

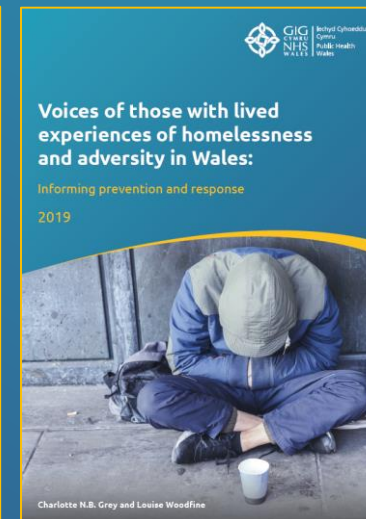
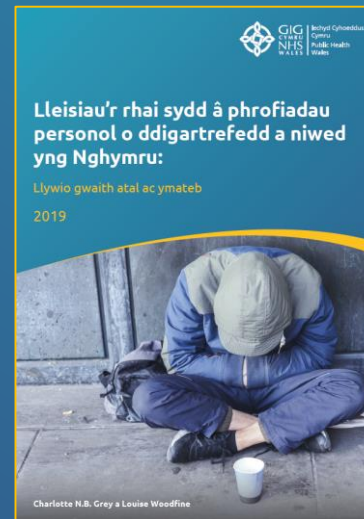
Voices of those with lived experiences of homelessness and adversity in Wales: Informing prevention and response

Charlotte Grey & Louise Woodfine



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“There is growing evidence to suggest that adversity experienced in childhood can lead to vulnerability in adulthood by impacting on health and life chances and contributing to adverse housing outcomes.”

Homelessness as a public health concern

- Home is stabilising factor, inadequate housing directly and indirectly affects social, physical & mental health
- Homelessness indicator of fundamental breakdown in a person's life, extreme form of social exclusion & inequalities

Types of homelessness

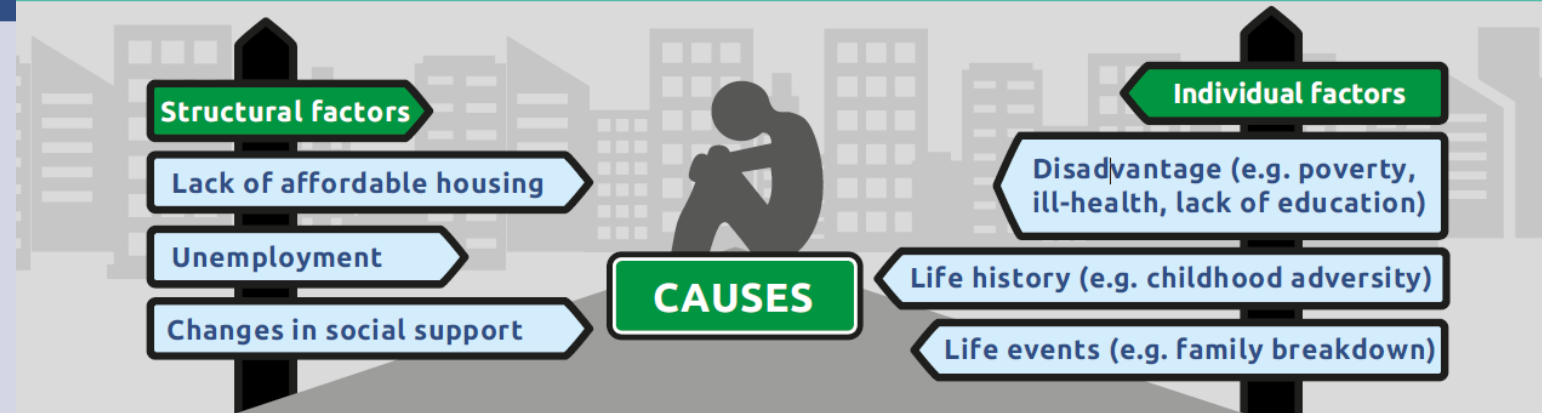
- ◆ Lack of adequate housing
- ◆ Living in substandard or unsuitable housing
- ◆ Rough sleeping
- ◆ No right to stay
- ◆ Hidden homeless
(e.g. sofa surfing, temporary B&B's)

Homelessness can be

- Chronic (longer term)
- Episodic (frequent)
- Transitional (one-off)



Causes of homelessness



Those at greatest risk of homelessness



Care leavers



Prison leavers



Childhood poverty



Minimal social support



Childhood adversity/
family dysfunction

Ill-health is both a cause and consequence of homelessness

Ill-health

SOCIAL EXCLUSION

Homelessness



Mental illness



Physical illness



Substance misuse
(alcohol and drug)



HEALTH INEQUITIES



Multiple health problems

People who sleep rough are more likely to die prematurely compared to the general population

Average age of death of people experiencing homelessness is

44 years
for men

42 years
for women

compared to

76 years
for men

81 years
for women

in the general population



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Link to childhood disadvantage

- Homelessness more likely by childhood adversity. ACEs long term impact on H&WB; ACEs are risk factor for later violence, substance misuse, alcohol misuse, mental illness – all factors associated with homelessness
- Exposure to social disadvantage on childhood leads to being less likely to adapt successfully and more likely to adopt maladaptive coping behaviours
- **Homelessness is a complex social and public health phenomenon beyond 'bricks and mortar' and understanding social element is key to prevention (not just remove absence of home)**



Aims

- Homelessness has multiple causes and solutions. Dealing with homelessness involves both supporting people and addressing personal and structural causes occurring through the life-course – which include Adverse Childhood Experiences (ACEs)
- We examined the relationship between ACEs and homelessness in Wales, and consider priority areas for early intervention



Methodology

- Data was retrospectively analysed from cross-sectional national Welsh survey that took place in 2017 (n=2452). Outcome measures - ACEs, lifetime homelessness, and Childhood Resilience Assets (Child and Youth Resilience Measure (CYRM-12)
- Pathways interviews with people experiencing homelessness (**n=27**) [young adults (n=9), adults with children (n=10), and single adults (n=8)]; and services (**n=16**) explored their experiences and views

The types of service providers interviewed were informed by the qualitative interviews with service users, in order to reflect a range of services that people had been in touch with throughout their lives.

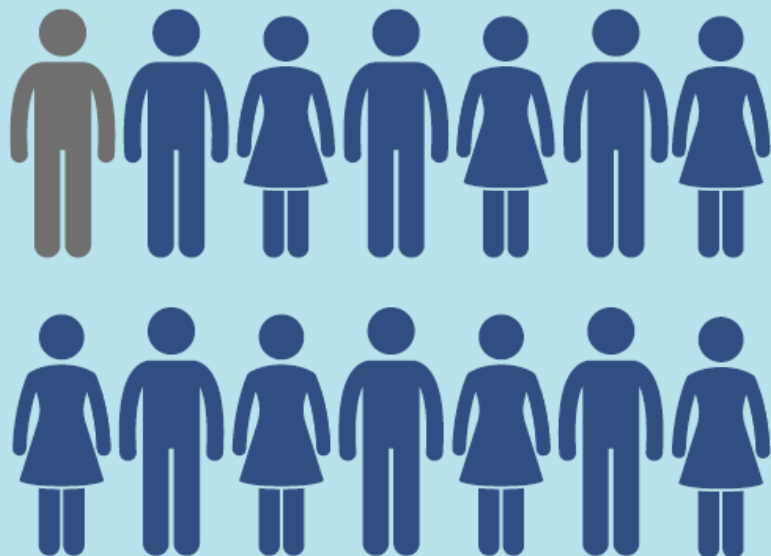
These included:

- Primary School: wellbeing and additional learning needs (n=1)
- Secondary School: assistant head (n=1)
- Primary Care: GP with special interest in Vulnerable Groups (n=1)
- Health Board: Inequalities/Partnerships, Housing and Mental Health (n=2)
- Department of Work and Pensions: drug and alcohol dependency, supporting employment opportunities (n=4)
- Clinical psychology: work in mental health wards/psychiatric hospitals and research (n=1)
- Social Work: Children and Families (n=1)
- Housing Organisations (n=2)
- Homelessness Charities (n=2)
- Youth Services (n=1)

Results

Prevalence of homelessness in Wales

1 in 14 (7%) have lived experience of homelessness



Child maltreatment



Verbal abuse
56%



Physical abuse
53%



Sexual abuse
28%



Parental separation
54%



Mental illness
42%



Domestic violence
49%

Household ACEs

Prevalence of ACEs in those with lived experience of homelessness



Emotional neglect
30%



Physical neglect
20%



Alcohol abuse
32%



Drug abuse
19%



Incarceration
13%



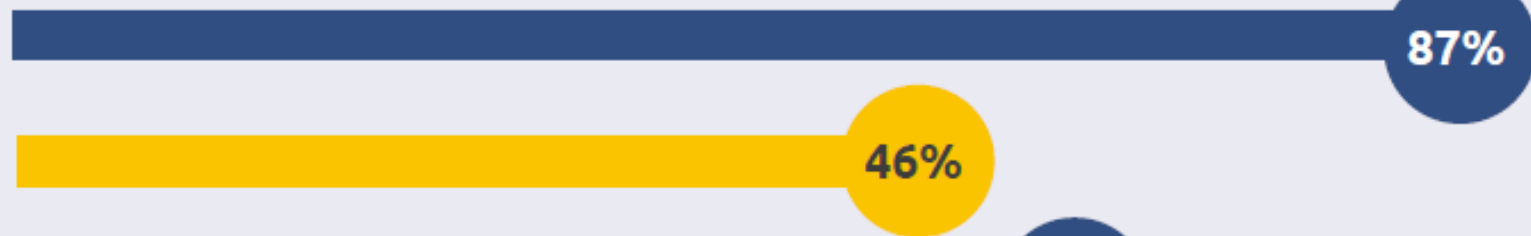
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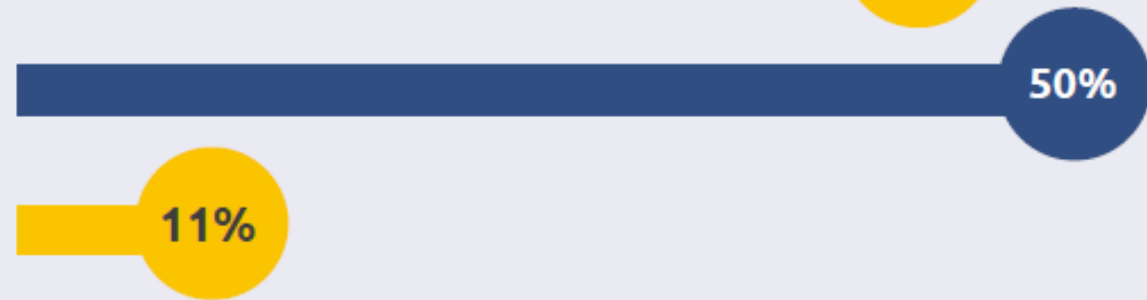
Adversity in childhood and risk of homelessness

*"Like my behaviour, the way I act, the way I am like. The things I do do when I go out and that, it's just I think **if I had a stable home and a stable upbringing** I think I could have been completely different". (Amelia)*

1+ ACEs

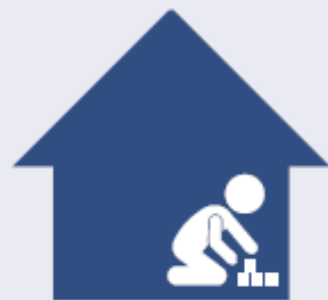


4+ ACEs



Homeless population
General population

Compared to people with no ACEs those with four or more are



16x
more likely to have lived experience of homelessness



  **8x**

This halves in the presence of protective childhood resilience assets

Preventing homelessness through the lifecourse



Early years/schools and trusted adults are critical in supporting children with ACEs.

Services through the lifecourse need to be ACE-informed and able to cope with adverse behaviour resulting from ACEs.

***"I think it's absolutely huge [impact of ACEs on events leading to homelessness]... It's the foundation blocks, isn't it really? ... It completely affects their ability to make decisions, life choices, and I think, even more crucially, affects their ability to create and maintain relationships."
(Provider 11)***

Teenage years

"I was in high sets ... I was in set 1 when I first went there ... and then slowly ... I think by about year nine, I was ... no, about half way through year eight, I was problematic then...

*It's important that you do it [school], but at the time you don't care ... **you've got bigger emotional things going on rather than worrying about school and education.** (Rose)"*

*"I was quite naughty. But obviously **because of the stuff that was at home.** (Bea)"*

*"It was hard because **I was being bullied in school and going home wasn't exactly the best...** Because I was being bullied, I used to skive and go home...and when I did that, I wish I went back to school, because sometimes it'd be more, I want to be in school, because it was like a safe environment, but then I would want to be home because I'm away from all the bullies. (Madison)"*

Childhood resilience - protective factors



Belonging to a community



Trusted relationship with a stable adult



Supportive teachers and youth workers



Supportive family



Solving problems

Barriers to support



Not being listened to



Fear of the consequences



Lack of trust



Not seeing the person behind the
presenting behaviour



The child not recognising adversity

"No, no-one did ask" (Bea)

"They wouldn't listen" (Harper)

"It needs to be set from a young age, because, you know, what's right and what's not. What to look out for and what's not" (Bea)

"I just felt that...nobody would believe me, you know, because my mum didn't believe" (Jessica)

"Everyone has got so many different complex needs. I was very dismissive of, when I was growing up, you'd see someone rough sleeping, and you'd walk by and you'd think well, it's their fault. And having gone through it, and **seeing what's gone on in the past with my life**, it's not, you know. No." (Seth)

"You're a child at the end of the day. And you know your stepdad's being nasty to you, but you don't really know, do you? And **unless you talk about it... I think it needs to be set from a young age... what's right and what's not.** What to look out for and what's not... normal..." (Bea)

"I have got no memories of my childhood that were good... It was all dark and violence...constant violence... **at the age of five I left my childhood behind.**" (Blake)

Considerations for further action

- These results demonstrate a clear link between suffering ACEs and experiencing homelessness in later life.



Early intervention and prevention



Early intervention that prevents ACEs, combined with **empowering and building resilience** in at-risk children, is likely to contribute to **reducing the risk of homelessness** and should have a **multi-agency, collaborative approach** in order to achieve sustainable change.

1 Building capacity into services across sectors in order to take a multiagency, trauma-informed approach to the vulnerable child or adult

2 Using awareness of the impact of adversity in childhood on later vulnerability in adults so that all services that come into contact with children and young people are better informed to ensure early prevention

3 Better addressing the support needs of both child and adult vulnerable populations that have been impacted by ACEs

4 Supporting early years' settings to work in a trauma-informed way and to recognise vulnerability, centred around supporting the child and their family


5 Recognising the value that teachers, support workers, and community support systems play in early intervention and trauma-informed support

6 Public bodies taking a Children's Rights Approach to supporting at-risk children



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A close-up photograph of a young person with light brown hair, wearing a dark blue t-shirt. They are looking directly at the camera with a somber expression. Their right hand is raised, with fingers running through their hair. The background is dark and out of focus.

I think if someone just sat down and just asked what ... was going on, then it would have ended up a lot better than what situation I'm in now. I wouldn't be here now. (Chloe)



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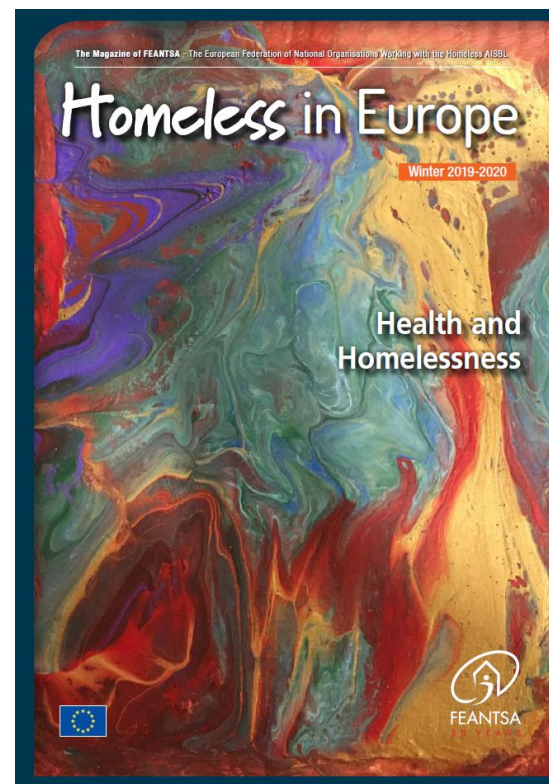
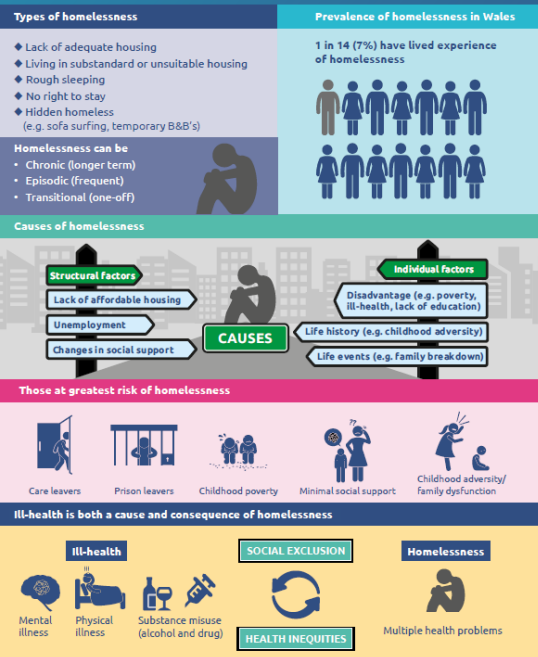
Informing prevention and response

2019



Charlotte N.B. Grey and Louise Woodfine

Voices of those with lived experiences of homelessness and adversity in Wales: Informing prevention and response



Homelessness and Childhood Adversity

By Charlotte Grey and Louise Woodfine, Public Health Wales

In a survey from Wales (United Kingdom), we found that around 1 in 14 (7%) of the Welsh adult general population reported lived experience of homelessness. This suggests that homelessness is a symptom of a life pathway that is influenced by a range of known variables (30). In particular, homelessness in adulthood has been associated with individual risk factors experienced in childhood such as parental addiction, domestic violence (DV), and living in social housing or local authority care as a child (9). Family relationship problems and lack of support networks are common amongst teenagers and young adults who find themselves homeless (21).

Finding effective solutions to the problem of homelessness is complicated, as it involves not only identifying and implementing effective interventions to support people currently experiencing homelessness, but also addressing the multiple complex causes (3). We know that homelessness is caused and maintained by a wide range of structural and individual factors interacting (5-7). These structural factors include a lack of affordable housing, unemployment, and changes in social support; and individual factors include life histories (e.g. childhood adversity), disadvantage (e.g. poverty), and life events (e.g. family breakdown) (2,8,9).

There is growing evidence to suggest that adversity experienced in childhood can lead to vulnerability in adulthood by impacting on health and life chances and contributing to adverse housing outcomes (10-16). Many of these adversities in childhood are recognised collectively as Adverse Childhood Experiences (ACEs), and are defined as stressful experiences that children can be directly or indirectly exposed to while growing up (10). ACEs include: childhood abuse (physical, sexual or emotional), family breakdown, exposure to domestic violence or living in a household affected by substance misuse, mental illness, or where someone is incarcerated (10), and emotional and physical neglect (17). ACEs are remembered; if one ACE is reported this increases the chance of reporting at least one more (10,18,19). So, grouping these adversities as ACEs has been found to provide a better assessment of the breadth of childhood adversity and the relationship with health and social issues, irrespective of the potential for relative effects of individual ACEs and different combinations (13).

There has been growing evidence in the past two decades that exposure to ACEs early in life can have long-term impacts on health, wellbeing, and behavioural issues (10-12,18,20). A recent systematic review found that ACEs are risk factors for many health conditions in adults, but the associations were seen to be particularly strong for violence, substance misuse, problematic alcohol use, and mental illness (12), which are also all factors associated with homelessness (21). The systematic review also highlighted a consistency between studies in the link between exposure to multiple ACEs and poor health, despite variations in type and extent of exposure (12).

Homelessness in youth and adults is one of the negative effects that has been associated with adversity in childhood (16,22,23), where homelessness in adults is more likely amongst those who have a history of childhood adversity and poverty (7,24-26). Exposure to social disadvantage in childhood leads to being less likely to adapt successfully and more likely to adopt unhealthy coping behaviours (29). This suggests that homelessness is a symptom of a life pathway that is influenced by a range of known variables (30). In particular, homelessness in adulthood has been associated with individual risk factors experienced in childhood such as parental addiction, domestic violence (DV), and living in social housing or local authority care as a child (9). Family relationship problems and lack of support networks are common amongst teenagers and young adults who find themselves homeless (21).

The findings of the cross-sectional survey were supported by qualitative interviews with a group of people with lived experience of homelessness, as well as with service providers, to better understand how ACEs contribute to homelessness across the life course and what would have helped mitigate this impact (1). From the interviews, participants with lived experience of homelessness discussed developing maladaptive coping behaviours in their teenage years, or earlier, in response to the ACEs they were experiencing in often chaotic home lives. These destabilising behaviours present in children and young people, included being overly-independent at a young age, repeating unhealthy relationship patterns and finding it difficult to form and maintain relationships, self-medicating, self-harm and suicidal ideation, violence and criminal behaviour, staying out or running away, and finding it challenging to cope with rules. This behaviour, attributable to ACEs, combined with a lack of trust from the vulnerable child and a feeling of not having a voice and being heard, and services throughout the life course not being able to see the person behind the behaviour, contributed to poor school attendance and the participants not coping academically. These negative coping behaviours continued into adulthood and participants felt these had contributed to their homelessness.

The research helped us to identify recommendations and next steps (1). A better understanding of the impact of ACEs and the impact on the life course could help improve our understanding of some of the underlying individual factors contributing to homelessness, as well as enabling better-informed early intervention and prevention options to reduce the effects of ACEs in vulnerable children and adults.