


Understanding adverse childhood experiences and trauma: What does this mean for the housing sector?

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Published by NHS Health Scotland

1 South Gyle Crescent
Edinburgh EH12 9EB

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Introduction

Adversity and trauma can have a significant impact on health and wellbeing. There is an extensive evidence base which shows the impact of childhood experiences on child development and later life outcomes. Studies on adverse childhood experiences (ACEs) have shown that as the number of ACEs increases, the risk of experiencing poorer health, educational outcomes and social outcomes increases for children and young people, and this extends into adulthood. ACEs and trauma are, unfortunately, prevalent in the population but experiencing early adversity does not mean that children and adults are destined to poor outcomes. Ensuring housing services and policy are appropriately informed is important so that we can respond and importantly, where possible, prevent adversity.

Preventing ACEs and trauma

Factors which influence the health and wellbeing of babies, children and young people include a safe, nurturing home and neighbourhood environment where children can develop healthy relationships, and can learn and develop to their full potential. We know that poor housing and homelessness impacts on health and wellbeing.

Preventing childhood adversity is important if children are to have equitable opportunity for health and wellbeing. This should be seen within the wider context of structural factors which lead to societal inequalities; inequalities in income, power and wealth. Income is an important determinant of a range of social and health outcomes and there is a social gradient to health, with those with a higher socio-economic position having better outcomes across a range of factors, including life expectancy.

The original ACE research focused around 10 types of adversity in childhood and is based on studies which asked adults to remember their experiences growing up. NHS Health Scotland proposes taking a broader definition of childhood adversity which includes all experiences and circumstances which can adversely affect children's health and wellbeing¹.

NHS Health Scotland advocates for a public health approach to childhood adversity by taking action on the fundamental causes of inequality and on the social determinants of health. Access to services, such as housing and health, and a workforce which has the appropriate knowledge and skills are all important elements to taking action on childhood adversity.

¹ Adverse Childhood Experiences – NHS Health Scotland, film clip:
<https://www.youtube.com/watch?v=VMpli-4CZK0&feature=youtu.be>

'We know that early childhood experiences can have a lasting impact on health, educational and social outcomes. To ensure that Scotland is the best place in the world for our children to grow up and our communities to thrive, we must work across the whole public sector system to prevent childhood adversity and trauma in children's lives. This includes recognising safe, secure, affordable and nurturing housing environments are fundamental for health and wellbeing and creating equitable opportunities for everyone in our society.'

Dr Linda de Caestecker,
Director of Public Health, NHS Greater Glasgow and Clyde

Responding to trauma

Providers of social housing (housing associations and local authority landlords) provide around 500,000 homes in Scotland and have significant reach into local neighbourhoods and communities. It is critical that colleagues delivering housing services are aware of how early adversity can impact on children's wellbeing and on later life. Understanding this impact will contribute to supporting tenants and families and helping communities to thrive.

The importance of taking action on childhood adversity is recognised in current government policy and there is growing awareness across sectors about ACEs and trauma. Delivering trauma-informed services through a trauma-informed workforce is key to taking action and making a difference for families in our communities.

Housing is fundamental for creating health and wellbeing for individuals and communities and considering how housing services and policy can work with other sectors to contribute to the prevention of childhood adversity is timely.

Purpose of this paper

This paper sets out some key learning from colleagues working within the housing sector and poses some discussion questions to inform and influence the delivery of housing services which recognise the impact of ACEs and trauma.

In 2018, a multi-agency working group comprising NHS Health Scotland, Healthcare Improvement Scotland ihub, Scottish Federation of Housing Associations and Glasgow and West of Scotland Forum of Housing Associations agreed to further explore the role of the housing sector in the prevention and mitigation of ACEs and trauma. Using the 'Resilience' documentary as a platform for discussion, this group worked together to host a 'roadshow' of events across the country. These events involved a screening of the film 'Resilience' and a panel discussion with representatives from across housing and public health, followed by tabletop discussions with participants.

The aims of this roadshow of events were:

- to gain a common understanding about the impact of ACEs on health and wellbeing
- to share experiences of recognising and responding to people affected by ACEs within the housing sector
- to identify opportunities to share learning and examples of practice where housing services are preventing or responding to the impact of ACEs
- to identify opportunities to support colleagues working within the housing sector to understand the lifelong impact of childhood adversity and the potential contribution housing can make to preventing and responding to this
- to consider ways in which settings can respond in a relationship-based way and support resilience.

The purpose of this paper is to stimulate discussion by setting out the points which arose from these discussions with colleagues working within the housing sector. This includes recognising current good practice in preventing and responding to childhood adversity; identifying opportunities to share practice; understanding the support needs of colleagues working within the housing sector to develop their resilience, skills and expertise in this area; and seeking opportunities to influence policy and practice in order to continue to deliver services which improve outcomes for our communities.

This paper is intended to prompt discussion and consideration for how the housing sector's role in preventing childhood adversity, responding to trauma and building resilience can be strengthened.

Key learning from engaging with the housing sector

During each event tabletop discussions were facilitated to capture reflections, experience and learning from colleagues. Discussions focused on the experience of recognising and responding to ACEs; opportunities and challenges for doing so; and possible support that could enable the housing sector to strengthen their role in preventing or responding to the impact of adversity and trauma.

Experience of recognising and responding to ACEs

Colleagues delivering housing services are often supporting vulnerable tenants, many of whom will have experienced early adversity and trauma in their lives and may well be experiencing it currently.

When asked about the housing sector's current experience in recognising or responding to adversity and trauma, the following key themes emerged:

- Building **positive relationships** with tenants to understand their background and support needs is key to supporting tenants to sustain their tenancies. It takes time to build trust and develop these valuable relationships.
- The individual needs of tenants and the importance of understanding how best to support them to sustain tenancies can be very **complex**. Good

communication and listening skills are essential to be able to understand this complexity.

- Signposting to support services quickly is important but **pressures on resources** can make it difficult to know what services are available to respond to the needs of vulnerable tenants.
- Seeing people in their own home, understanding family connections, responding to emotional cues and recognising issues around mental health, addictions and abuse can provide a **unique opportunity** to understand the **support needs of individuals and families**.
- It is essential to **support staff within the housing sector** to build their knowledge and skills and recognise their need to be resilient and able to respond to trauma.
- Recognition that the role of housing officers is changing and that **services are becoming more trauma aware**.

‘Shelter Scotland is strongly committed to working jointly with other key stakeholders to share experience and pool expertise towards embedding an understanding of the impact of ACEs and how best to reflect that in the response of the housing sector. We need to develop practice which mitigates the potential for homelessness and bad housing to traumatise children and put their physical and mental health at risk. We need to work together in developing ways of working that mitigate the potential harm which homelessness, as well as bad housing, can inflict on children, to reduce the impact on their wellbeing and life chances.’

Alison Watson, Deputy Director, Shelter Scotland

Opportunities and challenges for the housing sector to further prevent and respond to the impact of ACEs

Opportunities:

- Increasing **knowledge and skills in the workforce** to respond in a trauma-informed way.
- Identifying a **named person to be the key contact for tenants**. This can enable tenants to develop positive relationships and, in complex cases, support tenants so that they do not have to retell their experience more than once.
- Ensuring staff working in frontline roles are enabled to spend **time** with vulnerable tenants, follow up with longer appointment slots and are able to continually engage with individuals, as appropriate.
- Ensuring housing staff have good **listening/communication skills** so that they can build positive relationships with tenants and understand individual support needs.
- Developing **trauma informed policies**, for example, ensuring policy on dealing with rent arrears focuses on tenancy sustainment and non-threatening communication; identifying a number of different ways to communicate with tenants when responding to anti-social behaviour (not just written); and identifying tenant support needs before allocation of housing.

- Delivering drop-in services to enable tenants to engage **when they are ready**.
- **Delivering multi-agency approaches** with NHS, local authorities, police and third sector can help ensure consistent approaches to case management.
- **Ensuring continual information sharing** between agencies to ensure awareness of and access to appropriate services for vulnerable tenants.

Challenges:

- **Varying levels of understanding about ACEs** and their impact on the health and wellbeing of adults and their families.
- Housing services are **overstretched with limited time** to focus resources on building relationships with vulnerable tenants.
- **Unsustainable funding** sources make it difficult to ensure staff can commit to building trusting relationships with tenants. This makes it difficult to 'forward plan' support for tenants.
- Sharing information with external agencies is difficult due to **constraints as a result of GDPR** protocols.
- When providing housing services within communities it can be challenging to **balance the delivery of trauma-informed services with supporting other tenants**, for example when responding to antisocial behaviour.
- Culture change is difficult to achieve and requires clear **strategic leadership**.

Supporting the housing sector

When asked about what support the housing sector needs to develop knowledge and practice of trauma and resilience, the following themes emerged:

- **Improved integration with mental health services** was felt to be key to supporting vulnerable tenants to access appropriate services.
- A clear vision and **leadership from Integrated Joint Boards** is essential to ensure the effective use of resources and that joined-up approaches are taken to preventing childhood adversity and delivering trauma-informed services.
- **Training and development** opportunities for staff within the housing sector, including frontline staff as well as commissioners and those working strategically. As well as focusing on increased awareness and understanding of the impact of trauma, this should also consider **ongoing support and supervision for staff** when working with vulnerable tenants.
- Exploring the delivery of sessions on **mindfulness** for housing association tenants and communities.
- Increased knowledge of **external services** that can be referred to for further support: services available, opportunities for **multi-sectoral approaches** to supporting families, referral routes and key contacts.
- **Resources** to support colleagues who are seeking opportunities to discuss the impact of ACEs, for both staff and customers, for example through online resources, discussion tools and sharing learning.
- Encouraging a **focus on strengths and resilience** rather than deficits.
- Sharing examples of practice which have an emphasis on tenancy sustainment and non-threatening communication in rent arrears policies and procedures.

- Development of **effective policy** which effects change, for example, statutory guidance which incorporates the delivery of trauma informed approaches and a focus on relationships with housing tenants as well as asset management.
- Greater **recognition of the needs of care leavers** who are accessing housing services. Care leavers often have greater support needs to ensure they are supported to manage and sustain their tenancies.

Taking action within the housing sector

Ideas for action

There is a vision that Scotland should be the best place to grow up in for children and young people. This requires actions across the whole system to create the conditions for children and families to thrive and for children's rights to be upheld and protected. We all have the right to an adequate standard of housing and the right to the highest attainable standard of health; these rights are interdependent.

There is also an ambition for the Scottish workforce to be trauma informed and the NHS Education for Scotland (NES) [Trauma Training Framework and Training Plan](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx) (www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx) sets out what this involves. This includes leadership and appropriate knowledge and skills in the workforce. Work in this area is developing and will include a focus on the housing sector.

As well as ensuring we maximise on opportunities associated with these national ambitions, a focus on local action is essential in preventing and responding to adversity and trauma. Colleagues were asked what they would do after participating in this roadshow and the following ideas were raised:

- Recognition of tenant behaviour that may be linked with their previous experience of trauma and that this must be understood in order to identify support needs and provide the right support for tenancy sustainment.
- Ensure staff are building positive, personal relationships with service users from their first engagement with housing services and then continued efforts to develop trust.
- Continued promotion of the ACEs agenda and encouraging others in the workforce to consider its relevance. This includes sharing learning with immediate teams and working more broadly with partner agencies.
- Recognition that many colleagues working within the housing sector are already delivering trauma-informed services but that the language used to describe this is different.
- Review of working practices/policies to ensure they are trauma informed and don't risk re-traumatising housing tenants/applicants. A specific example was eviction proceedings for care leavers.
- Seeking to build knowledge about local services available to people through either signposting or referral routes.

- Continued relationship building with other services to ensure a joined up approach to supporting vulnerable tenants and shared understanding of support needs.
- Design and delivery of training to increase the knowledge and awareness of the impact of ACEs and trauma-informed practice. This will also seek to build an understanding for how ACEs can be prevented.

Continued conversation, reflection and sharing – discussion questions

This paper is intended to be a resource which stimulates discussion and enquiry into how housing services prevent and respond to childhood adversity. The questions below are useful as part of a wider discussion to consider how services are already responding to ACEs and how they could be further trauma informed:

1. Are housing providers aware of the knowledge and understanding around the impact of ACEs and the importance of delivering trauma-informed services?
2. What approaches are housing services currently using to build trusting, long-lasting relationships? What opportunities are there to strengthen these relationships with the most vulnerable tenants? Are there things we are doing inadvertently to cause more stress? How can this be mitigated?
3. Considering the pressures of welfare reform, the evidence base around child poverty, in-work poverty, low income and links to increased risk of poor outcomes, what can housing services offer to families with children? How can housing work with other sectors to prevent and mitigate childhood adversity? Getting it right for every child (GIRFEC) is a national approach to supporting families by making sure children and young people can receive the right help, at the right time, from the right people. GIRFEC is central to all government policies which support children, young people and their families. Is the housing sector aware of the GIRFEC principles and the associated role of housing services in supporting families?
4. What local forums currently exist for establishing a shared understanding of housing's contribution to preventing and responding to ACEs? Which forums would provide opportunities to foster partnership working and which forums would influence local policy and strategy? How can housing work with public health to prevent childhood adversity and create conditions for health and wellbeing for children?
5. Are there opportunities to strengthen approaches for addressing social isolation, increasing community connectedness and loneliness? This is recognised as important in supporting parents and families.
6. How are staff working within the housing sector supported when they are working with vulnerable families? What opportunities are there to nurture a resilient workforce?

7. How can housing providers have better relationships with other services such as education, police, health and social care, fire and the voluntary sector to contribute to collaborative efforts to prevent and respond to adversity?
8. Are housing services aware of improvement science/methodology and small tests of change? Are there ideas that can be tested and showcased to influence practice development?

Next steps

This report is intended to stimulate discussion and consideration for how the housing sector can/does prevent and respond to ACEs and trauma. It is hoped that staff, teams and services can use this paper to reflect on current practice and consider opportunities for sharing learning and strengthening their trauma-informed approaches.

This report has been produced by:

- NHS Health Scotland
- Scottish Federation of Housing Associations,
- Glasgow and West of Scotland Forum of Housing Associations,
- Healthcare Improvement Scotland ihub
- Scottish ACEs Hub.

As a partnership, we are keen to hear from colleagues within the housing sector to understand current practice and maximise on opportunities to share learning and facilitate the continued development of trauma information housing services. This can be done via email at hcis.phh@nhs.net and nhs.HealthScotland-ChildhoodAdversity@nhs.net

For more information on ACEs and health inequalities please visit:

www.healthscotland.scot/population-groups/children/adverse-childhood-experiences

