The answers in how to meet this challenge are in taking a step change in approach. Only by making the significant changes we have recommended will we be able to limit the harm the budget cuts will cause. That is where we will find our hope in Wales, together.

Submitted by Oliver Townsend
Head of Connections and Change

████████████████████