

Dear Members of the Senedd Finance Committee,

Last year, we wrote to you (Platfform, 2023) raising our serious concerns about the future sustainability of our sector. Then, we were reaching a point of no return for our services. We know that this was impacting many parts of the public sector as well, but we specifically focused on the realities of the challenges facing the third sector, particularly within housing. We also used that opportunity to describe the work that takes place within housing support services. These services are still, too often, not recognised by our wider society for the huge supporting role they play within people's lives – and on other services more widely. We wanted to demonstrate clearly how fundamental housing is, in its role as a public service.

This year, we remain in a state of concern for the future. It is becoming clearer every year that passes that a state of 'permacrisis' has become the new status quo. There are very significant risks to that, not least the prioritisation of crisis funding, or short-term, in-year savings as opposed to strategic, whole-systems change. Continued prioritisation of crisis spending, whilst understandable, will do nothing to address the needs of people on the edge of crisis, let alone beginning to meet the needs of the 'missing middle' (2018)¹. Indeed, with continued funding pressures, local services' criteria for support become stricter, the level of need much more pronounced, and without a clear shift towards prevention, we are looking at eventual public sector collapse.

Our response this year will attempt to demonstrate the ways in which the third sector is helping reduce demand for key devolved sectors such as housing, the NHS and local authorities, alongside reducing demand for non-devolved sectors such as criminal justice. The reason for this, is that we have a clear opportunity, as a devolved nation, to capitalize on the recent UK budget with £1.7bn of consequential funding coming to Wales.

In our response we have also drawn out the clear impact that financial decisions made in the budget this year will have on key government priorities such as waiting lists. However, we are also clear that focusing on these reductive, simplistic messages does not capture the complexity of the challenges facing Wales today. We need our politicians to be bold and visionary for the future of Wales, and to resist the temptation before an election to focus solely on one area of policy.

¹ Although the term 'missing middle' refers to children and young people, the concept itself can be applied equally to the adult population, who are expected by the system to reach a certain level of need or crisis before 'qualifying' for support.

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The UK Government has ‘front-loaded’ public spending in the recent budget to a “remarkable” extent, according to the Institute for Fiscal Studies (2024). Those spending commitments are expected to level off by the third year, which means that longer-term spending decisions, with the potential to make wide-ranging structural changes over the next five years, must be made now. We understand that there will be a temptation, however well-intentioned, to drastically increase revenue spending on the NHS in response to the challenges on waiting lists. However, we are unequivocal that this would be a strategic mistake.

We are clear that the next Welsh Government budget must allocate capital funding in the most focused and disciplined way that it can. We recognise that there will be significant pressure to deliver economic growth, and at the same time understand the serious challenges facing our NHS and other sectors. In our view, every £1 allocated in spending by Welsh Government in the forthcoming budget must generate maximal value both economically and socially. We explore that idea further below and use the example of how capital spending on social housing could reduce the huge revenue spending pressures of temporary accommodation. However, as well as directly reducing the unsustainable revenue spending by local government on temporary accommodation, good social housing is a key component of creating the right conditions for mental wellbeing. Consistent evidence has demonstrated that addressing the social determinants of our mental health such as poor-quality housing (or lack of housing altogether) can prevent mental health worsening. It is even prevalent within the mental health estate, which we explore further below.

We are also clear that our revenue spending must be equally focused and disciplined. There are many significant challenges facing the third sector (not least of which is the recent National Insurance increase for employers), and more widely public services across Wales. It would be a mistake to consider an increase in funding from the UK Government as an opportunity to return to ‘business as usual’.

We would also want to remind the Committee, that the same crisis in recruitment and retention has not gone away. Last year’s increase to the Housing Support Grant was very welcome. But those same pressures are rearing their heads again, and we hope that the Welsh Government will continue to prioritise that funding stream. It remains a powerful example of government working differently in a devolved nation, and we remain the only UK nation that has maintained an equivalent programme. When we

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compare to England, for example, their Supporting People Programme has long since faded into history. We are lucky in Wales, but it remains a source of strain and concern that this funding needs to be fought for every year. We hope that this can be addressed soon, so that our sector can have the certainty it needs to provide support.

Summary and Recommendations

Our key priorities and recommendations are set out below, as to how Welsh Government can deliver a budget to begin turning around over a decade of under-investment at a Westminster level. Some of the major challenges facing Wales are deeply entrenched at a structural level, and those inbuilt weaknesses require a focus and high level of capital spending to address.

We call on Welsh Government to:

Prioritise spending that makes long-term, preventative decisions, by:

- 1:** Recognising that the social determinants of our mental health such as availability and quality of housing, good quality employment, connected communities and so on are key factors in reducing mental health needs across Wales.
- 2:** Committing to prioritising public spending that tackles entrenched systemic barriers to addressing the social determinants of mental health.
- 3:** Focusing public spending using a 'maximal effectiveness test' that meets key priorities:

- a) *Does this spending generate employment opportunities locally or through the supply chain, in Wales?*
- b) *Does this spending help reduce revenue costs in the short term?*
- c) *Does this spending help reduce revenue costs in the longer-term?*
- d) *Does this spending help tackle the social determinants of mental and physical health?*
- e) *Does this spending help create connected, safe and healthy communities?*
- f) *Does this spending reduce our carbon / environmental footprint?*
- g) *Does this meet the ambitions of our Welsh legislation – the Wellbeing of Future Generations (Wales) Act, the Housing (Wales) Act, and the Social Services and Wellbeing (Wales) Act?*

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4: Declaring a National Mission for social housing construction, allocating the majority of capital spending over the remaining Senedd term and beyond for this purpose, to address crippling temporary accommodation costs, and prepare Wales to be the first nation in the UK to offer a universal Right to Housing (Tai Pawb, 2024). **This would help tackle the utterly unsustainable rise in costs to local government that have already increase from £41m per annum in 2020/21, to £99m in 2023/24.** We need the Welsh Government to get meet the £580 - £740m recommended as needed in additional capital investment (Audit Wales, 2024).

5: Allocating capital funding for a community regeneration fund, aimed at our most deprived and disconnected communities with high 'adverse community experiences', using participatory budgeting as the allocation model.

6: Allocating capital funding that addresses the parlous quality of the mental health estate, to ensure inpatient settings can guarantee a physical environment that is safe, healthy and healing.

Address risks to the third sector, by:

7: Committing to a two-year budget deal so that the third sector can have stability and more clarity about the future financial environment.

8: Committing spending to meeting the cost incurred to charities as a result of the National Insurance changes, to ensure that the third sector and local government do not have to shoulder this additional cost.

9: Committing to expedite any funding decisions by ensuring local government pass any increase in funding to commissioned providers rapidly and as close to the settlement as possible.

10: Ensuring that the increases in National Living Wage (NLW) are met in this budget, allowing local government to commission services at minimum, on the NLW rate, and ideally at the Real Living Wage (RLW) rate. Begin working towards setting the RLW as the rate at which all public sector contracts are procured – for whatever contract, including cleaning, maintenance, support, care and more.

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Protect Welsh innovation in Housing Support and explore applying this approach elsewhere, by:

11: Increasing the funding for the Housing Support Grant, recognising the outsize impact (Fury, Lynn Montes and Taylor, 2020) that the grant has on public spending: £1.40 for every £1 spent on average; but also to recognise the huge positive impact on health spending (£4.50 on every £1 spent, for the NHS specifically).

12: Create an equivalent ring-fenced grant (a “Mental Health Waiting List Prevention and Support Grant”) that works on the same preventative basis as the Housing Support Grant, creating the ability for third sector organisations and others to explore preventative ways forward alongside the NHS mental health system.

Prioritise spending that makes long-term, preventative decisions

We cannot waste the opportunities of additional funding from Westminster, and whilst there will be many organisations asking for funding, Wales will not benefit from a sticking-plaster, or ‘patching up’ budget. Instead, it will require focus, alongside an innovative and integrated approach, so that as much capital spending as possible meets as many priorities as possible. We would frame this as a “maximal² effectiveness test” for capital spending. All too often, spending decisions are made purely in terms of growth, with the hope that increase revenue will flow as a result. What this does, however, is reduce the capacity within government to tackle long-standing structural challenges that actively *create revenue costs* for government. On that basis, we have proposed the following questions for government to consider when preparing their budget:

- a) *Does this spending generate employment opportunities locally or through the supply chain, in Wales?*
- b) *Does this spending help reduce revenue costs in the short term?*
- c) *Does this spending help reduce revenue costs in the longer-term?*
- d) *Does this spending help tackle the social determinants of mental and physical health?*

² We use “maximal” here, as it is not possible to fully identify which options could (if any could) achieve a “maximum” effectiveness.

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- e) *Does this spending help create connected, safe and healthy communities?*
- f) *Does this spending reduce our carbon / environmental footprint?*
- g) *Does this meet the ambitions of our Welsh legislation – the Wellbeing of Future Generations (Wales) Act, the Housing (Wales) Act, and the Social Services and Wellbeing (Wales) Act?*

We want this ‘test’ be applied to capital spending commitments in the forthcoming Welsh Government budget.

There are specific areas where we believe capital investment will achieve maximal effectiveness, but it requires the Welsh Government to carefully prioritise their spending. We are making this argument, because one of the most significant challenges facing government finances is the growing revenue spending, particularly for local government. We have argued previously (Platform, 2023) for a “prevention line” to be set up in budgets. This builds on the long-standing and widespread understanding that public spending, to achieve value for money, requires a “parallel system” to run. One that can meet crisis need, whilst not neglecting prevention. In recent years, certainly since 2010, if not before, the funding for preventative activity has been consistently deprioritised in favour of crisis spending. Even ostensibly preventative budgets such as Housing Support Grant are increasingly preventing crises from *worsening*, rather than preventing the crisis itself. Without a change in direction, we do not see a solution emerging, or any stability for people in crisis. We are essentially committed to “crisis maintenance”. It doesn’t have to be this way, and for the first time in over a decade the Welsh Government could take urgent action to tackle this vicious cycle of false logic that our public services find themselves in. Putting it simply: our public services cannot continue to prioritise crisis spending, without making significant strides towards building an effective preventative system.

The additional capital spending available for Welsh Government this year *must* be used in a maximally effective / prudent way, to unlock greater revenue spending in future years. If this opportunity is not grasped now, we will have much more difficult challenges to overcome very soon, especially by 2030.

We have identified several specific areas where significant capital invest would deliver against the “maximal effectiveness test” idea above.

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Example: Temporary accommodation: a widening, deepening money sink that makes people's lives fundamentally worse

Temporary accommodation is not a trauma-informed approach and is actively harmful for people trapped within the housing system (Bevan Foundation, 2024). Whilst there are temporary accommodation providers who work incredibly hard, and whilst many organisations, Platfform included, provide tenancy or floating support for people in temporary accommodation which makes a difference, the environment and lack of stability that comes with a placement in temporary accommodation does not create the conditions people need to recover, rebuild and reset. Connection to others, rather than isolation, is what is needed to be well, and temporary accommodation essentially stores up, or worsens, the trauma and chaos of homelessness and entrenches that trauma for the future.

It also comes with a crippling cost to local government, and it looks to be increasing at an alarming rate. Shelter Cymru (2024) figures show temporary accommodation spending of over £41 million in 2020/21. This has risen to over **£99 million** in 2023/24. This rise in costs is unsustainable. It is another growing financial pressure that local authorities are increasingly holding, which curtails their ability to fund preventative services or meet housing needs effectively or safely. Without urgent and significant action on temporary accommodation, these costs will only rise – they are cumulative, as the numbers of people needing temporary accommodation are rising every year.

We need a new National Mission for Wales, targeted relentlessly on building social housing, and we need a Welsh Government that is determined and focused on delivering it, whilst providing the resources to accomplish it.

Our argument is that an urgent investment of a majority of the capital budget into social housing will not only begin reducing the financial impact of temporary accommodation in the medium to longer-term (freeing local authorities up to invest that revenue in other services), but it will also generate employment within the construction industry, and other related industries. It also helps to reduce the burden of rent costs on the wider population, helping impact positively on the cost-of-living crisis, and reducing the mental health impacts from poverty and the struggle to live within means. Wales could make very real strides towards making social

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housing a viable tenure for low-to-average income citizens within the next five / ten years.

We also wanted to clarify further, that as well as the costs to local authorities in terms of temporary accommodation payments, there are additional cost implications for the wider housing sector, where traumatising impact of long temporary accommodation stays, which are posing dramatic, and massive challenges for our organisations. Phil Richardson, Platform's Deputy Director of Operations, said:

Without doubt, our Supported Housing teams throughout South Wales have experienced significantly higher levels of dangerous behaviour from the overwhelmed and traumatised people we are housing. Within the six months from April - September 2024, we had surpassed previous annual totals for all previous years in terms of arrears, abandonments, serious anti-social behaviour incidents, physical and sexual assaults and legal proceedings within the Renting Homes Wales parameters. This comes with huge emotional costs to the people we support, especially those where every other option other than eviction has been exhausted. Just as worrying, support is frequently diverted away from other residents to deal with crisis situations, meaning that needs can be harder to meet, causing further distress resulting in connection seeking through often harmful behaviours and a vicious cycle starts to emerge. The pressures also impact emotionally on our staff, who must navigate these difficult situations and who attempt to do so in an ethical, trauma-informed way despite the very real risks on all sides.

There are also significant financial costs not just to social landlords, but also to support providers in terms of drops on income due to bad debt and arrears, but also in terms of the resource needed to deal with the challenge. We must also recognise the costs to local authorities. In addition to the existing temporary accommodation costs, the need for increased support, the potential increase in homelessness due to eviction, all carry significant costs. Again, these are in addition to the figures for temporary accommodation found by Shelter Cymru and represent the continuation of a vicious cycle of spiralling need and costs.

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We believe a significant reason for this massive upturn this year is in part due to the high numbers stuck in temporary accommodation. Often people are going in as what could be termed as having 'low/medium' needs. However, lengthy time spent living alongside trauma, in a space that can be chaotic, with no sense of physical security or psychological safety, is only going to lead to one outcome: further distress. When eventually people can be moved into Supported Accommodation, the trauma and experiences they have accumulated result in higher levels of distress and often a complex web of coping mechanisms they have adopted to cope with this.

This has a further impact on the ability of services to offer tailored, personalised services. Again, we fully understand and have huge empathy for local government and their critical need to house people, but the pressure on social housing allocation means providers cannot exercise any influence over the mix of needs people have within a project. To provide excellent support, there needs to be a mix of needs, to minimise the presence of chaos or disruption. It is not possible, on the staff structures afforded through funding at present, to meet the needs of all residents in supported housing, if the combination of needs is not considered. For example, we would usually try to minimise the occurrences of someone using substances to cope with trauma, being housed with someone who is on a long-term recovery journey but who is vulnerable to going back to that as a response. As providers, our staff understand the needs of people very well, and their ability to influence or guide placements into supported accommodation has been severely curtailed by necessity.

This also goes hand in hand with needing sometimes to support people who we do not have the agency or power to appropriately support, often with limited support from statutory services who would previously have intervened (for example, see recent changes to policing around Right Care, Right Person). We are seeing sectors we interface with on a regular basis in states of overwhelm, unable to provide the help and support previously offered to the people we support.

To put it simply: temporary accommodation is becoming a harmful, chaotic, traumatising, dangerous place for people to

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live, and is creating a pipeline of trauma. Rather than being a safe space for people to wait for housing, in small numbers, it is increasingly becoming a source of serious harm to people both mentally and physically. It will become known as one of the greatest policy failures in the 21st Century, in terms of human and financial cost, if urgent action is not taken to resolve it.”

There are, of course, other areas where capital investment would be helpful. There will be arguments for transport improvement, road building, and other worthwhile capital investments. Our argument is based on clear evidence both as to the longer-term costs of trying to invest everywhere all at once. There is no other capital investment opportunity that we can identify, that meets the “maximal effectiveness test”, as well or as fully as the construction of social housing. Ultimately, it is the *guaranteed* positive impact of reducing temporary accommodation costs for local authorities, that has led us to recommend so strongly, that most of the available additional capital spend be allocated to social housing³.

We are aware that this is a difficult ask, and that is why we have made the logic abundantly clear. This budget should be seen as a “spend to save” budget. We are aware that it will mean Welsh Government disappointing other stakeholders. We are aware that there will be a temptation to allocate varying amounts of capital spend across different departments, or even to allocate proportions of that to revenue spend. We cannot emphasise strongly enough that the ability to develop and expand the volume of social housing within Wales is one of the most impactful policy levers available to us through our devolution settlement (Welsh Parliament, Local Government and Housing Committee, 2024), realising significant economic and social benefits and we desperately need a government that prioritises housing.

Supporting regeneration led by communities themselves

If the need to build more social housing is our absolute priority for capital spending, our second priority for capital spending would be supporting regeneration of communities – by giving them the power (and funding) to decide what their communities need and having the resources to build

³ We mean social housing with affordable rents, rather than affordable housing supply for homebuyers.

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that. We have made clear already, and in our submissions to Welsh Government on their mental health strategy (Platform, 2024), the importance of addressing the social determinants of mental health. Our communities must be places where people can thrive, connect and find safety, and after the restoration of Welsh social housing supply, community regeneration is one of the areas for investment that would have a positive impact on our mental health. We need to create ways for communities to work together, with the right support and funding, to tackle the social determinants that are holding them back in their specific areas. We advocate strongly for participatory budgeting in this approach, restoring power to communities and ensuring they can make decisions for themselves. Having a fund that is clearly community-led in all ways, will also help restore a sense of agency and hope to parts of Wales that feel forgotten about or unheard. We would encourage Welsh Government to ensure there is a revenue aspect of community funding too, to ensure that those communities that face the most barriers to their physical and mental health have the resources they need to address the challenges in their local areas.

Transforming the mental health estate

Whilst we believe that investing in social housing, and then our communities, need to be the two priorities for capital investment, our third priority would be for investment in a highly outdated mental health estate. We explore further below, how we believe an overdue shift in our mental health approach can provide better outcomes for people – but it is also clear that the current mental health estate is not sustainable, nor does it promote a sense of safety that allows people to heal and recover. The *Raising the Standard* report from Mind Cymru (2024), references the challenges raised to the physical environment in an inpatient setting from Health Inspectorate Wales inspections in five out of eight hospitals, including missing environmental audits, and environmental ligature risks. Recent inspections identified baths and toilets not working, cracked windowpanes, redecorating not happening when it is needed, and a lack of evidence that ligature risk assessments have been followed-up.

We believe that a capital investment in the quality and safety of our physical inpatient settings is critical if we are to begin creating safe, healing spaces for people in distress, rather than retraumatising them, creating further need for care. Whilst we understand that the Welsh

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Government has begun work in this area, we would want to see this work prioritised when reviewing the wider NHS estate in Wales, and we would support Mind Cymru's call for "a review into the mental health estate, and to consider where improvements can be made in line with recommendations from Health Inspectorate Wales and feedback from patients".

We cannot overstate the challenges of this environment. In England, mental health staff are currently on trial for corporate manslaughter (Independent, 2024) because of poor physical environments and the impact on patients. This is the first time a trust is facing corporate manslaughter charges over the death of a mental health patient, but there have been several successful prosecutions brought by regulators, the Care Quality Commission and Health and Safety Executive over mental health patient deaths. We know NHS Wales mental health settings have similar issues, and coroner's reports across health boards have found deaths related to ward safety and other factors (BBC Wales, 2023; BBC Wales, 2024; BBC Wales, 2024; BBC Wales, 2024).

A report (BBC Wales, 2024) by the Royal College of Psychiatrists found less than half of 84 recommended improvements to a hospital trust's mental health department have been made. In the past ten years, four separate reviews have outlined changes to be implemented by Betsi Cadwaladr University Health Board. Patient watchdog, Llais, said people had continued to die during this time.

These issues are prevalent across health boards and directorate and there are similar incidents reported across older adult, learning disability, adult mental health and the children's mental health specialities.

NHS Wales is carrying the same level of risk therefore, as the NHS in England, and without urgent action this is a crisis that will continue to escalate as it unfolds. We also explore further below on this note, how alternatives to mental health inpatient settings are being piloted across Wales, and how these changes will help address this historic underfunding in the mental health estate, chronic under resourcing and poor-quality care provision using a restrictive mental health model.

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Address risks to the third sector

Tackling the National Insurance rises, and the increase in National Living Wage

We have written as part of the Wales Alliance for Mental Health, to the First Minister, in partnership with Cymorth Cymru, and DASU, asking for an urgent representation to be made to the UK Government by the Finance Secretary for the Welsh Government. The impact of the increase in National Insurance will be significant, with organisations we have spoken to reporting additional costs in the hundreds of thousands. That, in conjunction with the increase in National Living Wage (which we welcome), creates another wave of costs for the third sector to address. At Platform, we have made public that the National Insurance increase alone will increase our costs by around £250,000 a year.

We are concerned that the same exemption that applies to the public sector, does not apply to the third sector. Whilst smaller businesses and charities are exempt, increasingly the Welsh public service delivery environment has shifted – more and more local government contracts are being delivered by the third sector, without the same workforce protections, and at cheaper rates. We are working to meet statutory duties held by local government, but without the same exemption in National Insurance.

At the first stage, we hope that the Cabinet Secretary for Finance, and the First Minister, as well as others within the Welsh Labour Party, will be arguing on our behalf with the Westminster Government to see immediate action on this. Otherwise, we know that any potential increase in funding for social care, homelessness, or other areas that are in desperate need for funding, will see that increase lost immediately on managing the new costs of NI and the National Living Wage. We have seen yesterday (26th November 2024) that the Chancellor has ruled this out, and that the exemption will not be applied. We are deeply disappointed with this response, and we hope that the Welsh Government will use the opportunities that are available to Wales by having the same political party in Cardiff Bay and Westminster making the decisions, to call for this to be rethought.

However, given the Chancellor's response, we do not, sadly, believe this to be possible. On that basis therefore, we must see corresponding increases in funding for the third sector, to ensure that the additional costs

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can be met without causing charities to lose staff, or close services. This would then have a knock-on effect for the NHS, with increased demand and longer waiting lists.

Longer-term, we hope to see with a renewed partnership between Westminster and Cardiff Bay, progress on two/three-year budget settlements, providing the third sector (and our local government commissioners) the certainty and stability we need to plan delivery and remain sustainable. We hope that this budget provides an opportunity to set a two-year budget, avoiding the uncertainty that would be caused by a pre-election budget.

We also set out below that it can still take local government a long time to decide on any uplift given to providers, even after a Welsh Government budget with clear and firm guidance given by the relevant Minister. We would want to see this addressed in this budget and future budgets: the time taken for the process to conclude has meant in some cases, uplift decisions only being made by the end of July, over six months after the budget was published. This continued delay, a long-standing feature of government, places the associated risks firmly on providers, as we wait for confirmation sometimes for months, and creates huge uncertainty amongst senior management and that has a knock-on effect for our frontline staff. We would want to see funding decisions made by Welsh Government expedited, with an expectation that local government moves as quickly as possible to pass uplifts on to providers. Every delay only furthers the sense of uncertainty that the third sector continues to grapple with, financially. Many of our challenges around staff retention, morale, clarity, pay and progression, would be lessened with faster decisions that are more clearly and rapidly communicated.

Protect Welsh innovation in housing support and explore applying this approach elsewhere

Again, as with the capital investment that is available to the Welsh Government in this budget, there is a need to be extremely focused on what will bring the best results for Welsh public services over the remainder of the Senedd term and into the next. Our response last year (Platform, 2024) made clear the impact that the cost-of-living was having both on the people we support, but also our own highly valued colleagues. We also drew attention to the work that housing support workers do, often unseen, across Wales.

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The increase in the Housing Support Grant last year (an initial rise supplemented by additional funds from within the Housing Department of Welsh Government) went some way to reducing that pressure, and we were grateful that this need was heard, and acted on by Welsh Government. However, whilst we understand the significant challenges that local authorities are facing (as we raise above with our hope that capital investment will focus on social housing as a national project), we also do have to raise our concern that the uplift was not passed down to housing support organisations at the same level, in all cases. The pressure was eased, but as a sector, housing and homelessness charities collectively felt that it was a crisis only just averted, rather than addressed, essentially another example of “crisis maintenance”, as we described above. We hope that the Welsh Government will note this for any funding decisions for their 2025-26 budget, and act urgently to expedite any decisions, and ensure as much as possible actively reaches the front-line for services.

One of the aspects of the Housing Support Grant that we are proudest of, is the ability to innovate, and work in a preventative way. This is something that austerity made much harder. Whilst there was a belief that we could innovate our way to lower-cost solutions, it has been clear to us within the housing and support sectors, that austerity has made that harder. By continuing to support the sector through this Grant, the Welsh Government has allowed the housing sector some space to innovate and explore creative solutions to housing crisis, such as assertive outreach, Housing First, and others. We would want to see this funding continued, increased and protected, and this approach adopted within mental health services.

Making the case for housing support and wider homelessness services in meeting the needs of a struggling NHS

We recognise that the Welsh Government’s key priority, as stated by the First Minister on several occasions (Independent, 2024), is to reduce waiting times for the NHS. Multiple research reports demonstrate that addressing homelessness can make significant savings for the health service (Pleace and Culhane, 2016, and Pleace and Bretherton, 2019). A widely cited, but no less impactful, Cardiff Metropolitan University evaluation (Fury, Lynn Montes and Taylor, 2020) of the then-Supporting

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People Programme, and now Housing Support Grant, demonstrated significant savings of £1.40 for every £1 spent. However, it is also important to flag that the same report identified a saving of £4.50 specifically for the NHS, for every £1 spent, when the specific areas of impact are identified (page 68).

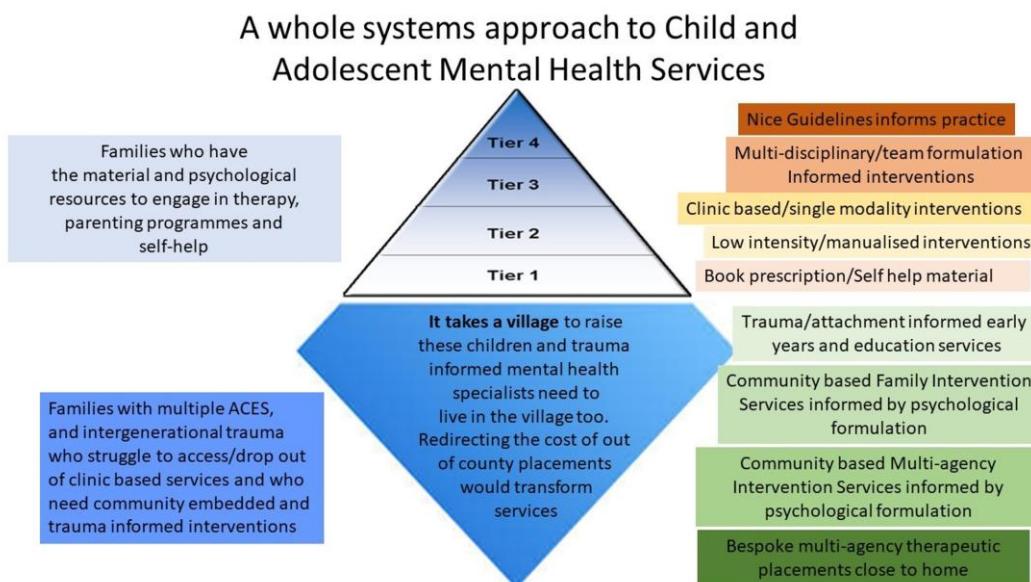
We want to make clear to the Welsh Government as they pull together their budget, that the Housing Support Grant, and other related areas of spend, have an outsized impact on the health service. In this way, it is very similar to the impact that social care support has on patient stay in NHS beds – often unseen by the public, but without it, the system would very quickly begin to fall apart.

We would hope that the Welsh Government can prioritise the Housing Support Grant for above-inflation increases in funding, so that local authorities can continue to allocate services for people on the edges of our society, who are homeless or at risk of homelessness. If this was to happen in conjunction with a large-scale, historic investment in social housing, the Welsh Government could realistically become the first nation in the UK to drastically reduce homelessness in recent years – and that would be a record to be highly proud of.

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Supporting the development of safe, therapeutic, calm environments that are an alternative to mental health inpatient wards or attendance at A&E.

Moving from Tiered Support to a Community for Mental health approach



Our current model is based on a one-at-a-time, individualised clinic approach which attracts long-waiting lists, where delivery is slow, with high financial cost, low sustainability, poor outcomes, and devoid of context and relationships.

The limitations of the one-at-a-time, clinic-based, purely medically focused model have been documented clearly in the Mind over Matter report (National Assembly for Wales, 2018 and by the WHO and UN respectively (WHO/UN, 2023). It is hard to access and by default our most vulnerable families and adults are missed. It is a one size fits all that cannot accommodate bespoke need or cultural sensitivities.

It is not a prudent use of resource to send people back to the circumstances that made them unwell in the first place without making any change to those circumstances. The recent *Connecting the Dots*

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report (Welsh Parliament, Health and Social Care Committee, 2022) made clear the links between circumstances and people's mental health here in Wales. This not only means we must address the social determinants of mental health but that we must focus on interventions that can also restore healthy attachment across our communities, at the level of the family, our 'blocks', and the community more broadly.

To shift towards a more therapeutic mental health approach that is embedded more in our communities than within systems, our mental health system needs to be able to explore and innovate. We have been working to do that as an organisation, whether by supporting other organisations in their pilots, or through piloting our own approaches. These ways of working, which are more focused on preventing harm, avoiding interaction with inpatient care, and bringing support into the communities where people live, offer very real hope for a way forward. Critically, these interventions are cheaper than inpatient care and carry significantly fewer negative impacts for people.

We explore these options, and some of the history, context and impact of them, below.

Open Access Mental health Care: Crisis Houses

Platform has been delivering the only two 'Crisis Houses' in Wales since 2005/6. Crisis houses are an alternative to inpatient wards or A&E, providing support by trained support workers, in a more informal setting, that people can feel safe in.

Crisis houses are part of a world-wide move towards community-based care for people in acute mental health distress and more generally as a mode of care and support across the spectrum of need. This model is endorsed by the World Health Organisation and commonly referred to as the 'Trieste model' after the town in Italy it first emerged from. Alongside this emerged the Finnish 'Open Dialogue' approach which is a model of mental health care that involves a consistent family and social network approach where all healthcare staff receive training in family therapy and related psychological skills. All treatment is carried out via whole system/network meetings which always include the patient. This model is being piloted with in Cardiff and the Vale UHB Adult Mental Health services with great success alongside other transformational work as

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described here⁴ by Dr Andrew Vigen, Assistant Clinical Director for Mental Health. These ideas support the move towards a co-produced and more democratic mental health system in Wales. Crisis houses are the UKs early emergence of these ideas in practice.

The ultimate aim is to move away from entangling people in NHS hospital services which are costly in resources, have poor treatment outcomes, and also can further enforce a medicalised viewpoint of mental health onto the individual. We also see from Mind Cymru's report (Mind Cymru, 2024), a consistent concern about the quality-of-care within inpatient settings, and patient experiences are not positive within these settings.

These include concerns about “coercion by staff, fear of assault from other patients, lack of therapeutic opportunities and limited support” (Staniszewska et al, 2019), the lack of activities to prevent boredom (and associated risk of self-harm incidences, for example), particularly on weekends (Foye et al, 2020), and others. Sky News in partnership with the Independent recently created a podcast⁵, about the story of a young mother and former GB youth swimmer, Alexis Quinn, who agreed to enter NHS England psychiatric care following a family tragedy. In her words, her three-day admission turned into a three-year ordeal.

Harm is exacerbated further by a lack of agency, overuse of force and restrictive practice ranging from not being allowed to take entitled S17 leave for arbitrary reasons to not being allowed in their bedrooms during the day, or only allowed patients access to decaffeinated tea and coffee. The environment is also one where “established principles of inpatient care, such as dignity and respect, collaboration and promoting patient autonomy, tend to be implemented to only a limited extent” (Eldal, 2019). The evidence for positive impact of mental health inpatient settings is dubious, to say the least. The recent WHO/UN Guidance on mental health legislation and practice (WHO/UN, 2023) raises significant concerns with the use of restraint and calls for a shift in approach towards one that is rights-based, person-centred, least-restrictive and with informed choice and consent. The reality is far from that, presently.

Last year, we supported 211 people through our two crisis houses. 84% of those avoided inpatient hospitalisation which is a huge achievement, and

⁴ <https://www.youtube.com/watch?v=DBCsf5T9EtM>

⁵ <https://news.sky.com/story/patient-11-podcast-13054441>

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in line with other evaluated crisis houses internationally (see below). The feedback from our crisis house residents is incredibly powerful.

“Helped me keep going through the darkest hours and has allowed me to see my way through the storm.”

“I will never forget your kindness.”

“I now know that I can have a place to go if it’s my last resort, and not be taken away from my children.”

“I’m not naïve enough to think I can be ‘fixed’, but I honestly feel it’s made me whole again.”

Beginning around the early 90s the ‘crisis house’ approach (Hartmann and Sullivan, 1996) clearly demonstrated the positive implications of the model. Only 20% of respondents reported a hospital admission since their discharge, with 61% believing they would absolutely have gone to hospital if this option hadn’t been offered. This evaluation did suggest that people with repeated histories of hospitalisation had fewer positive outcomes, which is a further indication of the traumatising impact those settings can have.

A research review into the contributions of the third sector to mental health (Newbigging et al, 2020) summarised the crisis house approach impact as being more “homely”, and offering a “less fraught, with less coercion and loss of liberty” than traditional mental health inpatient responses. The review cites Sweeney et al (2014) who found that the “therapeutic alliance” (the relationship between mental health professional and ‘patient’) was stronger and more positive in crisis house settings than on inpatient wards. They cite Butt and colleagues (2019) finding that there were “improvements in mental health and safety”, and Croft and Isvan (2019) finding that short periods of stay in respite care reduced inpatient and emergency admissions “up to 9-10 days for each day of stay”.

There are mixed understandings of the severity of need experienced by residents of crisis houses, with some (Johnson et al, 2018, cited in Newbigging et al, 2020) positioning crisis houses as a “softer” alternative that are less appropriate for people with “more serious” mental health issues. This is disputed itself by a randomised control trial, cited in

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Greenfield et al (2008) where comparing a managed crisis residential programme (CRP) with four beds, to a locked inpatient ward with 80 beds, "found a greater severity of 'illness' and lower functioning scores for people in the CRP". At Platform, we have experienced, despite a highly positive relationship with Cardiff and Vale Health Board and Aneurin Bevan Health Board (the two commissioners for the Crisis Houses), a focus on medium-level mental health issues for referrals to the crisis houses we run, when we would also like to explore holding more (perceived) complex people safely.

This is a critical point: organisations like Platform (and others) currently deliver supported accommodation and floating support across the housing sector, working with people regularly in high levels of distress. Our public sector trusts organisations like Platform to hold people safe in these moments, sometimes for months or years at a time, but that same confidence is not yet held within the mental health system. One of the areas we believe needs to be explored, urgently, is how to create more crisis houses and other community-based care and support in Wales, and to create the right conditions in partnership with health boards, so that more 'severe' mental health issues can be accommodated within a crisis house approach. Anything that reduces the human and financial impact on people and the system, at the level we know the crisis house does, should be explored actively and urgently.

We know it saves money. Whilst this area does require further exploration, early indications (again, Newbigging et al, 2020) are that there are significant financial savings to be made: Fenton et al (2002) found that crisis houses provide similar outcomes to inpatient care, at a significantly reduced cost; Bagley (2012) identified a £5.17 benefit per £1 invested; and Croft and Isvan (2015) found a decreased use of inpatient and/or emergency services, albeit for a time-limited period. At a time where A&E pressures, ambulance waiting times, and overall waiting lists for elective surgeries are causing significant challenges to the Welsh Government and the NHS health boards across Wales, we believe it is a matter of urgency that these evidenced alternatives to inpatient admission are explored. The fact that there are only two of these in Wales, despite the powerful emergent evidence dating back almost three decades, should raise questions about the ability of our public policy system to embrace much-needed innovation despite the strong support we have received from our health board commissioners.

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Open Access Mental health Care: Sanctuary approach

Additionally, Platform has recently developed, in partnership with Cardiff and Vale University Health Board, a 'sanctuary' approach, which was itself inspired by our Hangout, for young people commissioned by the same health board. These two physical locations offer a safe, healing, and therapeutic space for people in distress. In the case of the adult Sanctuary, it can be accessed after calling 111 press 2, in Cardiff and Vale. Our Sanctuary in Cardiff has already supported over 200 people this year, who would otherwise have

Sanctuary models are, in a similar way to crisis houses, an alternative to emergency inpatient or A&E admissions, or ambulance call-outs – but rather than residential short-stay, this is a temporary visit during the evening when other services are not available, which help reduce demand on emergency services. Again, this approach saves significant resources and cost to the NHS in Wales, and we would encourage other health boards to explore how more of these spaces can be commissioned across Wales. Sanctuary approaches are different to The Sanctuary Model™, which refers to an organisation-wide trauma-informed approach pioneered by Bloom in the 1980s, and aspects of which have informed the development of Trauma Informed Wales and the accompanying Trauma Informed Wales Framework.

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A photo of our newly launched Sanctuary service – a welcoming, warm, therapeutic space for people experiencing mental health crisis. Imagine the difference between arriving here (we have a fundraised fund for taxi travel in an emergency) at your own pace rather than at a ward, having been escorted by police, or picked up in an ambulance with loud noises and flashing lights. A very different (and less costly!) mental health system is entirely possible.

One person who has accessed our Sanctuary in Cardiff, Geoff, said:

“Everyone has been extremely compassionate, patient, and understanding which has made me feel less alone, ashamed and isolated.

just had a long and difficult conversation with my mother about the lack of compassion and support I've had from both my parents since I got back here and although she was very combative, invalidating and demeaning, my talk with you tonight helped me maintain a calm, composed, patient demeanour through the whole conversation, avoiding all her attempts to antagonize and trigger me into losing my dignity and project her shame onto me.

I wouldn't have been able to achieve that if it hadn't been for the genuine unwavering concern and interest, you showed me

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and the challenges I'm dealing with. After the conversation was over I concluded that I need to achieve independence, move out and eventually go no contact with them as the damage they've done is irreparable. I didn't have any motivation to get myself together, and now I do. It will be unbelievably difficult but if I stay here with them things will just keep getting darker and darker for me.

I just wanted you to know that you've made a big difference in my life."

Open Access Mental health Care: Cardiff and Vale Hangout approach

On a similar approach to the Sanctuary scheme in Cardiff, is the Hangout approach, specifically aimed at young people. The experiences of young people in the mental health system is no less traumatising than it is for adults, and arguably given the particular lack of agency and power often afforded to young people, the impact can be much more significant.

When young people face challenges with their mental health, it can be difficult for them to get the help they need, when they need it. Specialist services have historically had waiting lists to access assessment and intervention – unfortunately leading to the mental health of some individuals deteriorating as they wait to access support. The COVID-19 pandemic has only exacerbated this challenge.

The earlier an individual can access the help they need, the more effective it tends to be in preventing problems from getting worse and potentially leading to a mental health crisis.

The development of local, easy to access early support mental health hubs has proven to be an effective way of providing children and young people with support when they need it. This is backed up by young people in the region (Cardiff and Vale) telling us that this is what they need: support when they need it, in a relaxed and non-medicalising / stigmatising place.

Since opening our Hangout in Cardiff, over 500 young people have visited, and the response from them and parents/guardians has been overwhelmingly positive.

The feedback has been so powerful:

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"I used to feel very anxious all of the time but this has changed since coming to the Hangout and since then I feel much more calm." – (young person aged 11-13)

"I can see that the 1:1's have helped a lot – when I pick her up from the Hangout, there is always a noticeable difference from when I drop her off. She seems much more calm once she has been." – (parent of a young person)

"Thank you for yesterday. [YP] absolutely loved it and is looking forward to coming again! This is big news as he has rarely left the house over the last year. You have a great service there, thank you for being so welcoming." – (Professional working with a young person)

"She has been referred to CAMHS multiple times and rejected because she has ASD. The Hangout was the only thing we found that was appropriate and accepting. She found solace in The Hangout and was going daily for awhile over the summer. We attribute her healing 99% to The Hangout. It's been an absolute lifeline, especially as she moves away from sharing everything with us and needed another safe outlet. It was the staff and the art that kept her coming back." (Parent of a young person)

Cardiff and Vale University Health Board have invested additional Welsh Government funding to open a second Hangout in Barry, although due to the limited nature of funding they were only able to commit to one year. This is an example of a supportive commissioning relationship that is still prevented from being as innovative as it can be, because of the consistent challenge of longer-term funding and how that interacts with capital investment and risk. For example, in order to secure a welcoming, therapeutic environment that this model is entirely dependent on, a significant capital investment was required from Platform and CAVUHB, and both organisations have taken a risk in investing, hoping that additional funding can be found to extend this contract. If the contract is not extended (and it only can be if CAVUHB have the resources to do so), then both partners will have taken a financial hit from the capital investment.

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One of the rooms in the Barry Hangout, which provides a safe, quiet and therapeutic space for young people in crisis. Again, a very different prospect to traditional emergency service responses.

Clinic to Community: Whole Public Sector Support

Increasingly, Platform is also seeking to develop and invest in a way of working that brings clinic-based skills alongside communities. Whilst this has been tried before for primary mental health with group sessions on managing stress, for example, what has not been tried on a significant level is providing people high-level psychological support, and framing, within community settings (also known as the open dialogue approach in adult mental health) and crucially, community settings that *make sense to the people who live there*.

That means working closely across public sector and community teams, to establish where communities of place and trust exist, and ensuring that mental health services and responses can situate themselves there. It also means supporting psychologists from the Welsh NHS in building community approaches.

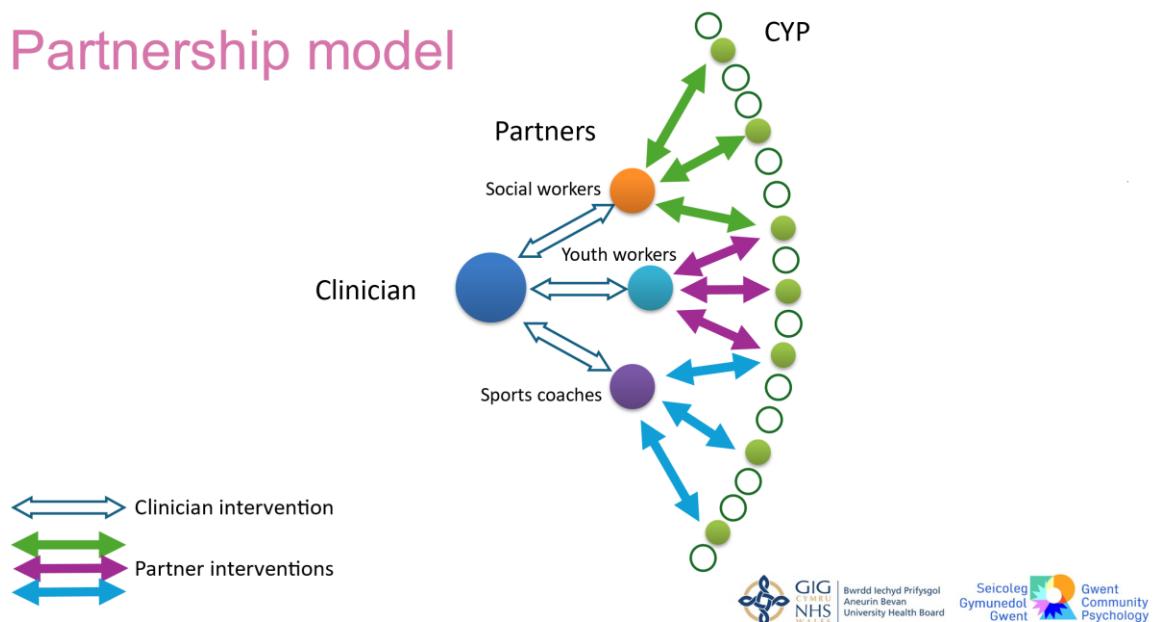
For example, many of the community groups are held in buildings that are owned by the NHS, or that can be hired out, and still often require travel for people. They are chosen, largely, out of budget necessity, rather than

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through consideration of which communities can be reached more easily. This means that in communities that are more distant, or who have been consistently let down by services, there is further disenfranchisement and entrenched inequality.

Aneurin Bevan Health Board have explored ways in which a clinic to community approach can be adopted, and they have considered not just how to bring psychological knowledge and expertise to people who need it, but to *professionals* that interact with them more often.

Partnership model



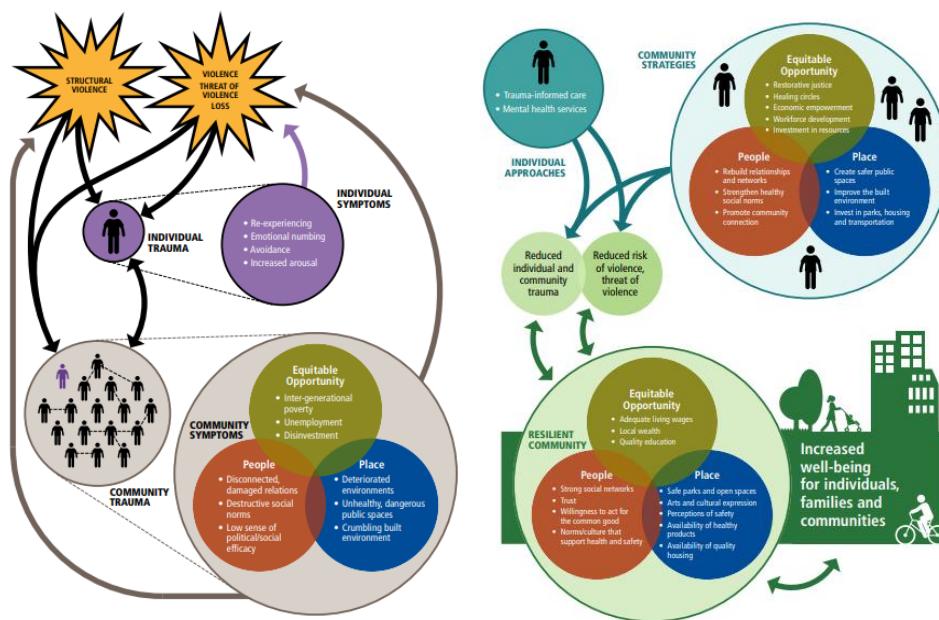
The diagram above demonstrates their community psychology approach clearly. With traditional clinic-based psychology, a psychologist can see one person at a time. This is a costly, and not hugely effective, intervention. However, if community psychologists can support wider networks of professionals to work in a more psychologically informed way, offering advice, reflective practice, and sometimes step in more actively when needed, the impact of community psychology can become significant indeed.

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Clinic to Community: Whole Community Support and Targeted Trauma Informed Community Development

Working directly with communities themselves, as well as professionals, is also one method of bringing clinic to community. In this, Platfform has piloted different approaches, beginning with a partnership with Save the Children, our Bettws Early Learning Community. Here, Platfform worked with a group of parents to develop their psychological knowledge and help them with skills to regulate distress, all in group sessions supported by psychology.

The impacts of this are still being felt positively, and we know it has prevented wider impacts of emotional distress in that community. Our evidence to the Finance Committee is clear: if we can invest, as a country, in sensible, evidence-based yet innovative community-based interventions, we could start to reverse the financial burdens on our system. However, we can only do that if the Welsh Government is willing to take the risks politically, to invest significantly in prevention budgets and in capital investments.



Addressing Adverse Community Experiences Framework (Pinderhughes et al, 2015)

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Taking these approaches forward

Given the high costs of mental health inpatient wards (both financial and in terms of impact on people needing support), which underscores the need to move to community integrated care, we must explore these, and other options that prioritise support and treatment in community settings. We would encourage the Welsh Government to allocate funding to health boards to develop pilots for these options, with an idea of creating a grant dedicated to exploring preventative activity within the mental health system, along a similar model to the Housing Support Grant. We have suggested this be called a “Mental Health Waiting List Prevention and Support Grant”, which health boards could use to commission community-based preventative services like Crisis Houses, Sanctuary models, clinic-to-community approaches, or GP cluster models. We understand that Welsh Government have made different pieces of funding available, for example, the funds that have allowed Cardiff and Vale University Health Board to open the Hangout in Cardiff and then to commit to a second venue in Barry. But these are still relatively rare exceptions to the mainstream system responses. Without the support to pilot, at scale, these innovative ways of working, the mental health system will remain stuck in managing crises, trapped by the legacy of a Victorian approach to mental health which is holding us back from offering the compassionate approach we know we need to adopt: and critically, that we know are cheaper, more effective and result in better outcomes for people experiencing distress.

Conclusion

There is a real opportunity with this budget. The capital investment potential to make long-term, long-lasting positive impacts on local government revenue costs is a real opportunity to grasp a generational crisis affecting our citizens and our public services at all levels, and for future years. So too, is the opportunity to shore up the Housing Support Grant, which is an ever-important preventative funding stream, without which we would be experiencing significantly higher demand.

We recognise that the Welsh Government has multiple and serious challenges facing it. There will be a temptation to stick to what has been done before, with the security that this certainty provides. We know there are not enough resources and sectors across Wales are all overloaded

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with work. That is without even considering the hurt and harm caused with the history of austerity and those impacts of policy.

Owning our story can be hard but not nearly as difficult as spending our lives running from it. Blame is the discharge of pain. It is the inverse of accountability. It will be easy to get stuck blaming Westminster, both historically and even today. But if we simply get lost in that, we will miss the opportunity to take charge and change what is within our gift. Embracing our vulnerabilities is risky but not nearly as dangerous as giving up on love, hope and belonging.

We understand that the budget cannot make everyone happy and in fact, we expect that and have explicitly argued for that in our submission. Whilst there must be an awareness of complexity, and there will need to be compromise, if the Welsh Government tries to keep everyone happy, it will not succeed in making the long-term choices that are needed, to address deeply embedded, structural inequalities that are having a terrible impact on our society's health, wellbeing and crucially our hope. In 2010, when austerity was first proposed, the then Chancellor argued that reducing the deficit was a national mission, but it seemed to be a national mission that resulted in few positives for the people of Wales, despite their hard-won sacrifices.

In December 2024, we would love to hear the Cabinet Secretary for Finance announce that there is a new National Mission for Wales: that there must be a relentless focus on spending to save, in ways that benefit wider society, and reduce costs that are currently making it impossible for local government to meet everyone's needs in the ways we all deserve. This sense that our public services cannot meet needs is pervasive, so anything that reduces costs for local government, increasing the potential to do more locally, will benefit everyone, and crucially, will be noticed by citizens across Wales.

We would welcome the Cabinet Secretary being clear with voters, that this approach might mean that some sectors that expect to get resources may have to wait a little longer, but that the relentless focus of the Welsh Government will be on housing (to reduce costs and provide hope), on prevention to save our NHS (by reducing costs associated with outdated mental health interventions that inadvertently cause harm and create further costs in the long-term), and on providing space to innovate new ways forward for our mental health by connecting us as communities that can thrive in the 21st Century.

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We have a chance to make a generational change. Against the backdrop of the hopelessness we have become so accustomed to in recent years, this year's budget provides the Welsh Government with a genuine choice for the first time in over a decade. The decisions made for Wales in this budget will set the direction of our nation in years to come. The old proverb comes to mind: "Blessed is he who plants trees under whose shade he will never sit." We hope that the Welsh Government will sow those seeds in the budget, knowing that future generations growing up in stable housing, with supportive, compassionate communities and public services that are responsive, offer dignity, and impose themselves lightly, will thank those that had the foresight and courage to invest when they did.

Stronger together. Healthier together. Heal together.

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