

Adverse Childhood Experiences (ACEs) and Housing Vulnerability – Report and Evaluation of ACE-informed Training for Housing

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Acronyms and Definitions used in the report

ACE	Adverse Childhood Experience: stressful experiences occurring during childhood that directly hurt a child (e.g. maltreatment) or affect them through the environment in which they live (e.g. growing up in a house with domestic violence). ACEs include childhood abuse (physical, sexual or emotional); neglect (emotional or physical); family breakdown; exposure to domestic violence; or living in a household affected by substance misuse, mental illness, or where someone is incarcerated.
ASB	Anti-Social Behaviour
BCBC	Bridgend County Borough Council
CAB	Citizens Advice Bureau
CAMHS	Child and Adolescent Mental Health Services
DV	Domestic Violence
Early Help	Services to provide support as soon as a problem emerges, to support children and families, using an integrated and multi-agency approach
HA	Housing Association (also RSL)
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
PoVA	Protection of Vulnerable Adults
RSL	Registered Social Landlord (also HA)
TIC	Trauma-informed care (see Section 1.5 for definition)
V2C	Valleys to Coast Housing Association
Vulnerability	We define a person as vulnerable using the South Wales Police definition of: A person is vulnerable if, as a result of their situation or circumstances, they are unable to take care of or protect themselves from harm or exploitation. But expand this in the context of this report to include (but not limited to) having experienced ACEs (trauma) in childhood as a cause of vulnerability in adulthood; an inability to access services and function well without additional support as an effect of vulnerability; and the risk of homelessness and poor health and wellbeing as an outcome of being vulnerable.
WASPI	Wales Accord on the Sharing of Personal Information
WWHA	Wales and West Housing Association

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Executive summary

There is growing evidence to suggest that Adverse Childhood Experiences (ACEs) can lead to vulnerability in adults, impact health and life chances, and contribute to adverse housing outcomes. Homelessness is a growing societal issue, caused by a combination of factors including lack of affordability, life disadvantage, and traumatic life events, including those experienced in early childhood. Good quality housing is fundamental to good health and wellbeing, having a home is a basic need, and it is where adults and children spend a large proportion of their time.

The Housing sector is uniquely situated to identify vulnerability and ACEs at an early stage, and be a strong, enabling link between support services, agencies, and vulnerable tenants, because of the long-term relationship and high level of engagement that exists between tenants and their landlords. The Housing sector already plays a strong role in supporting vulnerable tenants with the aim of sustaining the tenancies and preventing crises occurring, and linking in with support services and other agencies when need is identified. This places the Housing sector and its staff in an exceptional position to be able to recognise and respond to ACEs at the earliest opportunity and in the most appropriate and effective way. The Housing sector is an essential part of a systems-wide response to ACEs across the life-course, because of their prime access to and relationship with vulnerable individuals and households; and has a unique opportunity to contribute to the bigger societal ambition of breaking the generational cycle of ACEs thus reducing the risk of poor outcomes, such as crime, violence, anti-social behaviour, and homelessness.

A preventative ACE-informed approach to vulnerable tenants has the potential to prevent the threat of evictions and homelessness, through greater understanding of trauma and its impacts; yet there is a shortage of knowledge of what an ACE-informed approach to housing should look like. To address this gap, this programme sought to develop an *ACE-informed Training for Housing* resource that aims to enhance the work already taking place within the Housing sector and complement parallel ACE-informed approaches being piloted in the police and education sectors.

The *ACE-informed Training for Housing* resource was developed by a multi-agency approach through consultation with Housing representatives from different tenures across Wales, and aims to raise awareness of and increase confidence in responding to ACEs and vulnerability in the Housing sector. The training was piloted in Bridgend in October 2017 in the social Housing sector, local authority, and support services. In Bridgend, 14% of housing is social housing, and of the people presenting to the local authority with housing needs, one-fifth are assessed as vulnerable and needing some level of support. Information on ACEs are not routinely collected by this sector.

Key findings: ACEs-training delivery

- The training was successful as a foundation-training course in changing attitudes and increasing confidence in responding to vulnerability in tenants, by adopting a trauma-informed approach to ACEs. The training allows staff across all roles in the Housing sector to increase awareness of ACEs, recognise the impact ACEs have on vulnerability and life-course, and increase understanding of how a trauma-informed approach can help.
- The training could be further improved by looking in more detail at what practical applications can be taken for responding to ACEs, such as further developing skills or tactical options.
- Nearly half of the training participants felt that there are currently barriers to taking an ACE-informed approach. These include a lack of resources, the length of time needed to build trusted relationships, and a lack of joined up working between agencies and services.
- Participants felt that improved understanding of different job roles and services helped them understand the thresholds of different agencies and to improve working together locally, and the training allowed staff to look at existing vulnerable tenants through an ACE-lens and person-centred approach.

Recommendations

- The training can be used either as a stand-alone resource, or as part of an expanded training package, that includes more focus on additional tools and skills (e.g. motivational interviewing, developing restorative practice), as well as a greater emphasis on including more case studies. The Housing sector should consider ACE awareness as part of its core training on offer to staff.
- Any scale-up, including roll-out to other areas in Wales or housing tenures, should consider approaches to better supporting vulnerable tenants such as holding training at a local level with other agencies to improve understanding of local roles, responsibilities, protocols and processes, and availability of different local services. This should also be evaluated to further examine impact.
- Housing organisations should work together locally and with relevant partners (e.g. holding regular joint workshops or joint training) to ensure that staff are aware of the support services that are available to their tenants in their area, so that staff can signpost effectively and be kept updated.
- Parallel training should also be delivered to other sectors (e.g. schools, police) so that there is a consistent ACE-informed approach across all sectors dealing with vulnerable people.
- Occupational support needs of staff dealing with vulnerable tenants should be reviewed and addressed within each organisation to prevent re-traumatisation and stress in staff.
- Further work should now take place to review how to enhance preventative and collaborative working between Housing and other sectors. The approach should be centred around the vulnerable person before crisis occurs to prevent eviction, take a holistic approach that does not look to treat single concerns in isolation, and consider not only the individual but also their household. Fewer barriers to accessing support services and sharing data, and a policy drive at national level, are required.
- There should be further research around actions needed to prevent ACEs / mitigate the impact of ACEs, particularly in relation to supporting individuals and families to maintain tenancies and prevent evictions.

1. Background

1.1 Adverse Childhood Experiences (ACEs) and housing

Adverse childhood experiences (ACEs) are stressful experiences that children can be directly or indirectly exposed to while growing up (Bellis et al., 2015). ACEs include: childhood abuse (physical, sexual or emotional); neglect (emotional or physical), family breakdown; exposure to domestic violence; or living in a household affected by substance misuse, mental illness, or where someone is incarcerated (Bellis et al., 2015; Hughes et al., 2018). Exposure to ACEs in childhood has long-term impacts on health, wellbeing, and behaviour (Bellis et al., 2015; Ashton et al., 2016a; Ashton et al., 2016b).

Welsh ACE studies demonstrated that 14% of adults (aged 18-69) had experienced four or more ACEs (before the age of 18) (Bellis et al., 2015; Hughes et al., 2018). Individuals who had experienced four or more ACEs were 15 times more likely to have committed violence against another person in the last 12 months, and 20 times more likely to be incarcerated at any point in their lifetime (Bellis et al., 2015). Compared to no ACEs, adults who experienced four or more ACEs were at significant risk of mental illness, with over three times the risk of reporting current mental illness and six times the risk of lifetime mental illness (Hughes et al., 2018).

Inadequate housing, including homelessness, is known to adversely affect the health of occupiers (Braubach et al., 2011; Marmot et al., 2010). Housing comprises of four dimensions: physical structure, the home environment, the neighbourhood infrastructure, and the community. All of which can have a direct or indirect effect on physical, social, and mental health, and two or more dimensions combined may have a greater impact (Braubach et al., 2011). A lot of time is spent in the home, a study showed that mothers, fathers and young infants spend an average of 18.4, 14.7 and 19.3 hours at home per day respectively (Farrow and Golding, 1997).

Housing tenure is associated with poor physical and mental health; however, housing tenure, poverty, and health are so tightly bound that making causal links can be extremely challenging (Byrne et al., 2014). People living in social housing may experience poorer health outcomes than owner-occupiers; as well as being more likely to be the poorest and often the most vulnerable members of society and more likely to be socially excluded and live in neighbourhoods with worse conditions, than those in owner-occupied houses (Byrne et al., 2014). Social housing is more likely to be located in the most deprived fifth of neighbourhoods, although access to social housing protects affordability and security of tenure (Marmot et al., 2010). Private renting can affect affordability and security, and those renting privately are more likely to live in fuel poverty (Marmot et al., 2013). Those living on the fringes of home ownership may also suffer from lack of affordability and security (Byrne et al., 2014). Research suggests that it is likely that the more financially insecure an individual feels that this will exacerbate vulnerability in those with ACEs (Hughes et al., 2018).

Homelessness is a serious societal problem, caused by a combination of lack of affordable housing, life histories (disadvantage) and life events (Harding et al., 2011; Roos et al., 2013), and can cause deterioration of physical and mental health (Roos et al., 2013). It is well-evidenced that homelessness is made more likely by childhood disadvantage (Harding et al., 2011; McDonagh, 2011). In particular, homelessness in adulthood is associated with parental addiction, domestic violence, and living in social housing or local authority care as a child (Harding et al., 2011). Family relationship problems and lack of support networks are common amongst teenagers and young adults who find themselves homeless (Fitzpatrick et al., 2000). Subsequently, during adulthood, homelessness is connected to unemployment, crime, addiction and mental health problems (Fitzpatrick et al., 2000).

Individuals with 'lifetime homelessness' (having ever experienced homelessness lasting more than one month) have been seen to have experienced higher rates of all childhood adversities compared with

individuals without lifetime homelessness (Roos et al., 2013). Eighty-five percent of women and 77% of men with lifetime homelessness had experienced any adverse childhood event, which indicated the experience of at least 1 type of ACE (abuse, neglect, or general household dysfunction) (Roos et al., 2013). Other research from the US has shown that in the homeless population, 87% reported having experienced at least one ACE, and 53% reported four or more ACEs (Larkin and Park, 2012). Half reported parental loss, emotional neglect, living with a substance abuser, and emotional abuse, with the ACEs significantly correlated with one another (Larkin and Park, 2012). Given the association between ACEs and homelessness, an ACE-informed approach to housing services could help support the prevention of homelessness by enabling the workforce to understand the impact ACEs have and how to take a trauma-informed approach to ACEs in vulnerable tenants.

To map how the Housing sector supports vulnerability across Wales, a Wales-wide online survey was delivered through networks run by Community Housing Cymru (CHC) and the Chartered Institute of Housing Cymru (CIH) in July 2017. The aim was to explore approaches that the Housing sector have been taking to support adult tenants with past experiences of ACEs during childhood, to support tenant-households with children where current ACEs are evident, and how the Housing sector could work differently to support change. In total, 47 people responded to the survey, of which 34 worked for RSLs, seven for local authorities, and two for other housing organisations such as commissioned services (supported housing). The respondents covered 18 of the 22 local authority areas in Wales. Six semi-structured telephone interviews took place in September 2017 to explore further the perceived role of housing organisations in supporting tenants with ACEs. The results (presented in Appendix A) provide an overview of the Housing sector's understanding of the impact of ACEs on the vulnerability of tenants and tenant-households, and of how the Housing sector perceives its role in the ACEs agenda.

1.2 Housing and vulnerability in Wales

People become and stay homeless for a whole range of complex and overlapping reasons, and addressing homelessness is about much more than putting a roof over people's heads, as many homeless people face a number of issues in addition to, but often compounded by, their homelessness (Wales Audit Office, 2018). Reasons can include traumatic life events, including ACEs experienced in childhood (Wales Audit Office, 2018). The Housing (Wales) Act 2014 places homeless prevention at the centre of local authority duties for everyone presenting as homeless (rather than those who met specific criteria previously); requiring authorities to focus their work on problem solving, negotiating, persuading and mediating, to address homelessness (Wales Audit Office, 2018).

The Housing (Wales) Act 2014 recognises the importance of joint working between key partners in tackling homelessness and places new duties on social services and Registered Social Landlords (RSLs) requiring them to collaborate with local authority homelessness services to prevent and address homelessness, including tackling the underlying causes (Wales Audit Office, 2018). This aligns with the Well-being of Future Generations (Wales) Act (2015) that places a responsibility on public bodies to think preventatively and collaboratively to improve health and equity.

Housing is listed as one of the five key priorities in the recent Welsh Government Prosperity for All National Strategy (2017). It has a key role in underpinning good health and wellbeing through providing supportive environments for communities and families to live, grow, and thrive. Housing alongside health is a key player in supporting the goals and ways of working in the Well-being of Future Generations (Wales) Act 2015 and the principles set out in the Social Services and Well-being (Wales) Act 2014.

1.3 Social housing in Bridgend

Bridgend has an estimated 63,500 units of housing (defined as structurally separate accommodation either containing a single household space or several household spaces sharing some facilities), of which the local authority holds no stock, RSLs hold 8,600 units (14%), 8,400 (13%) are privately rented, and 46,400 (73%) are owner-occupied (Welsh Government, 2018). This compares to a Wales average of: 6% local authority, 10% RSL, 70% owner-occupied, and 14% privately rented. In 2016, 11 local authorities across Wales had transferred their stock to RSLs (Welsh Government, 2018). This means that when the tenant is in situ, the RSL is the landlord and has the responsibility for maintaining the tenancy, but also to adhere to the Housing Wales Act (Section 1.2) and to work with the local authority and social services to prevent and address homelessness.

Within the Bridgend area there are four main RSLs, Linc-Cymru, Valleys to Coast, Hafod and Wales & West, with a fifth smaller RSL Coastal Housing. Social housing is accessed through a single Common Housing Register held by BCBC. The Social Housing Allocation Policy sets out how social rented housing is allocated, and this is always through interview with the Housing Solutions Team at BCBC—either face to face or by telephone. BCBC have embedded Third Sector housing support workers from Llamau, the Wallich, and Shelter Cymru to provide further support to those at risk of homelessness. The Supporting People programme funds supported housing and temporary accommodation providers (the Wallich, Llamau and Gofal) accessed via BCBC, as well as floating support for vulnerable tenants accessed via BCBC (e.g. supporting people commissioned services such as Gofal, Gwalia, Llamau, the Wallich, specialist services and Early Help services).

1.4 Housing in Bridgend – population

Systematically collected data held by BCBC was explored to understand whether any data on ACEs was currently routinely collected. Data for the period 1.4.2016 to 31.10.2017 was obtained that contained anonymised demographic information, vulnerability, housing outcomes, and data on referrals to specialist support services within BCBC.

During a 19-month period, 2856 people were assessed for housing needs by BCBC (Table 1). Just over 40% were female, just under a third were aged between 26-35 years. Over half were single adults, with a fifth of those presenting as homeless being lone female parents with dependent children. Half of people assessed presented as homeless, of which nearly two-thirds were decided to be immediately homeless, and just under one third threatened homeless.

Information on ACEs is not formally collected as part of the housing assessment; however, vulnerability is, as are support needs. Just over a fifth of those presenting with housing needs were assessed as vulnerable and needing some level of support, for mental health (39%), substance misuse (16%), criminal offender history (12%), female domestic violence (DV) victims (10%), and alcohol misuse (5%).

Table 1: Systematically collected data held by BCBC during Housing Assessments by Housing Solutions

Characteristic	Detail	Frequency (%) n=2856
Gender	Male	1672 (58.5)
	Female	1184 (41.5)
Age (years)	Under 18	39 (1.4)
	19-25	595 (20.8)
	26-35	788 (27.6)
	36-45	529 (18.5)
	46-55	365 (12.8)
	56-65	237 (8.3)
	66 and over	303 (1.36)
Family makeup	Single female	667 (23.4)
	Single male	956 (33.5)
	Female lone parent	590 (20.7)
	Male lone parent	40 (1.4)
	Couple with children	285 (10.0)
	Couple no children	211 (7.4)
	Other (2 or more adults)	107 (3.7)
Presented as homeless	Yes	1421 (49.8)
Homeless decision (n=1421)	Homeless	811 (57.1)
	Threatened within 56 days	461 (32.4)
	Threatened more than 56 days	40 (2.8)
Outcome of housing assessment	Closed – in housing need	792 (27.7)
	Closed – homelessness relieved	409 (14.3)
	Closed – homelessness prevented	318 (11.1)
	Closed – not housed	1122 (39.3)
	Open – awaiting outcome	215 (7.5)
Reason for homelessness*	Breakdown of relationship - violent	120 (4.2)
	Breakdown of relationship	120 (4.2)
	Care leaver	15 (0.6)
	Prison leaver	151 (5.3)
	Rough sleeper	29 (1.0)
Need for support - vulnerability	Low	393 (13.8)
	Medium	158 (5.5)
	High	86 (3.0)
Reasons given for need for support* – vulnerability (n=637) (multiple needs are possible for each applicant)	Alcohol	35 (5.5)
	Criminal offender history	77 (12.1)
	Family with support needs	27 (4.2)
	Male DV victim	6 (0.9)
	Single parent with support needs	51 (8.0)
	Substance misuse	100 (15.7)
	Female DV victim	65 (10.2)
	Young care leaver	59 (9.3)
	Mental Health	247 (38.8)

* Analysis includes reasons given that are directly ACE-related (e.g. does not include finances, physical and learning disabilities)

1.5 ACE-informed training model for housing

The Housing sector responds to people with high levels of vulnerability to help them manage their tenancies, and is well-placed to identify both adults and children at risk of ACEs, and intervene. An ACE-informed approach to housing aims to increase and improve early intervention and preventative activity when ACEs are evident in the home environment, and families need housing related support, or are at risk of homelessness.

An ACE-informed approach is based on trauma-informed care (TIC). There is no single definition of TIC, but there are three core themes (Dinnen, 2014):

1. Basic **understanding** of ACEs (including behavioural responses to and symptoms of ACEs)
2. Creating an **environment of physical and emotional safety** for the survivor and providers (i.e. ensuring privacy, confidentiality, respecting cultural differences, and awareness of triggers)
3. Adopting a **strengths-based approach** to services

The ACE-informed approach for housing vulnerability has been adapted to the Housing sector and piloted in Bridgend based on a trauma-informed model that has been developed for use by South Wales Police frontline workforce (Ford et al., 2017). The aim of the training was to enable the Housing sector to be able to provide a brief intervention through a population approach, and through better identification and understanding of ACEs to enable vulnerable tenants to understand and access support available.

1.6 Development of the ACEs in Housing pilot project

The project was part of a two-year programme funded by the Home Office's Police Innovation Fund and sponsored by the Police & Crime Commissioner for South Wales and Public Health Wales. The work involved collaboration between South Wales Police, South Wales Police and Crime Commissioner, Public Health Wales (PHW), Community Housing Cymru (CHC), Chartered Institute of Housing Cymru (CIH), Bridgend County Borough Council (BCBC), the ACE Support Hub (Cymru Well Wales), and Solas Cymru (the Pobl Group). The project also supports the Memoranda of Understanding between PHW and both the South Wales Police and Crime Commissioner's Office and Community Housing Cymru. The project was managed by an ACE-coordinator and steered by a multi-agency project group.

During the development of the training package, a literature review was undertaken by CIH-Cymru following a literature search by the Public Health Wales Observatory Evidence Service, with the aim of identifying whether previous trauma-informed approaches to homelessness had been undertaken. Stakeholder engagement took place in the form of two workshops held in March 2017 to understand current practice in Bridgend, and to inform the development of the training package.

1.7 Summary of literature review

The literature review (see Appendix B for summary) focused on building an understanding of the evidence regarding ACEs as a risk factor for homelessness, and possible solutions. The literature suggests that early year's experiences, in particular ACEs are a risk factor for youth and adult homelessness, mediated by increased mental health issues and substance misuse. The literature suggests that an ACE-informed approach needs to take a preventative approach addressing early adversities thereby reducing potential harm and impact on negative outcomes such as homelessness, as well as disrupting the intergenerational cycle of ACEs and future homelessness. A trauma-informed model is a restorative approach that integrates knowledge of ACEs and associated support into all programmes to support homeless people, as well as taking a whole-person, holistic approach, and acknowledging and addressing both past and ongoing trauma (re-traumatisation). Recovery from ACEs (trauma) is a long process that requires well-integrated services.

1.8 Content of ACE-informed training package

The one-day training session was delivered on five separate occasions during October 2017, in Bridgend. The audience on each day was made up of representatives from the four RSLs that service Bridgend, Gwalia, Third Sector housing support agencies (Llamau, Shelter, the Wallich), and officers from BCBC (Housing, Social Service, and Early Help) (see Section 2.1.1).

The main aims of the training were to:

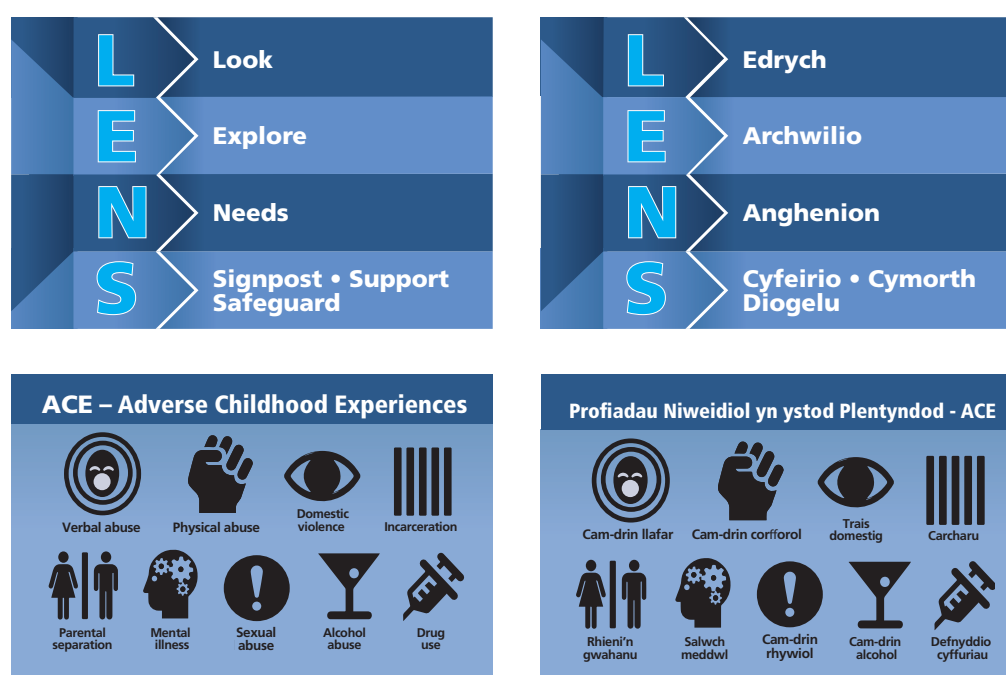
- Improve knowledge, confidence and understanding of ACEs and their life-course impact
- Increase understanding of ACEs and how using a trauma-informed approach can help
- Outline tools to improve engagement with tenants and their families to sustain tenancies
- Explore current support systems in place for housing staff and identify gaps
- Explore improved partnership working between agencies, e.g. Health, Housing and Police

Training was delivered in a classroom setting to encourage group discussion and interaction, and create a relaxed and informal environment. Icebreakers were used, together with highlighting the sensitivities of the issues being covered during the day, in order to contextualise the topics being addressed and avoid re-traumatisation of participants. The training environment was designed to be interactive through application of a variation of approaches, i.e. formal presentations, small group discussions, whole-group discussions, and short videos and animations (Box 1).

Box 1: Videos and animations used in ACE-informed training for housing		
Video	Theory	Source
ACEs Animation	Short animated film has been developed to raise awareness of ACEs, their potential to damage health across the life course and the roles of different agencies	Public Health Wales and Blackburn with Darwen Local Authority http://www.aces.me.uk/in-wales/
Brain Builders	Explains how experiences in the first years of our lives affect brain formation	NSPCC https://www.youtube.com/watch?v=hMyDFYSkZSU
Katey's Story	Real life interview of growing up surrounded by adversity and its impact on her life	Public Health Wales
The Psychology of Scarcity	Illustration of the concept of Scarcity and its relationship with poverty and ultimately eviction and homelessness	Sendhil Mullainathan (Harvard) https://www.youtube.com/watch?v=592cmhCzbZs
Reversible Writing	Turning around how we see children affected by adult incarceration	Families Outside https://www.youtube.com/watch?v=SGOB3QhGqtA
Chief Inspector Jason Herbert (South Wales Police)	Interview explaining key role of housing in the ACE agenda, and to encourage working with local Neighbourhood Policing Teams	South Wales Police

Attendees were provided with an information pack, that included an ACE Lens prompt card (credit card sized infographic of the nine ACEs developed for South Wales Police; Figure 1), and materials for group work.

Figure 1: The ACE LENS card



Part One – Morning Session: Provided an understanding of the impact and prevalence of ACEs, the science of stress and trauma, the impact of toxic stress in brain development, and explained how stress may present as challenging behaviour. The session also looked at how the system can re-traumatise an individual and how a lack of multi-agency working could lead to a vulnerable individual disengaging with services. To counter this, trainers discussed how resilience could be built, for both tenants and staff, moving towards breaking the generational cycle of ACEs.

Part Two – Afternoon Session: Focussed on the practical application of the issues discussed during the morning session. There was an emphasis on group discussion around an in-depth case study (Box 2), allowing participants to explore and discuss potential gaps in service provision, explore roles, responsibilities and thresholds of different services, and consider practical steps to be taken.

Box 2: Case Study – Sarah and Tony

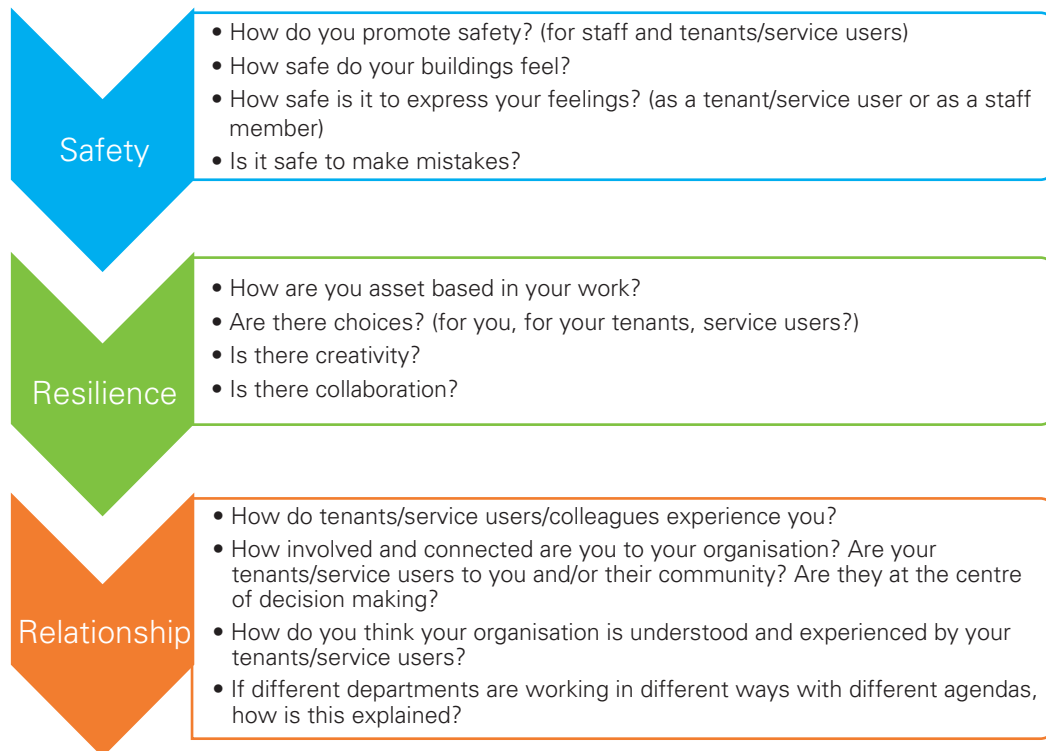
This described the experiences of Sarah and Tony, who live with their two sons in accommodation with floating support. Tony is well known to Housing staff for his irate nature and frequent verbally abusive calls to call centre staff. As the case study unfolds, multiple issues become apparent, i.e. anti-social behaviour, truancy, mental health issues, ACEs and alcohol abuse.

In small groups, attendees were asked to focus on a specific family member (with one group looking at the family as a whole) and to consider; what trauma could be identified; how this has affected their life and behaviour and how the different organisations would respond to this scenario. The purpose was to apply the learning from the morning session to identify the behaviours and consider an appropriate response.

Practical tools included identifying current practice compared with the outcomes that could be achieved if a more systematic approach was applied, and core factors needed to deliver ACE-informed practice for Housing, i.e. safety, resilience and relationship (Figure 2). The objective was to apply the principle of delivering a trauma-informed approach that encourages creativity and transparency in an environment where staff feel confident, safe and supported. Reinforcing the messages that rules

and boundaries are good to keep when they keep people safe but equally these can shift if there is a sense that they are not necessarily the best way forward in all circumstances. Participants learnt how to create an environment of predictability with tenants, understand the level of response tenants were going to receive regardless of who they were in contact with, and gain a sense of confidence and reassurance that queries and concerns were being dealt with effectively.

Figure 2: ACE-informed practice for Housing



2. Evaluation

2.1 Methods

The evaluation framework was designed using a mixed methods approach, using a combination of quantitative and qualitative tools. Approval for the evaluation and confirmation that ethical approval from the NHS Research Ethics Committee (REC) was not required, were gained by the Public Health Wales R&D Office (24/07/2017). Informed consent was obtained from all participants.

2.1.1 Pre- and post-questionnaire: ACE-informed training day for housing

The evaluation comprised of pre- and post-questionnaires from all participants at each of five training days. The questionnaire was designed to assess the impact of the training that was attended, by examining knowledge and awareness of ACEs, confidence to work in an ACE-informed way, and intention to change practice. In order to interpret the responses basic information on the employing organisation, job role, and demographics was collected. Attitudes towards taking a trauma-informed approach were measured using a validated tool (ARTIC-35).

The ARTIC-35 questionnaire comprises 35 items measured using a seven-point Likert scale, which provide both an overall ARTIC score and scores for six subscales that are intended to represent components of attitudes of trauma-informed care (TIC) implementation (Baker et al., 2016). In this context, whether the intervention (*the ACE-informed training day for housing*) is effective at changing attitudes towards a trauma-informed approach. The subscales include attitudes about (a) underlying causes of problem behaviour and symptoms, (b) the impact of trauma, (c) responses to problem behaviour and symptoms, (d) on-the-job behaviour, (e) self-efficacy at work, and (f) reactions to the work. A higher result (measured from 1-7) suggests possession of attitudes that would be a good fit for the trauma-informed culture.

In total, of the 93 attendees at the *ACE-informed training day for housing*, 89 housing staff participated in the evaluation. The maximum attendance on any single day was 24, and each day had a mixture of different housing and support services represented (see Table 2). The content of the five training days remained unchanged between sessions, and is described in Section 1.8.

Table 2: Attendance on the training days (N=93)

Training day	Total number evaluated	Organisations represented		
		BCBC	RSLs	Support services
1	14	3	6	5
2	24	3	13	6
3	8	1	6	1
4	23	4	15	4
5	20	0	18	2
Total	89	11	58	18

Two-thirds of participants were female, and 62% aged between 26 and 45 years. Only 6% of those who attended the training course did not have tenant-facing job roles. Only 12% had managerial job roles, but all of the managers were tenant-facing. Nine different organisations operating within BCBC were represented at the training. 65% of attendees were employed by one of the four main RSLs in Bridgend, 12% worked at Bridgend County Borough Council (BCBC) in either housing services or social work, and the remaining 20% worked for floating and embedded support services (Table 3).

Table 3: Characteristics of training day attendees (n=89)

Characteristic	Detail	Frequency (%)
Gender	Male	30 (33.7)
	Female	57 (64.0)
Age (years)	18-35	31 (34.8)
	36-45	28 (31.5)
	46-55	22 (24.7)
	55+	8 (9.0)
Tenant facing job	Yes	85 (94.0)
Job role	Management	11 (12.4)
	Housing Officer	29 (32.6)
	Support Worker	20 (22.5)
	Income/rent officer	8 (9.0)
	Homelessness/hostel officer/specialist services	6 (6.7)
	Other	15 (16.9)
Organisation	BCBC	11 (12.4)
	V2C	20 (22.5)
	WWHA	10 (11.2)
	Linc	11 (12.4)
	Hafod	17 (19.1)
	Gwalia	<5
	Llamau/Shelter/Wallich	15 (15.7)
Duration in job role (years)	<1	14 (15.7)
	1-2	11 (12.4)
	3-4	15 (16.9)
	5-9	21 (23.6)
	10-19	23 (25.8)
	20+	5 (5.36)

2.1.2 Post-training interviews: ACE-informed training day for housing

Semi-structured face-to-face interviews took place one month after the ACE-informed training, designed to explore the participant's perceptions and experience of the training, the impact of the training on practice, and perceptions of future roll-out of the training. Participants were self-selected from an email invitation sent to all who attended the *ACE-informed training day for housing*, where they were invited to take part in an interview in Bridgend that would last approximately 30 minutes. Before the interview, participants were provided with an information sheet explaining details of the process, and written consent was obtained from all who took part. Thirteen interviews took place between 17.11.2017 and 28.11.2017 with staff from four organisations (BCBC, Llamau, WWHA, and V2C), and from a range of job roles and responsibilities (Asset Management, Housing Officer, Tenancy Support, Housing Support Services, Housing Manager, Child Social Worker, Family Mediation Worker, and Housing Solutions).

2.1.3 Data analysis

The ARTIC scales were analysed using algorithms provided by the Traumatic Stress Institute (Klingberg Family Centers, Tulane University, USA) that calculate mean scores for each of the six subscales, as well as an overall mean score. Scores range from 1 (low awareness/poor attitudes towards trauma-informed care) to 7 (high awareness/good attitudes towards trauma-informed care). Analysis of

quantitative data was conducted using IBM SPSS Statistics for Windows, Version 24.0. Analysis used descriptive statistics (mean and median), chi-squared, paired t-test, and one-way ANOVA. Ordinal data were analysed using parametric tests, as this was felt to be sufficiently robust given responses in Likert scales are represented by a nominal numeric value. All qualitative interviews were recorded, transcribed and analysed thematically using ATLAS.ti Version 7.1. [Computer software] (2013) Berlin, Scientific Software Development.

2.2 Results

2.2.1 ACE-informed training day for housing: questionnaire

Previous training attended

Participants were asked whether they had previously attended any training related to vulnerability, 76% reported having attended vulnerability-related training, with a mean of 2.5 courses each. The most common training undertaken was domestic violence/ domestic abuse (54%), safeguarding/ protection of vulnerable adults and children (46%), mental health (44%), and motivational interviewing (20%), (see Table 4).

Table 4: Previous vulnerability related training

Training related to vulnerability	Number of attendees n(%)
Motivational interviewing	18 (20.2)
Domestic violence (DV)/abuse (DA)	48 (53.9)
Mental health	39 (43.8)
Addiction	10 (11.2)
Safeguarding/vulnerability adults and children	41 (46.1)
Dementia/brain injury	3 (3.4)
Restorative practice	3 (3.4)
CSE/abuse	5 (5.6)
Parenting	4 (4.5)
Therapy/mindfulness	9 (10.1)
Hoarding	3 (3.4)
Conflict/difficult people	7 (7.9)
Trafficking/FGM/Terrorism	5 (5.6)
Other	4 (4.5)

ACE/Trauma-informed care and practice

The results in Table 5 show that attitudes towards trauma-informed care (TIC) were already fairly high before the training started with an overall mean score of 5.33. A significant increase in mean scores can be seen across all subscales and the overall score following attendance at the *ACE-informed training day for housing*. Comparing the pre and post mean scores, the overall effect size is large $d=0.786$, and the effect size is greatest for the two subgroups representing (a) underlying causes of problem behaviour and symptoms ($d=0.927$), and (b) the impact of trauma ($d=0.825$); suggesting that the training had the biggest impact on attitudes supporting these components. As the training day was structured around understanding the impact and prevalence of ACEs in the morning, and ways to support vulnerable people in the afternoon, the morning would appear to have been more effective in terms of impact on attitudes.

In terms of differences between subgroups, the only difference identified was a difference in pre-training regarding 'underlying causes of problem behaviour and symptoms', where attendees employed at Hafod scored significantly lower than their counterparts at Llamau. There were no further differences between organisations and no differences in relation to job role within an organisation.

Table 5: ARTIC results

Subscale	Pre (n=89)	Post (n=88)	p
	Mean (SD)	Mean (SD)	
Underlying Causes of problem behaviour and symptoms	4.77 (0.62)	5.37 (0.68)	*
Responses to problem behaviour and symptoms	5.20 (0.81)	5.86 (0.79)	*
On the job behaviour	5.55 (0.64)	5.87 (0.69)	*
Self-efficacy at work	5.69 (0.65)	6.02 (0.71)	*
Reactions to work	5.42 (0.71)	5.75 (0.80)	*
Overall ARTIC score	5.33 (0.51)	5.77 (0.61)	*

*Significant at $p=0.001$

Confidence to act in an ACE-informed way

Attendees were asked to indicate their confidence across a range of items on a scale from 1 (not at all confident) to 10 (completely confident). The results in Table 6 show in all cases participating in the training significantly increased the participants' confidence across all items, with a large effect size (over $d=0.8$) for all items except 'ability to identify whether additional support is needed' which had a medium effect size ($d=0.644$).

As with the ARTIC comparisons there were again very few differences between subgroups with regards to levels of confidence for responding to vulnerable people. The only identified statistically significant difference was that post training, those attendees employed in a managerial role were more confident than income/rent officers in their ability to identify whether additional support is needed for an individual.

Table 6: Mean confidence scores for responding to vulnerable people

Confidence in...	Pre (n=89)	Post (n=88)	p
	Mean (SD)	Mean (SD)	
Understanding the impact of stress and trauma on the brain	5.92 (1.98)	8.48 (1.08)	*
Understanding what ACEs are	5.52 (2.20)	8.99 (0.94)	*
Understanding the impact ACEs can have on a child's development	5.65 (2.27)	9.06 (0.90)	*
Understanding the longer term impacts of ACEs	5.53 (2.24)	9.01 (0.85)	*
Understanding what an ACE-informed lens is	3.36 (2.31)	7.91 (1.76)	*
Understanding how to support someone identified with ACEs	4.44 (2.21)	8.33 (1.30)	*
Understanding a multi-agency approach to ACEs	4.97 (2.58)	8.76 (1.06)	*
Ability to identify whether additional support is needed	7.75 (1.46)	8.57 (1.05)	*
Ability to respond if someone identifies having had ACEs	4.27 (2.15)	8.25 (1.37)	*
Value in supporting someone identified having had ACEs	5.26 (2.28)	8.51 (1.23)	*
Knowing what services to access to support tenant	4.30 (2.26)	7.93 (1.49)	*
Knowing what services to access to support yourself	5.01 (2.74)	7.63 (2.17)	*

*Significant at $p=0.001$

Attitudes towards delivery of the training

After attending the training, participants were asked how much they agreed with a range of statements relating to the way the training was delivered, using a five-point Likert scale (Table 7). Around 90% of participants had a positive attitude to all the statements. This included the relevance of the content, good delivery of the training, and improved knowledge, skills, and ability to apply knowledge.

Table 7: Attitudes towards delivery of the training

	Frequency n(%)				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The aims of the training were clearly outlined at the start			5 (5.6)	41 (46.1)	43 (48.3)
The content of the course was relevant to my job	1 (1.1)	1 (1.1)	8 (9.0)	40 (44.9)	39 (43.8)
The training was delivered effectively and trainers were knowledgeable			1 (1.1)	26 (29.2)	62 (69.7)
The training was engaging and interactive		1 (1.1)	5 (5.6)	32 (36.0)	51 (57.3)
The materials provided were useful		2 (2.2)	5 (5.6)	39 (43.8)	43 (48.3)
I have developed knowledge and skills to improve practice			5 (5.6)	41 (46.1)	43 (48.3)
I feel confident in my ability to use the knowledge and skills learnt			3 (3.4)	48 (53.9)	38 (42.7)
The duration of the training was sufficient to meet the aims	1 (1.1)	3 (3.4)	6 (6.7)	40 (44.9)	39 (43.8)

Impact of the training on practice - Engaging other services

Participants were asked whether they engaged with any external agencies when supporting vulnerable people in their current role (Table 8). The majority of attendees (94%) indicated that they currently engage with at least one other agency and on average, attendees stated that they engaged with 5.4 ± 3.2 agencies, and there was a range of responses from one up to 18.

Of those individuals who already engaged with other organisations, almost three quarters indicated that they engaged with the third sector, which included housing agencies/charities. Over half indicated that they engaged with social services and a substantial proportion already engage with the police/criminal justice service and/or the health sector. The least engaged with sector was that of the council/local authorities. There were no differences between sector of agency engaged with when comparing job role or different organisations.

Table 8: Sectors engaged with to support vulnerable tenants

Organisational Sector	Frequency n(%)
Third Sector (including Housing)	62 (73.8)
Social Services	49 (58.3)
Other Agencies	39 (46.4)
Prison and Criminal Justice System	36 (42.9)
Health Sector	34 (40.5)
Council/Local Authority	14 (16.7)

Confidence and ability to use skills

Participants were asked the extent to which they felt that attending the training helped them to develop the confidence and ability to use a range of skills when applying an ACE-informed approach to vulnerability (Table 9). The mean response for all items was that the training would help them 'quite a bit'. Participants felt the most confident to apply *listening* and *reassurance* skills, and were least confident in applying *stabilisation* skills.

Table 9: Confidence and ability to use skills

	Frequency n(%)					
	No answer	Not at all	A little	Unsure	Quite a bit	Completely
Stabilisation of the environment	4 (4.5)	1 (1.1)	2 (2.2)	10 (11.2)	58 (65.2)	14 (15.7)
Listening	2 (2.2)		2 (2.2)	2 (2.2)	43 (48.3)	40 (44.9)
Awareness of non-verbal communication	3 (3.4)		2 (2.2)	9 (10.1)	50 (56.2)	25 (28.1)
Grounding	3 (3.4)		2 (2.2)	14 (15.7)	48 (53.9)	22 (24.7)
Reassurance	3 (3.4)		1 (1.1)	9 (10.1)	48 (53.9)	28 (31.5)

Perceptions following training

Participants were asked whether their perceptions had changed following attending the ACE-informed training (Table 10). Overwhelmingly, 99% of those who attended felt that there are benefits to adopting an ACE-informed approach to housing. Benefits stated include different agencies working together with Housing on an ACE-informed approach and taking a more holistic approach to vulnerability; changing outcomes, breaking the cycle of ACEs and prevention/early intervention, and sustaining tenancies/preventing evictions which would be cost-saving; and better understanding vulnerability, identifying vulnerable tenants, and making solution focused/informed decisions.

Nearly 95% felt that the information gained during the training would influence their practice and decision-making. Participants stated that the training raised their awareness and understanding of ACEs, ability to identify vulnerable tenants, and to adapt their approach to better support vulnerable tenants, and to link in more with other agencies. Eighty-seven percent (87%) felt that the training would influence how they engaged with other agencies. Participants stated that they would want a more multi-agency approach to ACEs and vulnerability, better communication, sharing information and best practice, and identifying support services for vulnerable tenants. Forty-three (43%) felt that they anticipated barriers to being able to adopt an ACE-informed approach. Participants stated that barriers would include policy and procedures, organisation culture, vulnerable tenants being able to access support services, data sharing between organisations, and resources. When prompted for further comments participants felt that the training was interesting, informative, and well-delivered.

Table 10: Perceptions following training

	Frequency n(%)	
	Yes	No
Do you think there are benefits of adopting an ACE-informed approach to housing?	88 (98.9)	1 (1.1)
Do you feel your current practice will be influenced by your understanding of ACEs/trauma developed during this training	84 (94.4)	2 (2.2)
Do you feel the knowledge and understanding you have gained from this training will influence your decision making	84 (94.4)	3 (3.4)
Do you feel that the training will influence the way you will engage with other agencies	77 (86.5)	9 (10.1)
Following today's training, are there any barriers you anticipate which will prevent you from adopting an ACE-informed approach to your work	38 (42.7)	45 (50.6)

Elements of training influencing practice

Participants were asked whether they felt that different elements of the training would influence their practice (Table 11). Over 90% responded that they felt that understanding the important of protective factors in building resilience, and the process of trying to change behaviour would influence practice. Eighty-four percent (84%) of respondents felt that understanding the thresholds of other agencies would influence practice, and 73% felt that motivational interviewing techniques would influence practice.

Table 11: Elements of training influencing practice

Training Element	Frequency n(%)	
	Yes	No
Understanding of the process that individuals go through when trying to change their behaviour	86 (96.6)	2 (2.2)
Understanding of the importance of protective factors in building resilience	84 (94.4)	3 (3.4)
Understanding of the thresholds of other agencies when responding to vulnerability	75 (84.3)	12 (13.5)
Techniques in motivational interviewing	65 (73.0)	22 (24.7)

- Most useful elements of the training

Participants were asked which top three elements of the training were most useful (Table 12). The most useful elements cited were the video clips, group discussions/activities, and information on impact of trauma. The least useful elements were developing skills, and application of knowledge to housing.

Table 12: Elements of training that attendees found most useful (Top 3)

Training Element	Frequency n(%)
Video Clips	62 (72.1)
Group Discussion/Activities	55 (64.0)
Information on the biological impact of trauma on children	47 (54.7)
Information on ACEs and generational transmission	34 (39.5)
The knowledge and experience of the trainers	32 (37.2)
The application of knowledge to housing	23 (25.8)
Developing skills/tactical options for responding to vulnerability	19 (21.3)

Aspects that could be improved

Participants were asked which aspects of the training could be improved. Comments included that handouts could include copies of the presentation, that there could have been an even greater mix of organisations/services, more time spent on case studies/good practice and tools used by local organisations, and that the day was too long.

Awareness/engagement with staff support services

It is important that when Housing staff are dealing with vulnerable, sometimes chaotic tenants, that they know how to access support to help them deal with this. Housing staff may have themselves experienced ACEs and dealing with tenants can lead to re-traumatisation of their own incidents.

Participants were asked what support was available or provided for them by their employees and secondly what support they access outside of work (Table 13). The main sources of occupational

support available were through counselling or through a line manager or supervisor. However, 24 participants (27%) responded that they did not receive or were not aware of any occupational support, and the same number indicated that they did not seek support outside of work. A smaller proportion accessed support outside work, with the main source of support outside of work being family, friends and GPs.

Table 13: Occupational and non-occupational support available for individuals

Occupational Support		Support Outside Work	
Support Available/Accessed	Frequency n (%)	Support Available/Accessed	Frequency n (%)
Counselling	27 (30.3)	Family	28 (31.5)
Line Manager or Supervisor	25 (28.1)	Friends	17 (19.1)
Other Work Support (e.g. Occupational Health)	17 (19.1)	GP	17 (19.1)
Colleagues and Peers	16 (18.0)	Counselling	9 (10.1)
Employee Hotline	13 (14.6)	Other	4 (4.5)

2.2.2 Post ACE-informed training day for housing: interviews

2.2.2.1 Training relevance and content

Not all those interviewed had proactively chosen to attend training but did so at the request of their manager (6/15). Some were uncertain about the relevance of the training to their role, and all reflected that the pre-training information received did not fully explain what ACEs were, or the benefits of attending the training.

The interviewees felt that the training enabled a clearer understanding of the impact of ACEs, raised awareness of how it could lead to vulnerability and the risk of re-traumatisation, improved understanding of how to break the cycle of ACEs, and provided affirmation of tools and approaches that could be used to deal with vulnerable tenants. This supports the results in Section 2.2.1. All of those interviewed responded that the training had been relevant, interesting, well presented, and affirmed pre-existing views that addressing vulnerability in tenants was important. Vulnerability was felt to already be at the core of the work of those involved in social housing, and that an ACE-informed approach takes a new holistic approach to individuals and households that is relevant to staff in all roles.

Yes, it definitely ticked all the boxes. Certainly, hearing my staff as well, most of my staff that went on it haven't been [on] the ACEs training before and they came out very enthused and... it's given us a starting point to work from. (P1)

But his [RSL contractor] attitude completely changed throughout the day, and by the end of the day he was saying, "Oh, yes, I can see how I come across this, I need to refer this on to the Housing Officers, to the housing team." He could see why he was on the course. (P1)

We can't just pick that problem off and send them there for that bit, pick that bit and send them off and I think that's where I think the ACEs is so good because it's saying look, this is a holistic issue for that person and for the family. (P12)

The ACE-informed training for housing was the first time any of those interviewed had undertaken any training specific to ACEs - although all had received some level of training in different elements of vulnerability, such as motivational interviewing, safeguarding, restorative practice, conflict, domestic

abuse, and suicide prevention. Not all the people attending the training had the same level of knowledge of the different tools mentioned, such as motivational interviewing, re-traumatisation, and resilience, particularly if job roles were more maintenance orientated. These elements could have been added in as additional modules for those who needed it.

Concerns

Some felt the training did not adequately address different thresholds for action across job roles and sectors and this could lead to frustration if participants are encouraged to refer vulnerable tenants to other services. Participants suggested that the training should address a more joined-up approach between agencies and sectors, for example, by including presentations by other sectors (e.g. police).

Concerns were also raised about how the learning could be applied within limited resources and limited time spent with tenants, and a greater emphasis on practical solutions would have been valued.

So, how are we going to take this forwards now? It's started people talking about ACEs; it's given people food for thought. [...] But in very busy, pressurised environments, which is what housing is [...] I think it will fall to the wayside somewhat without direction as to how to move it forwards now, how to implement this knowledge. (P1)

I'd like to see what comes out of it and what we're able to do to actually improve the way we work and how we're going to deliver services and whether we can get that more joined-up approach. Taking it that step further perhaps. (P3)

Delivery

The delivery of the training was well received and it was felt that the animations and videos had a strong visual impact. More time spent on different case studies showing best practice would have been useful. Particularly as it was felt that the single case study used during the training (based on a real example from the local area) was considered to be an extreme example that had been going on for over a decade that was not representative of their typical caseloads, and did not fully reflect the difficulties faced when dealing with chaotic tenants.

It kind of made me worry a bit that we were looking at it all on the case example and everybody said well we could do this and we could do that and this, that and the other. And at the end of it I'm thinking if this man rings and shouts at us, and we don't know how to deal with him, and we don't know how to help him, and we don't know how to move forward. And even though we've suggested this I still don't know if we would then be able to deal with it. (P9)

Additional benefits

Interviewees commented that the most useful element of the training was being able to attend with a good mix of people from different job roles, organisations, and housing agencies, and being able to compare different ways of working and perspectives, as well as better understand job roles, processes, and referral pathways. Holding the training locally was positive, so that all the stakeholders could network and understand local protocols and processes.

We dealt with a joint case [case study] and we sort of saw it from each other's point of view and it kind of made me think that we need to be working together more and I think we should have interwoven a little bit more. (P9)

2.2.2.2 Impact of the training on Practice

Barriers

Not feeling qualified to deal with vulnerability can place strain on workers. Adequate occupational support and care for workers is needed, and consideration that ACEs may have been experienced by staff, *"It's not just our residents, it's also staff members we have to deal with as well"*. (P13)

Time is a major constraint, as vulnerable tenants need time to build a stable, trusting relationship with a dedicated worker, and may be reluctant to engage with support services. Those working with these tenants on a short-term basis may find it difficult to have a big impact, other than just signposting to other services. Policies and legislation can be barriers to supporting the most vulnerable, as it limits the ability to work flexibly.

An ACE-informed approach requires time and patience and getting to know people so it is going to...it is going to take time to develop those relationships. (P10)

Effectively supporting a vulnerable tenant can be time and resource intensive, as well as putting strain on staff if adequate support mechanisms are not in place. There is frustration when a vulnerable person is directed towards external support but this is not immediately available due to waiting lists, high thresholds (the point of crisis or eviction), or support is only short term. Limited budgets in delivering services are a barrier, even though it was felt that prevention would save money long term. Other difficulties included a lack of joined up working between agencies, difficulties sharing information, and ensuring that all services identify ACEs consistently.

I'm glad I don't work as a Housing Officer. She worked tirelessly and it got to a point where I thought she was going to have a breakdown, because of everything she was doing. But because she wasn't getting the support ... it was only at the last minute that those external agencies came in. And we evicted him, in the end. (P13)

I received a police report [...] And the police officer put on the form that he couldn't identify ACEs because he hadn't spoken to the person. But obviously, based on the information that they would have been given by, then there's definitely ACEs involved[...] it was the first time I'd seen ACEs on the PPN, and it said, ACEs not identified because I haven't been in to meet the child. Because she's still missing. But that's, that's an ACE on its own. (P5)

Support should be early and preventative, such as removing a vulnerable tenant from a chaotic environment to enable change; or ensuring that a vulnerable person is housed in the most suitable place.

It must be terrifying for someone that's been through ACEs and to be suddenly be dumped into... it's always worried me that we put vulnerable young adults into [single persons hostel] with the older, more entrenched homeless clientele that have got all their issues. [...] Did us placing them amongst people that have already gone that little bit further lead or contribute to them going down that lifestyle as well?" (P1)

Changing the way a vulnerable tenant thinks and feels is a long process; and in the meantime, their behaviour may impact on their neighbours which may result in eviction. Barriers for an individual being able to access support may include requirements for the tenant to travel to a service or knowing what support services are available.

Confidence

Most interviewees felt that the training increased their confidence dealing with vulnerable tenants. Only one person reflected that they did not feel they had enough tools to confidently deal with a vulnerable tenant.

It did [...] give me confidence that we're going in the right direction, that we're working in the right way (P3)

But I don't think I've got the tools to...properly deal with it. I don't think I'd feel confident. [...] I'm aware of it, I understand it now but I, I'm not sure that it would be any more than that. (P9)

Following the training, interviewees felt more confident to start a conversation about ACEs with tenants and discuss cause and effect. One interviewee [children's social services] started using the ACE-lens card (Fig 1, Section 1.8) when working with families in order to explain adversity in the home.

When I first looked at the ACEs, and I take this card [ACE-lens card] and the reason I take this card with me about everywhere is because sometimes the way I describe things and what parents understand is different. And I found these nice and easy to use for families. (P5)

Engaging with tenants

It was felt that the Housing sector is in a strong position to support tenants and identify ACEs because of the level of engagement they have, "We find our residents, they, they engage with us far more than any of the agencies that they're involved with, do you know?" (P8)

Key to being able to support tenants is being able to recognise that an individual needs this help before reaching a crisis (e.g. eviction), as well as emphasising the need to break the cycle through early and adequate support.

What I find is a lot of them are just taking one problem from one house to another house, so I think that's where kind of breaking that cycle needs to come in, because sometimes, if we're not dealing with the root cause, which might be their ACEs, then that cycle's not going to end. (P7)

Again going back to the prevention because I think it's, we're used to waiting until something's got to bursting point and got passed an issue until everyone gets involved and if we're looking at ACEs and saying well, actually this is about recognising in advance. (P12)

Practice

Interviewees were asked whether the training had had an impact on their practice. The training reaffirmed and complemented the approach they already take, and gave them more awareness of the impact of ACEs and building resilience to change outcomes. The training increased awareness of the challenges in referring tenants to support services, and the gaps in understanding the practical solutions to vulnerability, particularly that by opening discussions with tenants about ACEs without the suitable recourses to support them, could cause problems with re-traumatisation.

I think I'd be certainly looking at the best services that I can find for the young person if they do need signposting to other organisations and things. And just my approach to them as well, I can pitch that better if I've got a better understanding of the ACEs maybe that they've experienced or are experiencing. (P4)

It's about building up the resilience so I did find that very interesting and I have spoken to residents as well about where I think, or asking them to question whether, the things they're doing are impacting on the children and being more aware of that. (P9)

Interviewees felt that the label (ACEs) was beneficial when it came to a conversation with tenants to explain adversity.

You're not trying to solve their problems but you're highlighting it [using the ACEs label] and going, "There is a way forward," and really opening up that discussion then for accessing support. (P1)

It was not felt that the training had had an impact on the amount of time spent with tenants but this would depend on job role. A Housing Officer might not come across many tenants with ACEs in their day-to-day job, compared to support services and local authority housing staff, but might spend more time with them. So judging whether the training had an impact on practice within a month of the training was difficult, and identifying vulnerability might be difficult in tenants who do not openly present with vulnerabilities and have less contact with housing staff.

You've got the chaotic revolving door kind of clients [...] they do attend time and time again, but you're also dealing with complete separate members of the public that might have never experienced anything. (P7)

Interviewees reflected on examples of complex cases through an ACE-lens following the training:

I can think of a couple of cases we're working with now, we're not quite there yet. This girl has had a horrible upbringing, she was sexually abused when she was younger and her confidence was absolutely knocked. I've got my staff working with her now and she's now starting to think about wanting to go to work [...] there's been real barriers broken which have led her to basically start looking at the future and coming out of it and thinking about what she wants to do. (P3)

The following day [after the training], I chatted with my colleague about one tenant that we're dealing with [...] the older boy has started shoplifting and that, and he's been brought home twice by the police. So, I was thinking, well, what can be done there, because there's obviously something that's affected him [...] I asked the local police officer that we deal with, if she could have a look to see if there's anything he could be referred to, to see if there's like a youth scheme or anything like that to help him. (P6)

Multi-agency

Interviewees emphasised the need for agencies to work together to support vulnerable tenants. Delivering the same ACE-training to all sectors would ensure that vulnerable tenants would be supported through the same lens. The Housing sector already worked with a number of different support services, but there was concern that the multi-agency working needed to improve. A more preventative approach to vulnerability is needed, and to ensure that when need is identified that support is in place to meet this. All services available in a region need to be identified and their capacity, and roles and responsibilities understood by all stakeholders, and information sharing protocols between services need to be improved.

Working together more routinely and improving communication would remove reliance on ad hoc relationships. Structures such as MARAC (Multi-Agency Risk Assessment Conference) could be used as a model of multi-agency working for ACEs but it is key that Housing is a partner. Current data sharing agreements between public sector and other organisations could benefit from a common

ACE-lens and focus. Embedding support services, such as mediation, into Housing is one way to improve joined-up working, because of the simplicity of daily communication between services. Multi-agency preventative meetings, to discuss concerns about a vulnerable tenant or family might avoid duplicating work and help support them at an earlier stage before crisis has been reached.

Even if it's one document like a risk assessment or something, just everybody can access [...] if we were aware that they were known to the police, or the police were aware that they were open to us, then it's about having that kind of communication and multi-agency. (P7)

A lot of us in Housing have felt in the past we have felt a bit side-lined because [...] a lot of people [don't] realise, they don't think how important the role of Housing is. We're not just sign your tenancy and off we go. We're really, really engaged with people. (P12)

Outcomes

Interviewees felt that an ACE-informed approach would help to prevent evictions and sustain tenancies, if Housing can engage better with tenants and engage better with support services when they are needed. A one-off training session would not be enough to change organisational thinking or how services are delivered, and would need to be reinforced by more regular training provision. Referrals to services, such as lower level child protection cases to Early Help, would likely increase. Spreading the message about ACEs through all roles and responsibilities within an organisation was one of the actions being taken by agencies following the training, such as one RSL running shorter awareness training for tradesmen.

As a result of the training what I've talked to my colleagues and line manager about is we're going to do toolbox talks [30 minute talks] for our trades[men]...on, we were going to do it anyway on safeguarding but we're going to talk about ACEs as well. (P12)

In terms of applying the tools learned during the training course, interviewees commented that either these were tools that they already knew and were applying anyway as part of their work, or that they felt they had the basics but needed to learn more.

2.2.2.3 Perceptions of future roll-out of the training

There was support for rolling out the training to other areas in Wales, and to develop refresher courses within regions that had already received this training. It was felt that having training set within geographical boundaries would aid local multi-agency working and allow participants to better understand what resources were available in their area. One of the strengths of the training was the ability to network and have a good mix and representation of RSLs, council, support services and social services. Other sectors that should be involved in future training modules, include youth community services, criminal justice, community mental health teams, education, PCSOs/police, social services, and health. There was a feeling that everyone is responsible for supporting vulnerability, and getting people from different organisations together in a training setting helps to break down barriers, as well ensuring that the ACE-informed approach was consistent across all sectors dealing with vulnerable people, such as GPs, teachers, prisons, the community, and parents

I think it's a great idea. Absolutely. Do you know what, even if all it does is cement good practices that are already there and point individuals towards good practices that are already there. (P1)

Different agencies work in different ways, don't they? But sitting in training is often when the barriers get broken down between the different agencies, though, because you're all there for the same purpose, you're not there to fight your own agenda, you're all there to learn and to learn together. (P1)

3. Discussion and recommendations

Participants had generally not received any ACE-specific or trauma-informed training prior to attending the training day, although most had received some prior training in aspects of vulnerability depending on their job role and history. Attitudes towards trauma-informed care (TIC) were already fairly high before the *ACE-informed training for housing* across all sub-scales, and increased following completion of the training. The overall mean score increased significantly from 5.33 before the training to 5.77 afterwards, with an overall large effect size, suggesting the training successfully changed attitudes towards a trauma-informed approach. The effect was greatest for the two subscales that measured 'underlying causes of problem behaviour' and 'impact of trauma', which suggests the training had the biggest impact on improving knowledge of ACEs. In all cases confidence in acting in an ACE-informed way improved as a result of the training, the subscale with the smallest effect was 'ability to identify whether additional support is needed', suggesting that this was the least effective element of the training.

In terms of skills, overall confidence and ability to use skills improved as a result of the training, particularly when it came to *listening* and *reassurance* skills. Ninety percent (90%) of participants had a positive attitude to the training and 95% felt it would influence their practice and decision-making. Following the training an overwhelming 99% stated that they perceived a benefit to adopting an ACE-informed approach to housing, but only 51% thought that they did not anticipate barriers to adopting an ACE-informed approach to their work. Overall, the knowledge and understanding elements of the training were considered to be useful and would help influence practice. The least useful elements of the training day were aspects covering techniques and tools/application. To improve the training day, participants commented that they would have liked to see a greater mix of local organisations and services, and spend more time on case studies to understand good practice and effective tools.

Participants had a positive attitude towards the delivery of the training, with the majority strongly agreeing that the training was delivered effectively. The training was effective at improving understanding of ACEs and increase motivation to consider ACEs in a work context. Although it raised questions about what practical actions could be taken and how to reduce barriers, such as resource constraints and taking a more effective, preventative, multi-agency approach to ACEs. Participants already engage with a mean of 5.4 external agencies when supporting vulnerable tenants, 94% said that they engage with at least one other agency; with the highest number engaging with the third sector and the smallest number engaging with the local authority. The majority of participants felt that the training had been successful in influencing their current practice towards tenants and influence their decision-making, for example having conversations with tenant-households using ACEs and the ACE-lens card to explain outcomes and resilience, or viewing current caseloads through an ACE-lens. Participants were aware that in order to support a vulnerable tenant, there is a need for a stable, long-term relationship between a trusted individual and the tenant, which is not possible with many job roles within Housing. A more person-centred approach to the vulnerable tenant or family would be needed to accomplish this, as well as effective referral to services that can provide specialist support. Holding the training at a local level would strengthen its effectiveness, particularly through inclusion of local services and agencies outside Housing, to help build networks and joined up working, and improve communication.

In order to ensure that there is support available for staff dealing with vulnerable and sometimes chaotic tenants, support resources have to be available when needed. Just over a quarter of participants responded that they did not receive or were not aware of any occupational support, and the same number indicated that they did not seek support outside of work. A smaller proportion accessed support outside work, the main source of support sourced outside of work were family, friends and GPs.

The training was felt to be successful in delivering its objectives of improving understanding of ACEs and changing attitudes and confidence towards an ACE-informed approach, and would work well for staff across all levels in the Housing sector. In order to be able to provide support for individual tenants it was felt that the training needed more emphasis on tools and practical actions. One of the most successful aspects of the training was getting different people into a room and networking, and better understanding their different roles. This aspect needs to be expanded on with a practical application following the training, where different sectors and roles can develop a local multi-agency response to ACEs and vulnerability that takes a person-centred and long-term approach, with an emphasis on prevention and early intervention and breaking the generational cycle of ACEs and adversity. There are already various data sharing agreements in place that can be expanded to include ACEs specifically, as well as multi-agency groups such as MARAC that can be used as a model for a multi-agency ACE approach.

Recommendations

Housing and ACEs

- There is a need to take a person-centred approach to supporting a vulnerable individual or family. ACEs take a new approach in that instead of trying to deal with one single issue, vulnerable tenants need a more holistic approach to support which looks at the cause of their multiple issues and considers not only the individual but also their family.
- It is important to tackle any issues preventatively or as they emerge, rather than waiting for crisis point (e.g. eviction). Current thresholds for action may be too high, and the point of eviction should not be the first stage when Housing is able to access support services for their vulnerable tenants. There is a need to improve understanding of the thresholds of different agencies when referrals are made, and consideration of the best way to support vulnerability at an earlier stage.
- The solution to ACEs and their long-term adverse effects cannot be solved by one agency in isolation and therefore requires effective and joined-up multi-agency working. The Housing sector needs to be involved as a key partner as Housing is in a strong position for building trusted relationships with tenants, and identify support needs at an early stage. However, better communication and co-operation between services and agencies is needed, fewer barriers to accessing support services or sharing information, and a policy drive at national level is required. Barriers to joined-up working between agencies needs to be addressed, and a multi-agency approach to vulnerability taken.
- Housing is one of the most important aspects of people's lives and a key contributor to health and well-being. The Housing sector already works to support vulnerable tenants in order to maintain stable tenancies, and sees ACEs as having an increasing prominence in the work they do. However, it is important that resources are not a barrier to being able to do this.
- Further work should take place to review how to enhance further working between the Housing sector and other agencies, to improve a consistent multi-agency approach to ACEs agenda and effective inter-agency working centred around a vulnerable person or family, that includes effective data sharing and early intervention rather than waiting until crisis, to prevent ACEs.
- Support needs of staff dealing with tenants who are vulnerable because of trauma caused by ACEs, should be addressed within each organisation to prevent re-traumatisation and stress.

The Training Package

- This training resource should be recognised and promoted as a general foundation ‘ACEs in Housing’ training course within the Housing sector, and promoted as suitable for all levels of staff to raise core knowledge and awareness of ACEs so that staff can recognise ACEs in housing and have more confidence in responding to them. Parallel training should be delivered to other sectors (e.g. schools, police) so that there is a consistent ACE-informed approach across all sectors dealing with vulnerable people.
- The training can be used on its own, or offered as a part of a training package under the knowledge and skills framework, developed by the ACE Support Hub, Cymru Well Wales and subsequently promoted and rolled out across Wales.
- Any national roll-out of the training should consider ensuring training is held and supported at a local level together with Housing staff, support services, and other agencies. Organisations support their local population, and delivering the training at a local level would enable a better understanding of local roles, responsibilities, protocols and processes, and availability of different local services, in order to better support individuals.
- The training could be modified to address a more joined-up approach between agencies and sectors, and having a multi-sector attendance or presentations could have added value to the training.
- Delivering the training to a wide spectrum of Housing staff, across tenures, means that there is a need to ensure that there is not an assumed knowledge base. There could be links to other training modules that are needed to develop skills to undertake an ACE-informed approach to vulnerability, such as motivational interviewing and restorative practice, for those who need it.
- There should be consideration of strengthening the practical solutions to taking an ACE-informed approach. Presenting more case studies that include a successful outcome and real life actions that created the outcome would be welcomed.
- One-off training is not enough to embed culture change within the Housing and other sectors, and this therefore needs to be part of developing a robust local multi-agency approach to ACE-informed working. The start is ensuring that all relevant sectors have the same base training in an ACE-informed approach, but this needs to be followed by effective data sharing, early identification of problems, and a multi-agency, person-centred approach to ACEs and vulnerability that is supported by policy.
- There should be consideration given to how best the training is promoted in the Housing Sector, in particular outside social housing, that includes working with Community Housing Cymru, the Chartered Institute of Housing Cymru, the Chartered Institute of Environmental Health, the Residents Landlords Association, and other relevant bodies.

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Appendix A: All-Wales attitudes to housing vulnerability

Forty-seven people responded to the survey, of which 34 worked for RSLs, 7 for local authorities, and two for other housing organisations, covering 18 of the 22 local authority areas in Wales. The respondents were asked to complete a survey to explore their perception of the role of their organisation in responding to ACEs. They were asked to answer on behalf of their organisation, however it needs to be recognised that to answer on behalf of a large number of staff working in different job roles and services, with a high number of households is difficult, so the results are intended to provide a snapshot of attitudes towards ACEs by the Housing sector across Wales. Six of the respondents, from six different RSLs, took part in semi-structured interviews to allow further detailed exploration of the perceived role of housing organisations in supporting tenants with ACEs.

The impact of past ACEs on the vulnerability of tenants and service users

Participants were asked the extent to which they thought different ACEs **experienced in childhood** may have impacted on the current level of vulnerability of their tenants, on a 10 point Likert scale (1=not at all, 10=extremely), to understand awareness of the impact on adults of having experienced ACEs previously in childhood (Table A1). Differences can be seen with individual ACEs and the extent to which they were felt to impact vulnerability in adulthood. The smallest number of respondents felt that verbal abuse (49%) and parental separation (45%) had a high impact in adults, and 85% felt mental illness in the home environment had a high impact.

A small number of respondents felt that ACEs had a low impact on vulnerability in adulthood, except in the case of mental illness or alcohol abuse in the home where 0% felt there was a low impact. Each ACE experienced in childhood had a spread of responses from low to high; however, there the majority responded that individual ACEs experienced in childhood would have some impact on vulnerability in adult tenants.

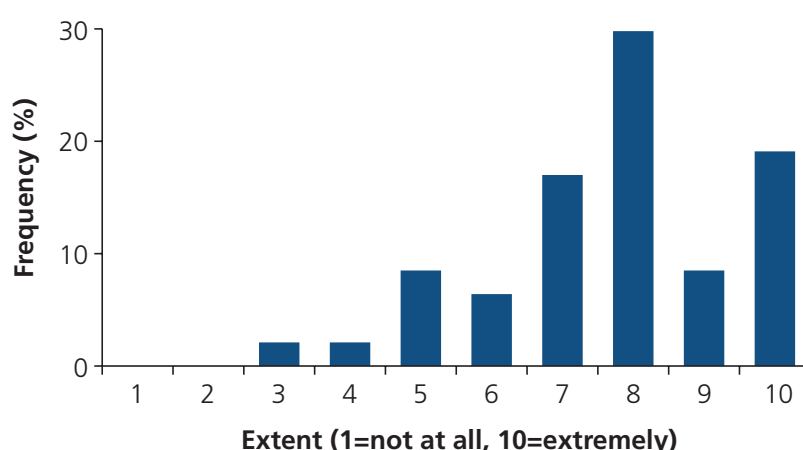
Table A1: Extent of impact of different ACEs experienced on vulnerability of adult tenants

ACE		Median (IQR)	Low 1-3 n (%)	Medium 4-6 n (%)	High 7-10 n (%)
Directed to child	Verbal abuse	6.0 (5-8)	2 (4.3)	22 (46.8)	23 (48.9)
	Physical abuse	8.0 (6-9)	1 (2.1)	11 (23.4)	35 (74.5)
	Sexual abuse	9.0 (6-10)	5 (10.6)	7 (14.9)	35 (74.5)
	Physical neglect	8.0 (7-9)	5 (10.6)	6 (12.8)	36 (76.6)
	Emotional neglect	8.0 (7-9)	2 (4.3)	9 (19.1)	36 (76.6)
Home environment	Parental separation	6.0 (5-8)	6 (12.8)	20 (42.6)	21 (44.7)
	Domestic violence	8.0 (7-9)	1 (2.1)	10 (21.3)	36 (76.6)
	Mental illness	8.0 (7-10)	0 (0.0)	7 (14.9)	40 (85.1)
	Alcohol	8.0 (6-9)	0 (0.0)	13 (27.7)	34 (72.3)
	Drugs	8.0 (6-9)	1 (2.1)	11 (23.4)	35 (74.5)
	Incarceration	8.0 (5-9)	8 (17.0)	9 (19.1)	30 (63.8)

The impact of past ACEs on the current needs of tenants and service users

Respondents were asked to what extent they felt that ACEs **experienced during childhood** affect the current needs of their tenants, on a 10 point Likert scale (1=not at all, 10= extremely). A median of 8.0 (IQR 7-9) suggests that respondents felt the extent of the impact on current needs of adult tenants from experiences in childhood was high (Graph A1).

Graph A1: Extent of ACEs experienced during childhood on current needs of adult tenants



Interviewees discussed how the Housing sector deals with the consequences of both current ACEs being experienced in tenant-households with children, as well as the impact of historical ACEs experienced by adult tenants in their childhoods that has led to vulnerability as adults and risks to tenancies. It was felt that there is a lack of knowledge of ACEs and their impact at a general public level, that can lead to complications when organisations are trying to provide support.

Interviewees had observed an intergenerational cycle of poverty and homelessness, where tenants witnessed as having difficult childhoods are becoming the next generation of vulnerable tenants. A lack of healthy relationships with family was felt to have a far-reaching impact on the risk of homelessness, “*Without a caring, supporting family at home, you’re far more likely to become homeless*” (p1). Interviewees reflected that vulnerable tenants that have experienced domestic abuse, are care leavers or young people who have become homeless because of family difficulties, or have significant mental issues stemming from childhood. There was recognition that ACEs experienced in childhood resulted in vulnerability in adult tenants, and concern about the impact of poverty on ACEs, and a lack of resilience to the impact of ACEs among some tenants.

We certainly work with people who’ve had generations of worklessness [...] who’ve grown up in environments where there’s been domestic violence, or certainly when there’s domestic violence in their community. That feels pretty prevalent, actually. And actually, the biggest issue facing our, the biggest, largest cohort of tenants is actually poverty, and poverty breeds adverse childhood experiences, because [...] people in desperate situations, do desperate things. Including not taking the care of their children that perhaps they might like to take if they, if they were in different financial circumstances. (p4)

The other thing is about how much resilience there is as well, because I think you know, the four ACEs doesn’t necessarily equal somebody who is going to become homeless, but there are other circumstances where they haven’t got social networks, other means of support within the community that make them less resilient to the impact of those other childhood experiences they’ve had. They’re less able to cope with the impacts and that’s the work that we’re all trying to do is help people build up resilience. (p5)

Interviewees observed that contact between the RSL and residents with ACEs might only happen when acute problems arise, such as tenancy breaches caused by domestic violence, physical abuse, anti-social behaviour, or drug misuse, that may then lead to enforcement action such as sanction, or as a last resort eviction. Interviewees recognised that ACEs may manifest in vulnerable adults as anger management issues, domestic violence, or substance misuse, potentially as learned behaviours or ways of coping, with this behaviour affecting how they are able to manage their tenancies.

Interviewees felt that there are differences in the prevalence of ACEs in general housing needs compared to supported housing, such as youth services, and youth and adult temporary hostels.

Every person that came through our youth services had a traumatic childhood experience [...] although we see some of those issues in general needs housing, we don't see them in the same density ... so obviously the supported housing scheme there's, you know, might be 20 young people living in one scheme, all 20 of those people had experienced a traumatic childhood event of one kind or another. (p4)

Most definitely, especially looking at our adult hostels who... we've done a little bit of work around ACEs within our hostels and our young person's hostel, 93% of those young people have had ACEs, four or more. ... we're seeing is substance misuse, alcohol misuse, obviously their behaviours that surrounds all of that kind of thing, losing tenancies, your basic... your daily living skills, your social skills. So it's impacting their life. (p5)

The impact of current ACEs on tenant-households with children

Interviewees reflected that although the Housing sector may include parenting in their risk assessments/support needs plan undertaken at the beginning of tenancies, Housing may not become aware of issues around ACEs in a tenant-household until a stage where behaviour is quite ingrained and they start to receive complaints. Schools were felt to be well-placed to see early signs of ACEs in children. When there are current ACEs, such as domestic abuse going on it can be difficult for anyone helping the adult victim of the abuse, who is trying to survive, recognise the impact on their children. Similarly, it is challenging to get the parent who is the perpetrator to recognise the effect on a child. When they have safeguarding concern or feel there is a potential risk to a child Housing may refer to social services, when possible in partnership/communication with the tenant, but whether action is taken will depend on the thresholds that social services have, and communication was felt to tend to be one-way.

There is always a barrier there with social services, when we're trying to make referrals for children. We've, now, a good example, up in Bridgend, where the gentleman and lady concerned, both had mental health illness, they've both got ACEs [...] and they have [...] a four year old child. Now, their behaviour around this child is wholly inappropriate, and when we made referral to social services, they made, they gave them a phone call. They didn't address the fact that the property was in a parlous condition. They didn't take on board what the Housing Officer was trying to, trying to, you know, put across to them. And then they came back to us and said, well we've spoken to that couple, or, or to the, to the male, and we don't think there's an issue. But that issue is still going on. (p3)

Interviewees reflected that other current ACEs, such as parental incarceration or separation, would not automatically trigger a need for child referral. ACEs, such as substance misuse, abuse, neglect or violence can also be complicated, as there are gradients in them, so a lot can be up to subjective assessment by Housing – although Housing may choose to err on the side of caution and refer to social services if in doubt.

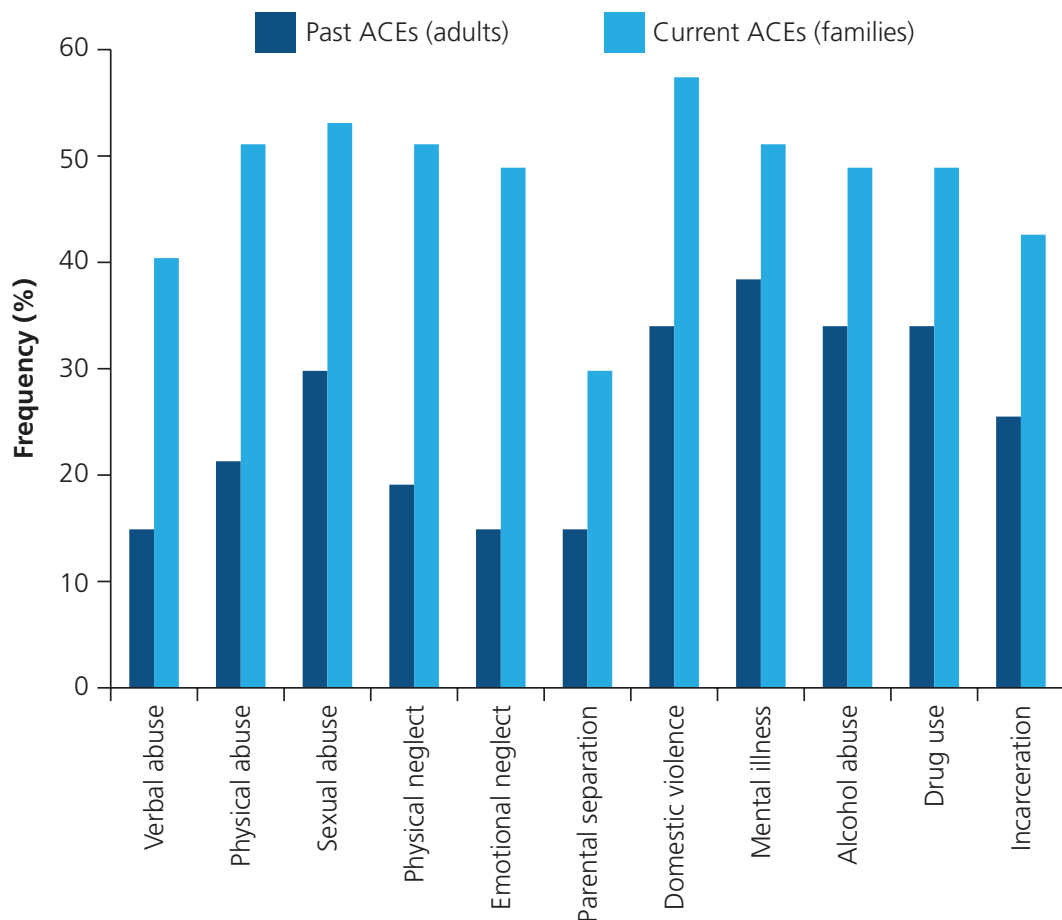
Identifying ACEs

Respondents were asked whether their organisation **identifies** adult tenants with past experience of ACEs, or households where children are currently exposed to ACEs. Respondents were much more likely to identify current ACEs being experienced in tenant households where there are children, than to identify historical ACEs (Graph A2). Over half of respondents would identify current instances of physical abuse, sexual abuse, physical neglect, domestic violence and mental illness in tenant households where ACEs were currently being experienced. Domestic violence was the most cited ACE that would be identified. Under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, there is a duty to develop, publish and implement a local strategy to achieve the purpose of the Act, so there has been a policy drive to combat domestic violence locally in Wales. With past childhood experience of ACEs in adult tenants, around a third of respondents would identify domestic violence, households with mental illness, or alcohol and drug abuse, and verbal abuse, emotional neglect and parental separation were least likely to be identified.

Respondents commented further that the Housing sector tends to focus on and deal with **vulnerability and issues** brought up by ACEs, rather than solely on the presence of ACEs; and that for the majority of tenants Housing staff would not know whether ACEs had been experienced unless the tenant actively disclosed this.

ACEs are a relatively new terminology, with no available training for the Housing sector on ACEs specifically, so it is possible that ACEs are identified and dealt with under different terminology.

Graph A2: Formal identification of past ACEs in adults & current ACEs in households



Interviewees reflected that information on ACEs is not routinely asked or captured for tenants. A barrier to doing so is if data was captured, there needs to be a clear purpose, as the presence of ACEs may not always impact on ability to sustain a tenancy. The situation in supported housing is different, and is felt to be more amenable to recording tenants' ACEs.

Interviewees felt that the 'ACEs' puts a framework around vulnerability and 'added something extra', but as not all individuals who experience ACEs in childhood will be vulnerable this adds a challenge in identifying and dealing with those who are. When a tenant enters general housing they will undergo a risk assessment or individual support plan, although this may be quite detailed the level to which delves into different areas of their lives and past will depend on the organisation. For example, it may take a holistic approach to understand tenants' pasts and what currently matters, or may take a more indirect approach to ACEs centred around responding to current situations and needs reacting to problems arising. This could be when Housing attends multi-agency problem solving meetings; or if a tenant is fleeing domestic violence or sexual abuse.

Acting on ACEs

Respondents were asked whether their organisations **act** on any of the ACEs experienced in childhood are identified in adult tenants, or households where children are currently exposed to ACE, on a 10 point Likert scale (1=not at all, 10= extremely; Table A2). Overall, they were more likely to act on current ACEs in households with children present, and in particular where domestic violence, physical and sexual abuse is suspected, and were least likely to act where parental separation or parental incarceration had occurred. When it comes to acting on past-ACEs experienced by adult tenants, in all cases up to 68% of respondents would take action to support tenants (responded 4 or above on the Likert scale), particularly when it comes to historical experience of parental separation or incarceration, but also verbal and physical abuse.

Generally, respondents commented that ACEs are not proactively identified in their adult tenants. However, ACEs may be disclosed during the housing assessment process or at the point when a tenant reaches crisis. Then the housing organisation would react accordingly and tenants be supported internally in order to maintain their tenancy, and referred to external organisations for specialist support that is outside the expertise or capacity of the housing organisation – but this only happens if the tenant is willing to engage. Some housing organisations may provide specialist services, such as Cognitive Behaviour Therapy (CBT) or schemes to provide, for example, parenting support. In some cases, such as Young Care Leavers, protocols are in place with external organisations to ensure that all risk factors are known and housing need prioritised.

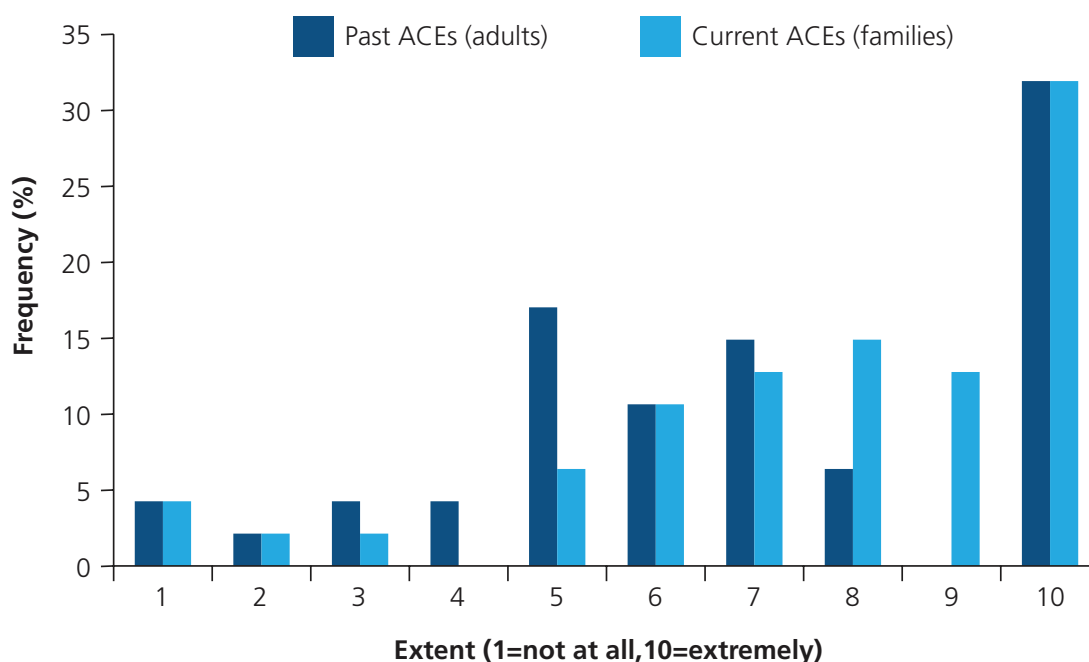
In tenant households with children, if ACEs are identified that also qualify as a child protection issue (so that there is a statutory duty to act under the Social Services and Well-being (Wales) Act 2014) then Housing will always refer to children's services – so action tends to be child-protection-led. However, this may depend on a tenant being willing to disclose the ACE in their household, or evidence being incontrovertible, so Housing may often not be aware of the issue. Child protection issues generally include ACEs such as physical or sexual abuse, domestic violence, and severe emotional, physical or financial neglect. In cases such as parental separation, mental health, incarceration or substance misuse it is less clear as the effects on children can vary at an individual level, so action might only be taken if it were combined with signs of abuse. Housing is more likely to act if the historical ACE has an impact on tenancy. Some areas of Housing, such as specific projects or services e.g. parenting, are better placed to provide support than general housing management.

Table A2: Acting on past ACEs in adults & current ACEs in households

ACE	Adults (historical)				Children (current)			
	Median (IQR)	Low 1-3 n (%)	Medium 4-6 n (%)	High 7-10 n (%)	Median (IQR)	Low 1-3 n (%)	Medium 4-6 n (%)	High 7-10 n (%)
Verbal abuse	5.0 (1.5-7)	13 (27.7)	15 (31.9)	19 (40.4)	8.0 (8-10)	3 (6.4)	15 (31.9)	29 (61.7)
Physical abuse	5.0 (4-9.5)	10 (21.3)	14 (29.8)	23 (48.9)	10.0 (8-10)	0 (0.0)	6 (12.8)	41 (87.2)
Sexual abuse	6.0 (5-10)	7 (14.9)	13 (27.7)	27 (57.4)	10.0 (9-10)	0 (0.0)	5 (10.6)	42 (89.4)
Parental separation	5.0 (1.5-7)	15 (31.9)	13 (27.7)	19 (40.4)	5.0 (2-8)	14 (29.8)	14 (29.8)	19 (40.4)
Domestic violence	7.0 (5-10)	4 (8.5)	13 (27.7)	30 (63.8)	10.0 (8-10)	0 (0.0)	4 (8.5)	43 (91.5)
Mental illness	7.0 (5-10)	5 (10.6)	13 (27.7)	29 (61.7)	8.5 (5-10)	1 (2.1)	14 (29.8)	32 (68.1)
Alcohol	7.0 (5-10)	7 (14.9)	12 (25.5)	28 (59.6)	8.0 (5-10)	2 (4.3)	13 (27.7)	32 (68.1)
Drugs	7.0 (5-10)	7 (14.9)	12 (25.5)	28 (59.6)	9.0 (5-10)	1 (2.1)	12 (25.5)	34 (72.3)
Incarceration	5.0 (2.5-10)	11 (23.4)	11 (23.4)	25 (53.2)	7.5 (5-10)	10 (21.3)	10 (21.3)	27 (57.4)

Responsibility of Housing sector to support tenants affected by ACEs

Respondents were asked whether their organisation has a responsibility to **support** tenants who have experienced ACEs in childhood, or households with children present where ACEs are currently evident (1=not at all, 10=extremely; Graph A3). For adults with past ACEs a median of 7.0 (IQR 5-10) and households with current ACEs a median of 8.0 (IQR 7-10), suggests that overall the Housing sector in Wales does feel it should support both adults tenants affected by ACEs in their childhoods as well as tenant households with children affected by current ACEs. A spread of responses can be seen, where a smaller proportion of respondents did not feel they had a strong responsibility.

Graph A3: Responsibility to support past ACEs in adults & current ACEs in households

Which organisations need to be involved in supporting tenants affected by ACEs

Respondents were asked which organisations should be involved in supporting tenants who are affected by past ACEs (adults) and current ACEs (families, Table A3). 87% of respondents felt their own organisation should be involved in supporting adult tenants affected by past experiences and 89% felt their organisation should be involved in supporting tenant-families where ACEs are current. In both cases, the health sector and social services were felt to have the highest responsibility for supporting both adults and children. It is clear that supporting vulnerable tenants is considered a multi-agency responsibility. It was felt by respondents that tenants themselves have the least responsibility to support their peers, compared to public sector and third sector organisations.

Other organisations mentioned included health visitors, community-led groups that can provide wellbeing activities, and the wider community. The responsibility to deal with ACEs was often stated to sit with all individuals and agencies that come into contact with vulnerable tenants, including support and statutory agencies. It was felt that ACEs is 'everybody's responsibility' and that creative thinking is needed to break the cycle of ACEs. ACEs, particularly in tenant households with children, is felt to need a co-ordinated multi-agency approach.

Table A3: Organisations that should be involved in supporting tenants with past (adult) and current (families) ACEs

	Adults (historical) n (%)	Children (current) n (%)
Social services	47 (100.0)	47 (100.0)
Health sector	46 (97.9)	47 (100.0)
Safeguarding teams	44 (93.6)	47 (100.0)
Local authorities	44 (93.6)	45 (95.7)
Domestic violence teams	43 (91.5)	46 (97.9)
Child protection	43 (91.5)	45 (95.7)
Police	42 (89.4)	45 (95.7)
Schools	41 (87.2)	46 (97.9)
My organisation	41 (87.2)	42 (89.4)
Third sector	41 (87.2)	40 (85.1)
National government	34 (72.3)	34 (72.3)
Tenants	28 (59.6)	32 (68.1)

Approaches to supporting tenants affected by ACEs

Respondents were asked what approaches or activities have been taken to support tenants with past (adult) and current (families) ACEs (Table A4). Over 50% had trained some of their staff to support tenants with past (adult) and current (families) ACEs. Respondents were over four times more likely to undertake multi-agency working to support families with current ACEs, than for adult tenants with historical ACEs. Just over ten percent had done nothing to support adult tenants with historical ACEs. Just under a fifth already take a trauma-informed approach to adult tenants, and 15% had created specialist job roles to support vulnerable tenants. Fifteen percent (15%) were waiting for guidance from other bodies.

Approaches taken included training for staff in support needs for vulnerability for individual ACEs that are currently occurring in households, such as mental health, child sexual exploitation, PoVA (Protection of Vulnerable Adults), domestic abuse, controlling behaviour, substance misuse, suicide awareness, criminal justice, child safety; as well as specific tools to support vulnerable tenants such as restorative practice. Interviewees observed that when it came to training in ACEs specifically,

some organisations are waiting until Welsh Government decide their ACEs agenda, and others are proactively offering ACEs training.

We've had ACEs training [...]. I think we're very lucky to have [ACE Hub Housing Lead] with us, so it was [ACE Hub Housing Lead] really that started to roll ACEs out throughout the company. So not all our staff but the majority... well, quite a lot of our staff now have had ACEs training, so they're all ACEs aware. You know, what goes really well alongside ACEs is the psychologically informed environment that is something else that has been rolled out alongside ACEs within our hostels as well (p5).

Different services in an individual organisation is likely to practice different degrees of support to vulnerable tenants, with specialist roles, services, and projects taking a more informed approach to ACEs than housing roles that work with the general tenant population where they are less likely to come across vulnerability or ACEs in their day to day job. An example is preventative social care projects aimed towards young people to enable them to identify and explore issues that affect them, including ACEs, and to build confidence and resilience; or a multi-agency project that will offer early intervention support to families where ACEs are currently present.

If invited, Housing will attend multi-agency case conferences and core groups, such as MARAC (Multi-Agency Risk Assessment Conference) and MAPPA (Multi-Agency Public Protection Arrangements). Some housing organisations are increasingly moving away from a reactive approach to tenancy, and taking a more proactive and person-centred approach that takes a restorative approach that focuses on building relationships with tenants and communities, with the core aim of sustaining tenancies by identifying support requirements of vulnerability for any tenant. There is a general ethos in Housing of currently not differentiating ACEs from other support needs of vulnerable tenants, but that *"having an informed and trained workforce in assessing these matters is critical to the pathway for each individual who has suffered from ACE."*

Table A4: Actions taken to support tenants with past (adult) and current (families) ACEs

	Adults (historical) n (%)	Children (current) n (%)
Multi-agency working	29 (14.9)	33 (70.2)
Training – some staff	28 (59.6)	26 (55.3)
Approached specialists for advice	22 (46.8)	29 (61.7)
Already part of our day to day job	17 (36.2)	22 (46.8)
Developed guidance/protocols	10 (21.3)	13 (27.7)
Created specialist job roles	7 (14.9)	9 (19.1)
Training – all staff	7 (14.9)	9 (19.1)
Waiting for guidance from other bodies	7 (14.9)	9 (19.1)
Already take a trauma-informed approach to tenants	6 (19.1)	6 (12.8)
Nothing	6 (12.8)	3 (6.4)

Interviewees reflected that Housing is well-placed to have those initial conversations around background and wider ACEs, and generally build close relationships with their residents, as well as being able to see warning signs at an early stage of vulnerability. Some RSLs have initiated a referral route/mechanism not currently ACE-specific but centred around general vulnerability concerns, so that the right people with appropriate training and awareness around support needs can decide the appropriate actions to take.

We don't just make referrals and let them carry on with that. We will keep hold of them, we'll do what's best for them. We continue to have the 'what matters' conversations with them. We do this with every resident. It's not just those affected by ACEs. But it's by having these conversations that we identify those, those underlying causes. (p3)

Interviewees observed that tenants presenting with ACE-related vulnerabilities can be identified and supported in a number of ways depending on their needs and whether the tenant is ready to be referred. Referrals can be made to specialist agencies who deal specifically with certain types of trauma, such as drug and alcohol agencies, mental health agencies, and debt agencies such as CAB (Citizens Advice Bureau), as well as services including education and social services. A joint approach where Housing and services work holistically to support an individual and getting them the support that they need is needed, as Housing cannot provide support for everything – but as landlords already do provide a certain level of support. Housing Officers working in RSLs have a diverse job that is ongoing throughout the tenancy, including rent, antisocial behaviour, nuisance, community development, and social inclusion. They may have training in specialist skills such as restorative practice to help them build relationships with tenants and facilitate relationships between tenants and neighbours/communities. There are specialist roles within RSLs, but they tend to be a small service. RSLs already have a range of interventions that they use to support vulnerable tenants. One RSL mentioned a model called an ‘outcome star’ which is used with new residents or applicants to discuss what affects them and what matters to them, in order to help to take different actions in order to support the tenant learn to manage on their own.

We can see that by working in different areas, how we can bring that star from its extremities to normal. By putting different interventions in place, linking them up, putting referrals in, and keeping hold of them, until they feel safe enough that they, they can manage on their own. (p3)

Interviewees reflected that when a resident identifies as vulnerable, depending on what is disclosed, service provision may not always be the answer and connecting people to services could have the adverse impact of perpetuating a ‘service dependent culture’. Rather than focusing on the negative experiences of the past, the first port of call would be an asset-based community development approach that is person-centred and person-led. Connecting the tenant back to their community and strengthen community and personal networks that would help to sustain the individual and be more enabling and empowering, rather than building a connection to services that would increase dependency. This may be done with a team of community workers or through a range of interventions, for example, health and wellbeing, and community projects. One interviewee mentioned funded projects working with different age groups of children and young people, for example, work with young people aged 14-25 to build resilience, self-esteem, and confidence and help them move on with their lives, or projects working with young children aged 0-3 months, or lone parents; as well as young people’s hostels, and supporting young people leaving care.

Interviewees observed that supported housing projects tend to take in tenants on a more temporary basis, but allows for work with tenants to address some of their issues. Work under the Supporting People programme can be used to give additional support to tenants that is more in-depth or for a longer period. As well as making safeguarding referrals and working with families with high-needs children together with agencies, Housing may work quite closely with parents to address any issues, such as running support programmes, or family intervention projects to provide in-depth support to those who need it. Parenting projects focus around building resilience and relationships, and less about crisis parenting rather providing low-level skills to support tenants with very young children. Generally, a more preventative approach to ACEs where awareness is increased and an early preventative intervention is needed, rather than having to deal with the impact later on, from those ACEs experienced in childhood.

Interviewees discussed there already is a general framework for enabling the sharing of information by service-providing organisations directly concerned with the health, education, safety, and social wellbeing of people in Wales - the Wales Accord on the Sharing of Personal Information (WASPI), signed by a number of agencies including RSLs. However, there are no guidelines for what ACE-related information should be shared, what is relevant, and under what circumstances; for example, whether the tenant should decide for themselves if the information pertaining to them should be shared between agencies. Another information sharing protocol has begun between South Wales

Police and some RSLs, involving the uploading of their stock onto the Police NICHE system. This enables Anti-Social Behaviour (ASB) co-ordinators to contact the relevant RSL via a secure email address when an incident of ASB has taken place within their property, and should allow for early intervention and improved information sharing processes.

Interviewees reflected that there is a barrier in sharing data between statutory and non-statutory sectors centred around data protection that needs to be broken through better data sharing protocols and trust-building. The new data protection rules in Wales may help either break barriers or itself become a new barrier. There needs to be greater recognition that Housing and other non-statutory agencies have good relationships with tenants and can act as conduits for other services. Different sectors will currently all have different bits of information about people's ACEs, and there needs to be a collaborative and partnership approach depending on the particular support need, how complex it is, how ingrained it is, and how much of a support intervention is needed. Clarity is currently lacking on roles and responsibilities of different agencies. Housing may not be aware of particular support functions going on in households involving a care conference and multi-agency plan, until the point of eviction. Communication is often one-way, with Housing on the outskirts and classed as invitees rather than having a more pivotal position. Different agencies working with vulnerable individuals need to work in collaboration in a coordinated and person-led manner, preventing the individual being inundated with different agencies or without major barriers to services, such as funding cuts.

Our officers, including our maintenance officers, our Housing Officers et cetera will see things that will be hidden from social workers. I just don't really think that social services regard Housing as an integral partner and I think they're really missing a trick there. (p5)

Barriers to supporting tenants affected by ACEs

Respondents were asked what **barriers** they faced in supporting tenants with past (adult) and current (families) ACEs (Table A5). Very few respondents felt it was not the responsibility of their organisation to support those affected by ACEs, but about 90% of respondents felt that currently there were barriers to being able to support tenants. The biggest barriers included needing better partnership working and needing more knowledge of what to do.

During the interviews, it was commented that the Housing sector is waiting for clarification of roles, and who is there to support the process at a multi-agency level. There is not yet enough awareness, understanding and publicity about ACEs. Not all RSLs work culturally in the same way, so not all see ACEs as their role. There is need for a top-down drive within a company to ensure a company-wide approach to ACEs. There is a need to clearly understand the agenda that Welsh Government has on ACEs when it comes to social housing, particularly how it impacts on expertise and resources, and any framework or training being implemented. RSLs are increasingly expected to take on statutory responsibilities that local authorities should be delivering without additional resources -income or support, or consultation. The role of ACEs in the private rented sector and in homeowners is also relevant.

It just does feel sometimes that another thing is being added to our bow with zero consultation or resources to enable us to be able to support... because at the end of the day, that's what we want to do, we want to support people and ensure that they can lead fulfilled lives, but then we need Welsh Government to recognise that we don't have endless pots of budgets and we're already really stretched. (p6)

Respondents commented that barriers to Housing being able to support tenants with ACEs include a lack of funding to provide more preventative and early intervention approaches; the time, effort and resources needed to manage escalating concerns from adverse behaviours as these are already stretched, such as ASB and criminality that is often multigenerational. Difficulty being able to refer

to specialist support agencies at both prevention and crisis stage, waiting lists, and the need for a better response when cases are referred on. Moving away from a deficit-led approach is needed, as this is perceived as a barrier to supporting vulnerable tenants. There are concerns that Housing should not be assessing ACEs as part of the general tenancy application process. Some felt there is a lack of recognition of the role of Housing amongst other agencies and services, particularly the role that Housing has in offering care and support services. Although Housing does not have specialist skills, resources, or tools to deal with outcomes of vulnerability, Housing needs to be involved in multi-agency safeguarding agreements or protocols to deal with vulnerable tenants affected by ACEs. A common approach to ACEs across all sectors is needed where sharing information about vulnerable tenants between agencies and services is enabled. It was felt that more research is needed to understand the prevalence of ACEs among social housing tenants compared to other population groups. There is currently a focus on tenants having to self-refer for tenancy support, which they may not be capable of when at greatest need. Public sector cuts and welfare reform are seen as barriers to supporting vulnerable tenants. Concern was raised that an ACE-led approach might counter work in embedding restorative approaches and an asset-based community approach.

Barriers to supporting vulnerable tenant households with children includes lack of skills and resources, a lack of a standard risk assessment framework or protocols for capturing and identifying ACEs used by all agencies, and the current threshold for statutory intervention and difficulties accessing services such as CAMHS (Child and Adolescent Mental Health Services). A major barrier is some housing staff not seeing ACEs as their responsibility rather than it should sit with the responsible statutory body.

Table A5: Barriers to supporting tenants with past (adult) and current (families) ACEs

	Adults (historical) n (%)	Children (current) n (%)
Need more knowledge	33 (70.2)	33 (70.2)
We need better partnership working	29 (61.7)	32 (68.1)
Need training	24 (51.1)	24 (51.1)
Need more funding	24 (51.1)	22 (46.8)
Someone else needs to lead	7 (51.1)	11 (23.4)
Need a framework for action	23 (48.9)	22 (46.8)
Need to know how to act/what to do	23 (48.9)	23 (48.9)
Need tools to act	23 (48.9)	17 (36.2)
Need tools to identify	22 (46.8)	24 (51.1)
No barriers are experienced	5 (10.6)	5 (10.6)
Not our responsibility	5 (10.6)	3 (6.4)

Interviewees reflected that individuals experiencing ACEs may have associated behaviours, such as significant rent arrears, damage to property, ASB that RSLs may not want to accommodate, so individuals in temporary supported housing may find difficulties being moved on to permanent homes. It is felt that some individuals no matter how much they are supported will not help themselves. Interviewees felt that their tenants may face 'barriers of judgement' from the organisations housing would like to refer them on to for support, for example, that the way that the service user acts is a 'life-style choice' rather than being caused by mental health or other circumstances. Labelling individuals can sometimes present itself as a barrier particularly when a label is seen as a passport to services. For example, individuals presenting themselves as NEETs (not in education, employment or training) rather than as young people, *'What we don't want to do is develop a culture where they're calling themselves... I'm a NEET with four ACEs, you know?'* (p5). Individuals entering services may have been 'risk-assessed most of their lives', which is the negative side to supporting them. This forces the individual to be confronted repeatedly by their life story. Rather a move towards needs-assessment, centred around the positive things about them, will help build a relationship, trust and open dialogue.

Interviewees discussed how national policy issues could be barriers to an ACE-informed approach to tenants and reducing homelessness, including social housing centred round Welfare Reform, rollout of Universal Credit, benefit caps and bedroom tax. These all impact the support that Housing is able to offer and the tenant's financial ability to pay rent and sustain tenancies, and are seen as competing priorities when supporting tenants. Particularly as financial support for external agencies, such as CAB and local council services are being reduced, so Housing feels it has to try and fill gaps. There are concerns regarding Welfare reform and shared accommodation for under 35s, particularly as there is quite a high chance that quite a few of the under 35s still in social housing are the ones that have ACEs.

Interviewees observed that RSLs may have a very small team with a dedicated support function (for example a team of five, compared to a total of 300 staff), who are there to support Housing Officers with additional expertise or capacity. The biggest demand on their time currently is about helping tenants pay their rent, as this is the greatest risk to social housing as a business. This is a barrier to supporting their tenants more broadly outside financial capability, and enforcement and conversations around ACEs are competing activities for resources. Support services are felt to have their own challenges with restrictions imposed by Welsh Government's Supporting People programme, particularly around what it defines as 'support'. That is generally needs-led rather than assets/strengths-led, and in conflict with how some RSLs want to work to by supporting tenants in the community.

Interviewees commented that there is a need for more recognition of the amount of work RSLs already do when it comes to supporting tenants, from across the public sector and partners but also from communities and the public themselves. Housing has to maintain its core business, which is being a landlord, and cannot take over the responsibilities of other support services; although could potentially offer more low-level support such as emotional wellbeing classes or confidence building. Once tenants are identified by Housing as requiring support, referrals to social services or community mental health teams were seen as a significant barrier. *'Having the attitude from community mental health teams, that say, well it's their chosen lifestyle, and they won't pick up referrals from Housing, it makes it really difficult'* (p3). Housing may be told that unless the GP refers the tenants, that they will not accept referrals. Often unless Housing has started down the enforcement route or court action, support is not available. Crisis seems to be a trigger for starting the process of external assistance.

Two issues around re-traumatising came up in the interviews, firstly, that staff have to work in a way that will not re-traumatise tenants when they are working face-to-face with them, in terms of their words, behaviour and actions. It is important that vulnerable tenants do not need to be asked the same questions over again and made to relive their traumas, and if tenants do open up and talk then there does need to be something in place for them and to make the environment safe for them. Secondly, that staff may themselves have ACEs, may have mental health problems, or may be victims of domestic abuse. So asking staff to take an ACE-informed approach may also traumatise. Housing staff need to be equipped, skilled, resilient, and able to deal with tenants presenting issues as a result of ACEs, without re-traumatising. For staff, dealing with disclosures of ACEs can be stressful, so a reflective support network for staff with their own peer group, or support from a manager or clinical supervision if needed would help. As an organisation becomes more ACE-aware, it will need to consider how to respond to staff who are re-traumatised by what they experience at work or during training.

They've had that with the work that we're doing around as I said, domestic abuse, and the training we've... and awareness we've done with staff, recognising that if... you know, one in four women suffer domestic abuse then one in four of our staff may have as well ... and people respond... have reacted quite unexpectedly in domestic abuse training because it's brought back their experiences and this may well happen... (p5)

Supporting change: overcoming barriers

Respondents were asked what their organisations were doing to overcome barriers to supporting vulnerable tenants affected by past (adult) and current (families) ACEs (Table A6). Over 80% are getting involved in multi-agency work, and very few felt that overcoming barriers was not the responsibility of their organisation. Respondents commented that getting involved in multi-agency work and strengthening relationships with statutory agencies and other services was key, as well as developing a consistent approach to identify ACEs and taking appropriate action when tenant vulnerabilities and concerns are highlighted. Area-based work, where staff can get a better understanding of their tenants and families will help improve identification of issues and ACEs. Training staff has helped improve understanding and awareness of how ACEs impact individuals and in turn their life chances.

Table A6: Actions to overcome barriers to supporting tenants with past (adult) and current (families) ACEs

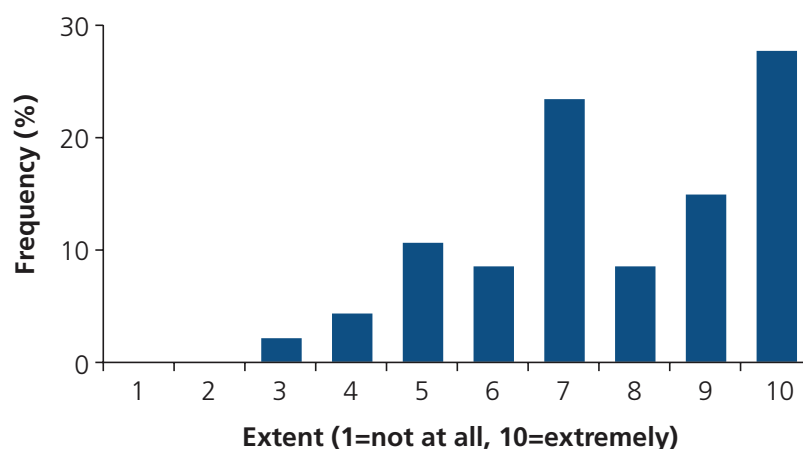
	n (%)
Getting involved in multi-agency work	38 (80.9)
Prioritising this area of work	16 (34.0)
Changing the way we capture data to support case for change	16 (34.0)
Waiting for guidance from other bodies	14 (29.8)
Not our responsibility	1 (2.1)

Supporting change: prominence of ACEs in the future role of social housing

Respondents were asked whether ACEs would take a more prominent role in the work of their organisation in the future on a 10 point Likert scale (1=not at all, 10=extremely). A median response of 8.0 (IQR 6-10) suggests that generally it was perceived that ACEs would (Graph A4).

The Supporting People Programme Outcomes Framework which has a big influence on the Housing sector, was identified as not being aligned to ACEs, which would help Housing organisations align their outcomes related to tenancy support for vulnerable people to ACEs. Collaborative funding and partnerships that can deal with vulnerability both preventatively and at crisis is needed, as well as training programmes for Housing staff. Universal credit is seen as creating a more prominent role for the Housing sector in dealing with vulnerability.

Graph A4: ACEs having a more prominent role in the organisation's work in the future?



Interviewees felt that the increasing discussion, focus and awareness around ACEs is positive and will encourage action. It was felt that in the future, Housing will have a greater focus on ACEs and trauma-informed projects. The use of the term ACEs - a 'nifty little ditty' - is helpful if it helps people who present with chaotic lifestyles access services that can meet their needs better.

It's very important that people become more understanding of ACEs, and how it impacts on people, and perhaps become a bit more accommodating, not in a, not in a literal sense of accommodation, but a little bit more accommodating to how some people have got to where they are in their life journey, and, and be a little um, bit more, helpful, rather than judgemental perhaps. (p1)

Interviewees reflected that increasing awareness of ACEs would not be significant in terms of increasing support and engagement, as Housing will be engaging with the same vulnerable client group with the same associated behaviours. However, a framework that clarifies how to properly identify and engage with agencies, and referral pathways, will enable more efficient working. As a result of the profile of ACEs increasing, conversations are happening intra-organisationally between different job roles, such as Housing Officers, solicitors and Housing managers, to tease out what is going on rather than moving problems around. In the future, Housing would like to see clarity of roles and responsibilities of different agencies, when a tenant has support needs beyond what Housing can meet internally, so Housing is clearer about what agencies can do or who is there to support that process.

There is no structure. I suppose that's the bit that I think is needed. There is no structure at, certainly not a local level, and I, you know, expectation at a national level, in terms of how, on a multi-agency partnership approach, we can be ensuring the right solutions for handling ACEs. (p2)

Interviewees felt that housing is integral and what drives everyone, but the sector often feels left on the outskirts by other stakeholders. Housing could have a more pivotal role, particularly in providing access to individuals that the expert can then actually work with. Housing staff have an unprecedented and regular access to people's homes, with great potential for collecting or observing and identifying issues. As well as creating a trusted environment for tenants to share information safely and for Housing to deal with or take the issue forwards. Vulnerable tenants may be reluctant to engage with other agencies, as for them their ACEs are associated with some of those services, so Housing can act as a conduit in some cases. The challenge is, 'It's just figuring out how we do it. And what we do. And having a level of, and maybe a bit more consistency?' (P4). One model would be an 'ACEs hub' where statutory services are all available, so the individual can receive a holistic level of support, with childcare and crèches, as well as community projects such as food banks and housing so people are not passed from pillar to post but allows access to emotional support needed to overcome ACEs. This would need to be driven at a national policy level.

What I would envisage is basically regional teams, multi-agency teams within the same place, and I don't think... unless something like that is rolled out across Wales, which is obviously going to utilise an extreme amount of resources, that needs to be backed by Welsh [Government], then I don't really think that it would be fair to roll out this agenda without that level of support. (p6)

Some interviewees discussed that their organisations already take a more systems-thinking approach to vulnerable tenants that is procedure- (governance) and checklist-light, and enables staff to undertake their work flexibly that they felt was more sympathetic to an ACE-approach. This systems-approach was designed through consultation with tenants to improve how they delivered their service. Through the consultation, it was found that tenants who were thought to be doing well were actually struggling in multiple ways, but that support should be focused on finding ways to

reconnect tenants with their communities, decrease isolation, foster community engagement, spirit, activity and citizenship in order to support them rather than refer residents to 15 different services. There is a need to understand what makes people who have experienced ACEs resilient, rather than pigeon-holing into a black and white concept of having ACEs and adverse outcomes.

Having conversations with the people who have those adverse experiences, but are, are triumphing over that adversity, then surely the magic is, is in what their experience is, and learning from what, what has, what, what has worked well for them, because I worry about the, the kind of deficit learnt approach of looking at people's past for problems, as almost a kind of blueprint for their future. (p4)

Interviewees commented that particularly for temporary housing, there is a trend towards building more psychologically-informed environments outside the ACE agenda - that has relevance to ACEs and vulnerability. This could move further towards the design of whole estate environments in the future. Training could be adapted from other sectors to educate Housing about how to deal with the impact of ACEs and to be able to identify concerns correctly and at an early stage, which they have already found is the case around the work Housing have been undertaking on improving response to domestic abuse.

Appendix B: ACEs and Homelessness Evidence Review

Summary of Findings, Natalie Farr, placement at CIH Cymru, February 2018

The following summary provides information gained from analysing trends and themes with the Adverse Childhood Experiences literature. The full review identified and reflects upon five key themes, culminating by focussing on the role of recovery and resilience as the key factor to mitigating and addressing ACEs.

1. Early Years Experiences & ACEs as risk factors for future homelessness

- Adverse Childhood Experiences (ACEs) can have negative consequences across almost all domains of life.
- The prolonged, unpredictable stress associated with ACEs is a form of trauma, the impact of which can be detrimental to a child's developing brain.
- Traumatic experiences can disrupt a child's cognition (IQ deficits), affect their behaviour (difficulty regulating emotions) and impair their social development (difficulty forming attachments)
- The literature points to strong connections between adverse experiences in childhood and homelessness in later life.
- Amongst the homeless populations included in the literature, ACEs are common and pervasive.
- In one study, almost 90% of homeless participants reported a history of at least one ACE and more than half reported experiencing four or more.
- In terms of service provision, the importance of *early intervention* is emphasised, as is the need to take a past history of ACEs into account when supporting homeless populations.

2. Youth homelessness and risk factors

- A history of ACEs is common among homeless youth populations.
- Another study highlighted an association between ACEs and housing instability as a young adult (age 18/19). These findings were specific to young, sexual minority males.
- Traumatic childhood experiences (including parental substance misuse, physical abuse, emotional neglect and family conflict) were directly connected to some youth's decisions to run away from home; which, ultimately, led to their becoming homeless.
- For many young people, exposure to traumatic experiences *continues* after they become homeless.
- The literature related to youth homelessness underlines the importance of *early intervention*.

3. The relationship between ACEs and risk of Substance Misuse leading to homelessness

- ACEs can contribute to the adoption of negative behaviours, such as substance misuse, in adulthood.
- One study suggests homeless youth populations are prone to suffer from issues of *chronic* substance misuse (often in association with poor mental health), both of which are more likely to follow a chronic course among those with a history of ACEs.
- In one study, homeless women described a 'cycle', whereby substance misuse contributed

to homelessness and homelessness contributed to substance misuse. For these women, homelessness and substance misuse *co-existed*.

- The literature identifies limitations in service provision. Prior to becoming homeless, many participants had come into contact with ACE related and/ or substance misuse services.
- *Early intervention* is recommended, as are integrated, co-ordinated and targeted services, in order to prevent or de-escalate negative outcomes associated with ACEs, substance misuse and homelessness.

4. The relationship between ACEs and risk of current Mental Health problems leading to homelessness

- The relationship between mental health problems and homelessness is complex. Mental health problems can be both a cause *and* a consequence of homelessness.
- ACEs and mental health problems are risk factors associated with homelessness. These factors often co-occur and/ or exist alongside other known risk factors, such as substance misuse, unemployment and domestic violence.
- Two pieces of literature, both from the United States, refer to the experience of veterans (people with a history of military service). Their risk of homelessness is thought to be twice that of non-veterans, which may be associated with ACEs increasing likelihood of experiencing mental health problems and stressful situations encountered in active service.
- One study found ACEs increased the likelihood of mental health problems among individuals with a history of active military service (compared to those with no history of active military service). However, the same study found a history of active military service partially protected individuals against the risk of homelessness.
- One study explored the *mediating* effect of mental health problems in the relationship between ACEs and homelessness. Mental health problems were found to *indirectly* affect the relationship between ACEs and homelessness. However, homelessness remained *significantly* and *directly* related to experiences of childhood adversity.

5. Family Dynamics

- Families (adults with children) comprise a unique subset of the homeless population.
- The literature related to families stems largely from the United States and primarily reflects the experiences of women with children.
- According to the literature, families comprise one of the fastest growing segments of the homeless population in the United States. Almost 90% of homeless families are headed by women.
- One study compared differences between homeless adults living with children and homeless adults not living with children. The study found both groups had similar ACE histories. However, homeless adults living with children appeared more vulnerable to the social and economic antecedents of homelessness (poverty, inadequate education, poor employment).
- The literature identifies the high prevalence of traumatic experiences (past and current) in the lives of homeless women with children.
- In one study (comprised of 60 mothers and 60 children referred to a clinical intervention programme), 77% of the mothers reported a history of four or more ACEs. 28% of the children had experience of four or more adversities (as reported by their mothers); although statistically lower, it remains far from insignificant.
- If unaddressed, the impact of ACEs can continue into the next generation. Within the literature, this is referred to as an *intergenerational cycle* of adversity.
- One study described a transitional housing initiative, specifically for homeless families. Many of the parents reported histories of childhood adversities, as well as current

depressive symptoms and elevated levels of parenting stress. On a positive note, transitional housing was frequently described by the parents as beneficial.

- The literature points to the resilience and optimism displayed by many parents, despite past and present experiences of adversity.
- In order to support the positive characteristics displayed by many homeless families, interventions which are Trauma-Informed and/ or specifically tailored to meet the unique needs of this population are recommended.

ACEs as a risk factor for homelessness: the solutions

Recovery and Resilience

- Given the long term and deleterious consequences of ACEs (the effects of which can reverberate across generations), an understanding of how best to mitigate or negate their impact is essential.
- Practical interventions, which connect people to substance misuse treatment, mental health services and safe/ secure housing, are necessary.
- The importance of *early intervention* is emphasised throughout the reviewed literature.
- ACE-Informed, Trauma-Informed and Trauma Sensitive interventions (all of which are similar in nature) are advocated.
- A Trauma-Informed approach involves: learning about, and acknowledging, past/ current trauma, understanding its impact and then, tailoring services accordingly.
- Resilience refers to qualities, strengths and resources inherent in, and available to individuals, families and communities. Resilient individuals 'accept reality, manage adversity and push through hardship to overcome obstacles'.
- Adequate support and appropriate programmes can help *build resilience* against the impact of ACEs.
- When applying an ACEs framework to service interventions, it is equally as important to maintain and reinforce attention to the broad social context (poverty, public policy). It is essential to be aware of the structural barriers that may impede an individual's resilience or ability to recover from ACEs.
- Thus, with increased awareness and effectively targeted interventions, the effect of ACEs need not be long term or permanent.



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