ACE Informed Public Services

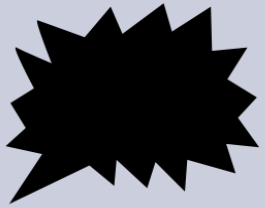
Charlotte Waite

Public Health Wales

The Adverse Childhood Experiences (ACE) study

How many adults reported each ACE in 2017?

Child maltreatment

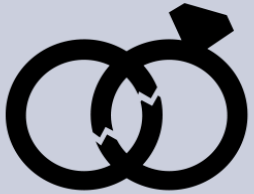


Verbal abuse
20%

Physical abuse
16%

Sexual abuse
7%

Household ACEs



Parental separation
25%

Mental illness
18%

Domestic violence
17%

Neglect was measured for the first time in 2017. Most people who reported neglect had multiple ACEs.

Emotional neglect
7%

Physical neglect
4%

Alcohol abuse
13%

Drug abuse
6%

Incarceration
4%

Health harming behaviours

4x

increased risk of **being a high risk drinker** with 4 or more ACEs

6x

increased risk of **smoking** with 4 or more ACEs

16x

increased risk of **using crack cocaine or heroin** with 4 or more ACEs

Source: Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population 2015

Physical health

3x

increased risk of **heart disease**

with 4 or more ACEs

3x

increased risk of **respiratory disease**

with 4 or more ACEs

3x

increased risk of **diabetes (Type 2)**

with 4 or more ACEs

Source: Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population 2016

Mental wellbeing

3x

increased risk of **never felt close to other people**

with 4 or more ACEs

4x

increased risk of **never or rarely thinking clearly**

with 4 or more ACEs

6x

increased risk of **never or rarely feeling optimistic**

with 4 or more ACEs

Source: Adverse Childhood Experiences and their association with Mental Well-being in the Welsh adult population 2016

Mental health

3x

increased risk of **current mental illness** with 4 or more ACEs

6x

increased risk of **lifetime mental illness**

with 4 or more ACEs

9x

increased risk of **having ever felt suicidal or self-harmed** with 4 or more ACEs

Source: Welsh Adverse Childhood Experiences (ACEs) and Resilience Study , Report 1: Mental Illness 2018

Violence and offending

14x

increased risk of **being victim of violence in last 12 months** with 4 or more ACEs

15x

increased risk of **committing violence in last 12 months** with 4 or more ACEs

20x

increased risk of **Being incarcerated** with 4 or more ACEs

Source: Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population 2015

Education and employment

ACEs linked to:

- Lower school attendance
- Poorer attainment and educational outcomes

1.6x

increased risk of **female unemployment** with 4 or more ACEs

3.6x

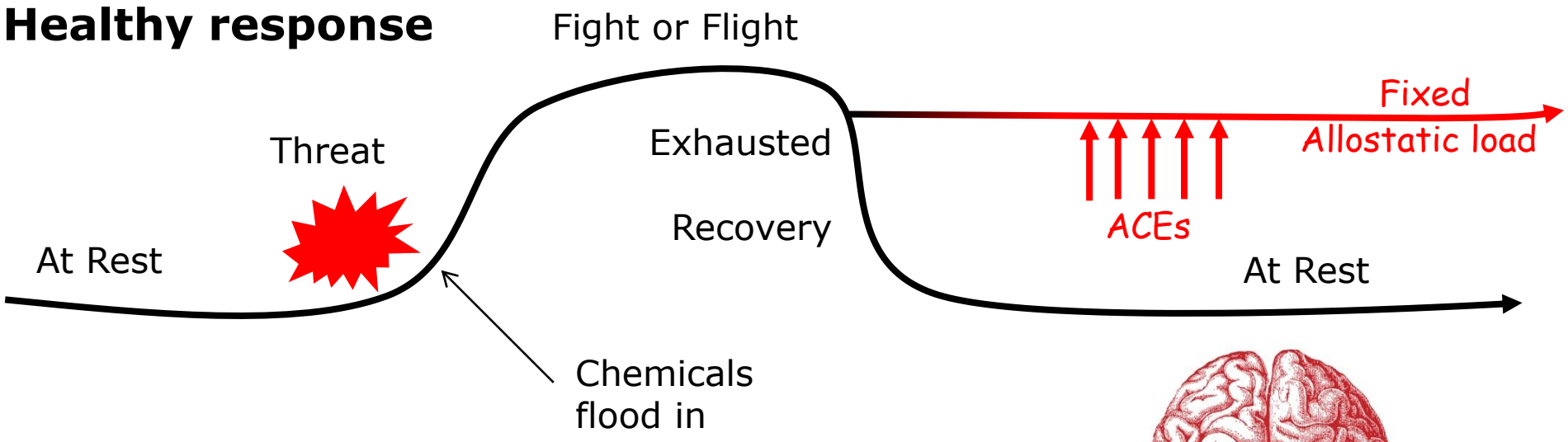
increased risk of **male unemployment** with 4 or more ACEs

Source: UCL Institute of Health Equity. *The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects.* Report for the Department of Health 2015.

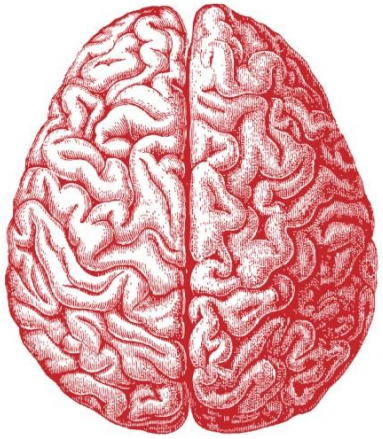
Source: Relationship between adverse childhood experiences and unemployment among adults from five US states. Soc Psychiatry Psychiatr Epidemiol. 2013 Mar; 48(3): 357–369.

ACEs – Brain Development

Trauma response and the impact of ACEs on brain development



Chronic Stress from ACEs over-develop 'life-preserving' part of the brain.



Adverse Childhood Experiences (ACE): So what's Wales doing?

ACE Support HUB:

Prevent

Tackle

Mitigate

Public Health Wales: Research

Early Action Together: Home Office programme for Trauma Informed Police Force

ECHO PARENTING & EDUCATION

Impacts of TRAUMA

©Echo Parenting & Education 2017

Re-enactment
Recreating the childhood dynamic expecting the same result but hoping for a different one. This strategy is doomed to failure because the need is in the past and cannot be resolved. Also you will interpret anything as confirmation that you have been betrayed once more.

Loss of safety
The world becomes a place where anything can happen.

Loss of self-worth
Trauma survivors can swing between feeling special—with grandiose beliefs about themselves—and feeling dirty and 'bad.' This self-aggrandizement is an elaborate defense against the unbearable feeling of being an outcast and unworthy of love.

Loss of danger cues
How do you know what is dangerous when someone you trust hurts you and this is then your 'normal?'

Loss of sense of self
One of the roles of the primary caregiver is to help us discover our identity by reflecting who we are back at us. If the abuser was a parent or caregiver, then that sense of self is not well developed and can leave us feeling phony or fake.

Loss of trust
This is especially true if the abuser is a family member or a close family friend.

Loss of physical connection to body
Survivors of sexual and physical abuse often have a hard time being in their body. This disconnection from the body makes some therapies known to aid trauma recovery, such as yoga, harder for these survivors.

Shame
Huge, overwhelming, debilitating shame. As a child, even getting an exercise wrong at school can trigger the shame. The child may grow into an adult who cannot bear to be in the wrong because it is such a trigger.

Dissociation
Often, to cope with what is happening to the body during the abuse, the child will dissociate (disconnect the consciousness from what is happening). Later, this becomes a coping strategy that is used whenever the survivor feels overwhelmed.

Loss of intimacy
For survivors of sexual abuse, sexual relationships can either become something to avoid or are entered into for approval (since the child learns that sex is a way to get the attention they crave) and the person may be labeled 'promiscuous.'

Addressing ACEs: key themes

What it means to be Trauma Informed

Systems change

Implications for the workforce

Sources of Resilience – Mental Health

Hyrwyddo a Herio dros Newid

Champion & Challenge for Change

ACEs and Resilience

Culturally Connected

Always Available Adult

Always Available Adult

I had people I looked up to

Getting an education was important to me

I enjoyed my community's cultures and traditions

My parents, caregivers knew a lot about me

I had opportunities to develop skills to help me succeed in life

I tried to finish activities that I started

I was treated fairly in my community

I was able to solve problems without harming myself or others

My family would stand by me during difficult times

I knew where to go in my community to get help

I felt I belonged in my school

Manage your behaviour and emotions

Guide your destiny and overcome Hardship

The Resilience Research Centre Adult Resilience Measure (RRC-ARM), Wales, 2017The Resilience Research Centre Adult Resilience Measure (RRC-ARM), Wales, 2017

Why housing and homelessness services?

- The Housing (Wales) Act 2014.
- Third sector support providers, housing associations and local authorities all play crucial roles in supporting people to avoid homelessness, access housing and maintain their tenancies.
- These organisations frequently support people with experiences of trauma and ACEs.

Part 2 Housing (Wales) Act 2014: culture change – the intention

- Citizen experience
  - from 'processing/doing to' to 'problem solving with'
  - assisting more of those facing homelessness/threat of homelessness
  - more focus on prevention
  - tailored approach & solutions – Personal Housing Plans at core
  - greater sense of equality between citizen and those providing the service
- Organisations
  - sense of collective endeavour
  - co-production
  - 'not about us without us'

http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20(eng_final2).pdf

ACEs and Homelessness

‘‘multiple exclusion homelessness’ (MEH) –a form of ‘deep’ social exclusion involving not just homelessness but also substance misuse, institutional care and/or involvement in ‘street culture’ activities.’

‘Most MEH service users had experienced troubled childhoods marred by school and/or family problems, with many also reporting traumatic experiences such as sexual or physical

abuse, homelessness or neglect.

In adulthood, the incidence of

self-harm and suicide attempts

is notable.’

Fitzpatrick, Bramley and Johnsen

(2012)

http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20Eng_final2.pdf

Shelter Cymru Research (2018)

Of the 100 rough sleepers interviewed in Cardiff, Swansea and Wrexham, 98 have experienced multiple ACEs.

"blown away by the prevalence and severity of ACEs"

Many of the people come into services may for example:

- seem to have difficulty managing their emotions
- self-harm or have an uncontrolled drug and/or alcohol problem
- appear impulsive and not consider the consequences of their actions
- appear withdrawn or socially isolated and reluctant to engage with help which is offered
- exhibit anti-social or aggressive behaviour
- lack any structure or regular daily routine
- not have been in work or education for significant periods of time
- have come to the attention of the criminal justice system due to offending.

http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20&%20Resilience%20Report%20Eng_final2.pdf

Shelter Cymru Research (2018)

"the level of trauma is clearly having an effect on people's ability to cope with mundane things such as making a phone call…what and how we expect people to engage with our systems of help and support needs to be radically re-thought"

Challenging Behaviour

A social definition - an interaction between

1. Internal- Personal characteristics – e.g. ACE's past trauma, thoughts and emotions, mental & physical health, intellectual impairment, whether we are in pain, are anxious, tired or hungry, our past experiences, our skills and abilities, how we communicate, how much we understand other disabilities
2. External- Environmental factors- e.g. whether they are too hot, noisy, overcrowded, small, boring, how easily we get things we want or get away from things we don't like, who else shares our environment, how people treat and communicate with us, what things we have to do, how much help we get , quality of staff interaction etc

- The problem is not simply internal to the individual
- Not blame and punish
- Environment is important

The 'challenge'

is for us to provide the best environments and support

All behaviour has meaning: you cannot NOT communicate

- Behaviour is a way of communicating
- It achieves something for the person
- Challenging behaviour is functional not dysfunctional

Antecedents/ triggers (reasons)	Behaviour	What it achieves
Low levels of social contact for most of the time makes any form of attention much more valuable	Screams Kicks punches Throws things etc	Staff restrain, tell off, try and talk about why, look at them (pay attention)
Function Person gets something they really want- attention **Positive reinforcement--- behaviour is strengthened**		

What Makes a Trauma Informed Environment?

- We are curious not furious
- We understand all behaviour is communication
- We believe in co-regulation:
  people regulate from other people in their lives: so staff have a huge role to play
- We empathise when someone is “flipping out”
- We believe in restoration not punishment
- We believe relationships buffer stress and build resilience
- We all of us need one other, always
- Resilience means: we see you, we hear you, we are with you

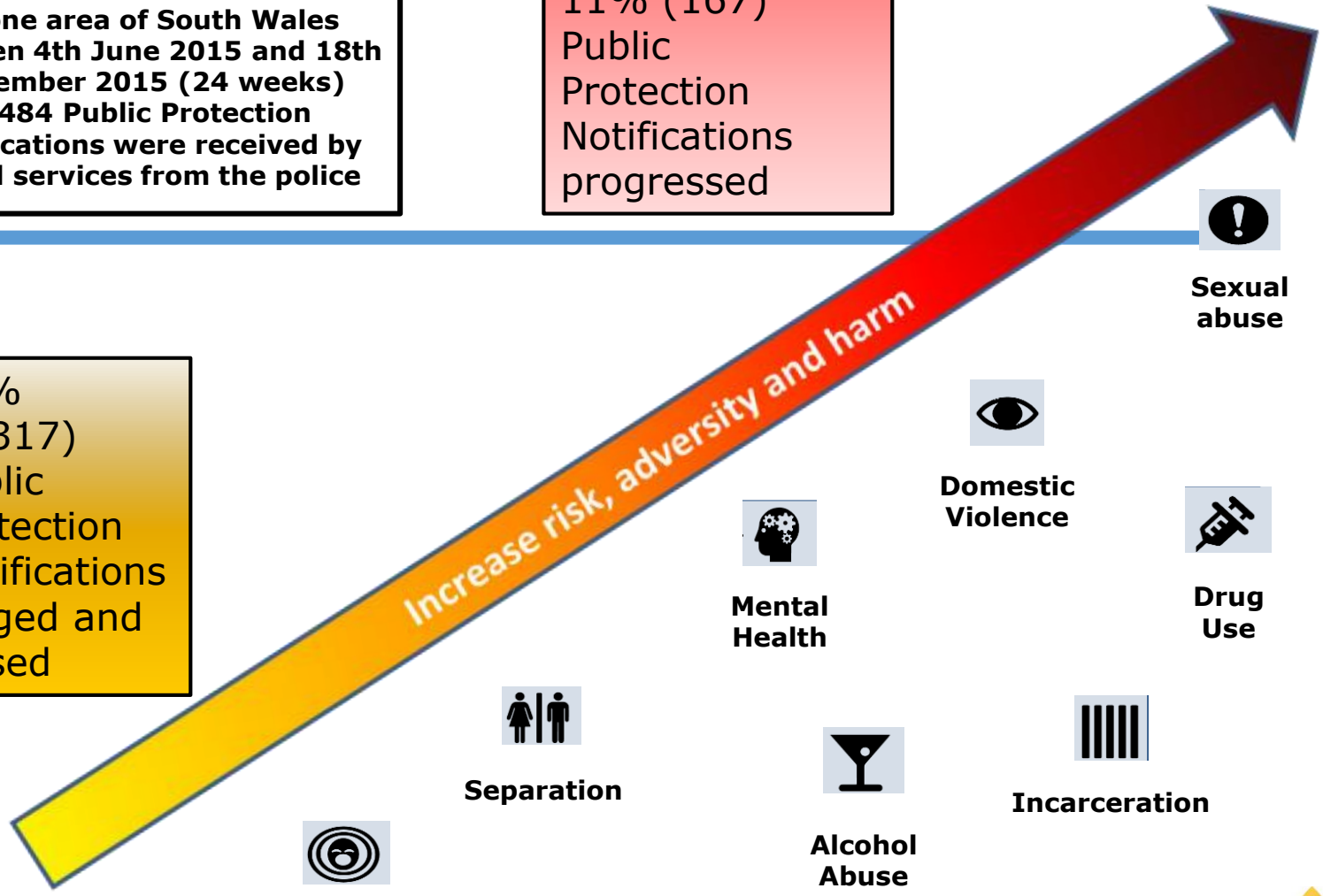
Big implications for all public services

Case study: police

In one area of South Wales between 4th June 2015 and 18th November 2015 (24 weeks) 1,484 Public Protection Notifications were received by social services from the police

11% (167) Public Protection Notifications progressed

89% (1,317) Public Protection Notifications logged and closed



Hyrwyddo a Herio dros Newid

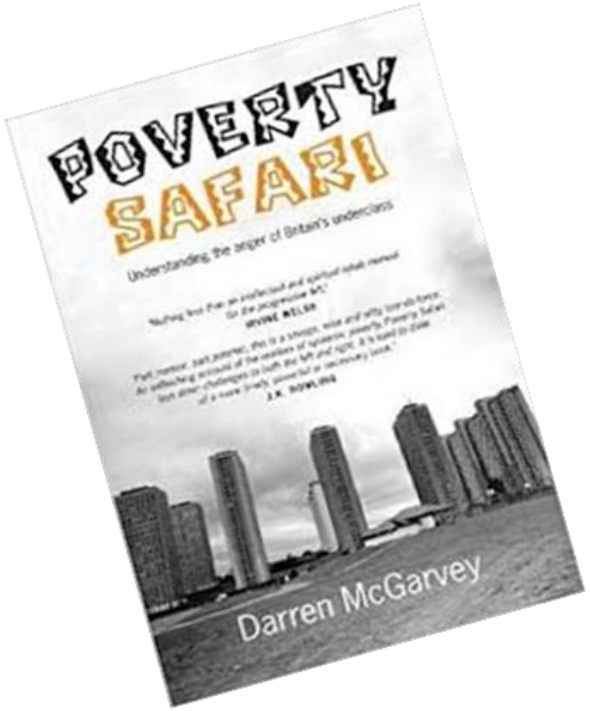
Champion & Challenge for Change

Liason co-ordinator

am a liason co-ordinator
hi sayz oh good ah sayz
a liason co-ordinator

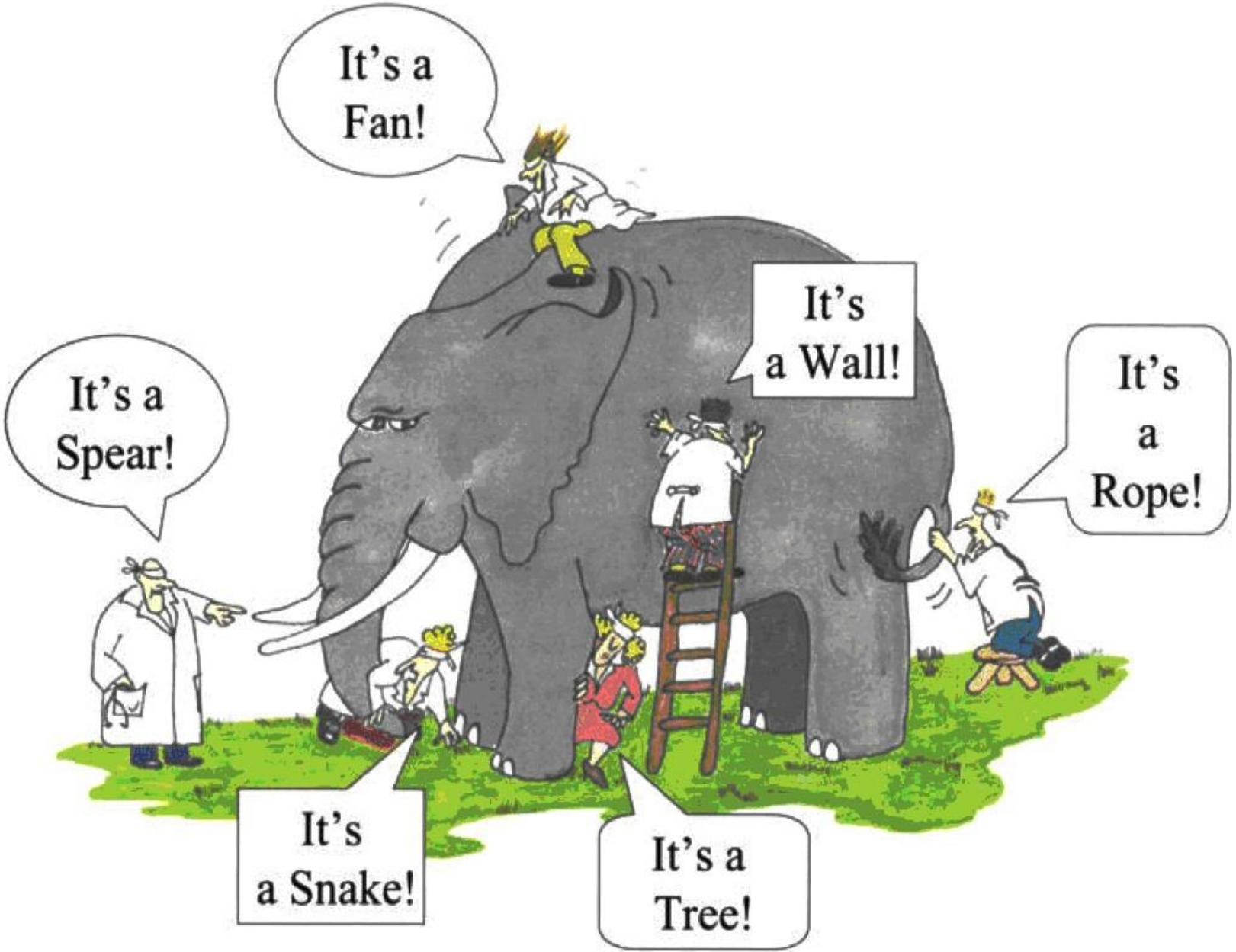
Jist whut this erria needs
Whut way aw thi unemploymint
inaw thi bevvyin
nthi boayz runnin amock
Nthi hoossyz fawnty bits
Nthi wummin n tranquilisers
It last thiv sent uz
A liason co-ordinator

Sumdy wia digree
in fuck knows whut
Getn peyd fur no know
Whut thi fuck ti day way it



Tom Leonard

SYSTEM RETRAUMATISING THE INDIVIDUAL



PATH

Prevention • ACEs • Trauma Informed • Homelessness

cymorth cymru
connect • strengthen • influence

CymruWellWales

CLILC • WLGA

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

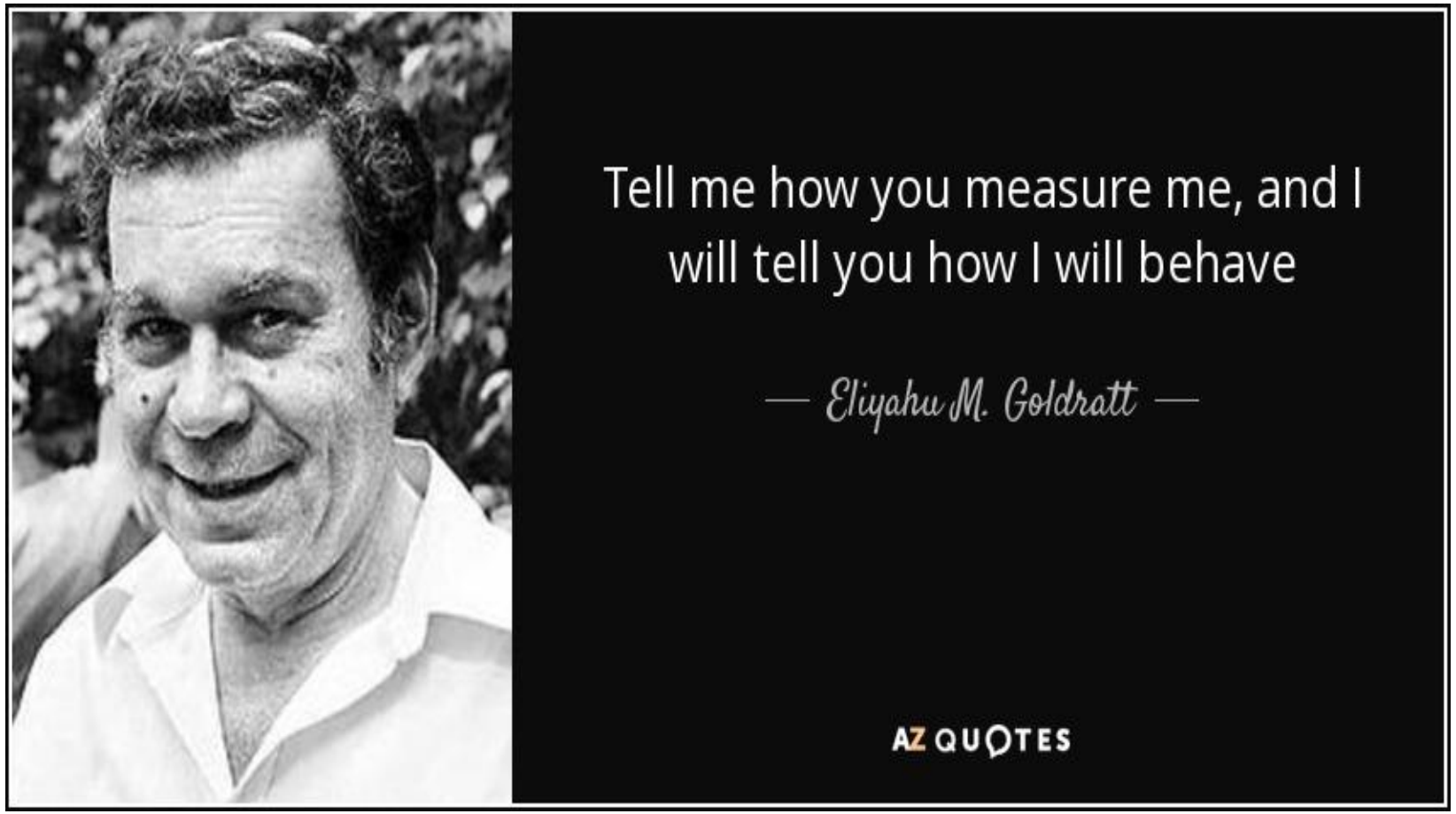
PATH

Prevention • ACEs • Trauma Informed • Homelessness

1. Relationships
2. Physical Environment and Social Spaces
3. Psychological Framework
4. Staff Support and Training
5. Evidence Generating Practice

REFLECTION

1. We understand what we do…



2. We better understand why people do what they do (or at least we try)

Shifts the focus from

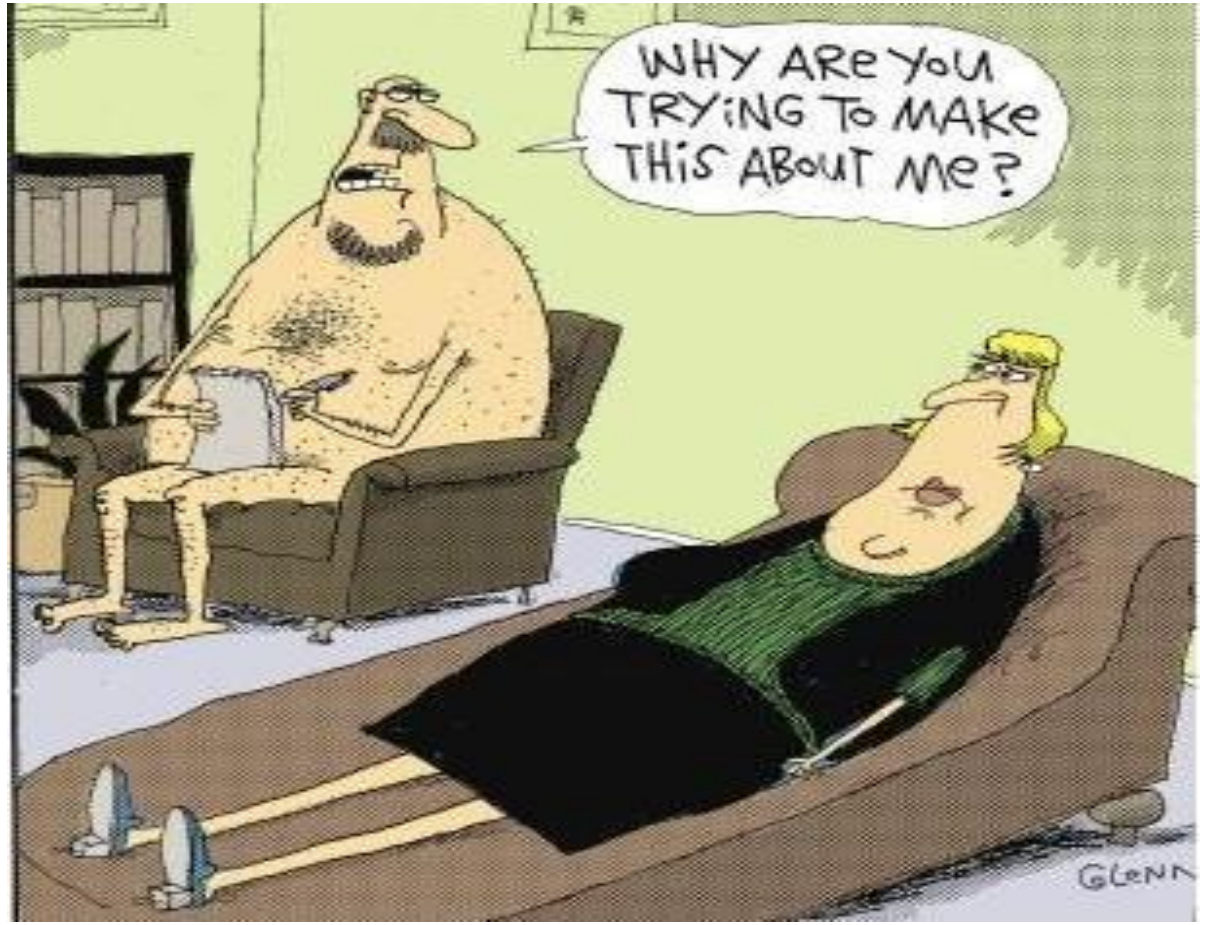
“what’s wrong with you?”

To

“what’s happened to you?”

2. We better understand why people do what they do (or at least we try)

3. We understand how we change



Empathic Strain

Passive

Somatic experiences
PTS

Confused/uncertain
Empathic overload

Intellectualising
Hide behind professionalism
Minimisation
Deny/operate on assumptions

Over -identification

Rescue
Advocate
Loss of boundaries
Overwhelmed
Volunteer for extra shifts

Under-identification

Double book in diary
Refer on
Not my job
Withdraw

Active

3. We understand how we change

Challenges described by the workforce:

PATH
Prevention • ACEs • Trauma Informed • Homelessness

Inflexible support models/outcomes framework

Organisational reluctance to change

Time constraints of funding

Lip service paid to service user feedback

Funding for staff training

Lack of support from and competing demands of other agencies

Partners don't work in this way

Box ticking culture

Only short term outcomes matter

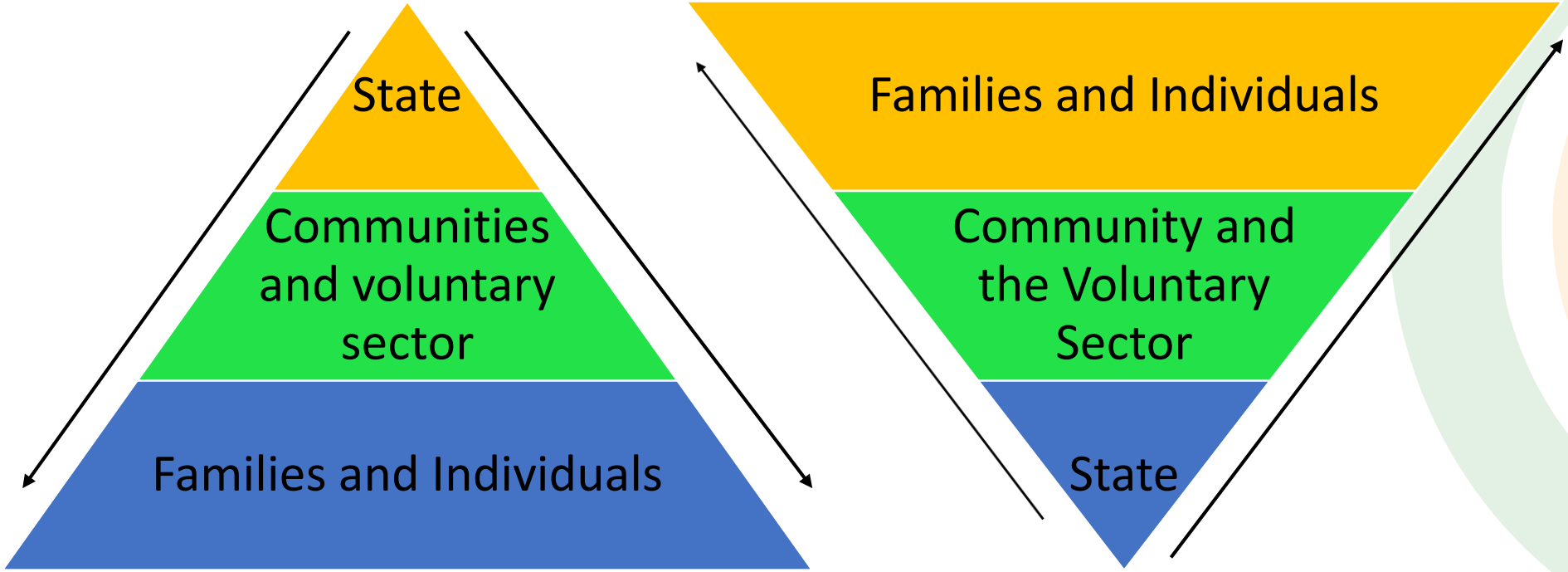
Lack of resource to change environments

Corporate objectives feel far removed from this way of working

4. We use 1-3 to help us understand how we help others

- Move away from diagnostic over-shadowing
- We understand that it's no longer a problem of "engagement"
- We don't assume a straightforward 'care relationship' as necessary or desirable
- We recognise that this can lead to concrete re-enactment of the original difficulties, i.e. excluding, abusive and depriving relationships – on both sides.

4. We use 1-3 to understand how to help others



Carnegie UK Trust

Does it work?

PATH
Prevention • ACEs • Trauma Informed • Homelessness

"The PIE pilots delivered through the Fulfilling Lives programme were successful. The services involved have developed and changed their approaches to working with individuals with multiple complex needs leading to staff teams with more resource to problem solve, and to reflect and ensure their own self-care, and to improving outcomes for clients".

(Fulfilling Lives Evaluation, 2016)

Does it work?

PATH
Prevention • ACEs • Trauma Informed • Homelessness

"It appears that the creation of a safe, social space to reflect allows trust to build up to a point where staff will share the uncertainties of conflicted thoughts and feelings provoked by the emotional wear and tear of frontline work; building and leading to the strengthening of relationships between staff and beneficiaries - a highly valued outcome"

(Fulfilling Lives Evaluation, 2016)

One year of PIE in a homeless hostel….

- Ambulance call outs down **80%**
- Hospital admissions down **78%**
- Serious incidents down **75%**
- Police call out down **70%**
- Total incidents down **54%**
- Calls to out of hours managers down by **88%**
- Arrears decreased by **72%**
- Volunteering participation has gone from **1 to 29 people involved**
- Positive move-ons **250% increase**
- Evictions rose initially, now down by **55%**

The challenge at the heart of it: how to balance the rational and relational approaches?

So what does this mean

- Some examples of how working in a more trauma informed way could help the way we work
- How this could help Environmental Health
- What next

Examples

- Visited a rented property, occupied by mother and two young children.
- Issues with disrepair
- Energy bills
- Property was very cold
- Impacting on health of all
- Also told me about her background, DA has seen and heard things which impacts her now.
- Finding it difficult to cope

"Just wanted to give you some feedback in regards to MH, she said that you had visited her last week and although embarrassed about home conditions was so relieved after you left as she felt you really listened to her. She also said she went to bed with a smile on her face for the first time in a long time".

One of my colleagues had been dealing with a resident living in a private rented property.
Disrepair issues which were not being dealt with
Landlord and tenant relationship had broken down
Support worker and tenancy support in place but still at risk of losing property due to behaviour
The health of the tenant was not good and property was not suitable as a result
Once you listened to him, not just to reply but really listened you understood why he was so angry
We tried to put him in our box but that was not working
He was angry
Did not know why I was there but I listened and it then came out what he had been through.

Visited private rented, occupied by mother, father and new born child.

- Issues with disrepair
- Low income
- Impacting on health of all
- When mother was young experienced and was around drugs, alcohol and abuse

Visited owner occupier, occupied by mother and 5 children.

- Issues with disrepair
- Low income
- Impacting on health of all
- Spoke about DA

Background: Currently living as separated but together with her partner, mum has 3 children 7, 3, 11 months and is pregnant. Partner is receiving support and counselling for PTSD after a DV incident led to a month in jail. He is engaging well with the rehabilitation service and Social Services are pleased with how the family are working, initial reason for our visit was because the family had received a 4 week court hearing notice but things were unclear - Social worker was also concerned regarding the condition of the property.

“I just wanted to contact you to share with you on how your interventions with a family had resulted in positive outcomes. When my role commenced with the family it soon became clear that their housing situation was having a detrimental impact on the parents emotional wellbeing. This often resulted in decline in the level of parenting afforded to the children. I was unable to identify an immediate solution to the circumstances in regard to housing, and while my focus was on the needs of the children and their family it was evident that adjustments with difficulties of the housing position was now a priority.

Your prompt response to the family’s circumstances made instant positive changes for the parents and they now find themselves in a much more stable and satisfied environment. I just want to thank you for your commitment and support to a family in crisis and the level of effective communication with myself and neighbouring services. I look forward to working with Healthy Homes again in the future!”

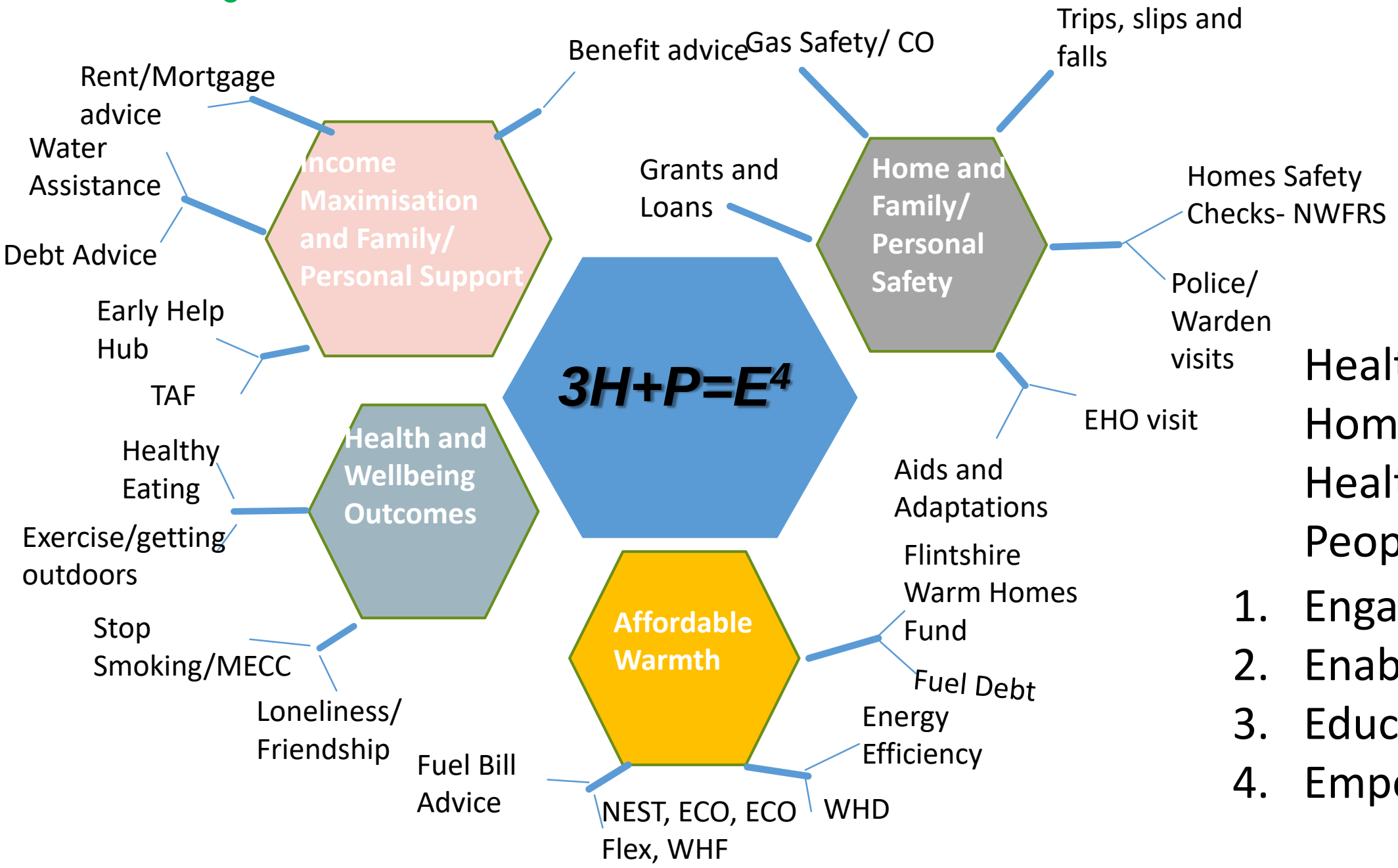
Social Worker
Children’s Services
Flintshire County Council

Aim- Tackling fuel poverty, reducing avoidable health inequality and improving health and well being

Engage, Enable, Educate and Empower

1. **Identify 3000 vulnerable* households in North Wales**
2. **Identify and assist those residents who are in fuel poverty or at the risk of fuel poverty,**
3. **Taking a person based approach to reduce avoidable health inequality and improve their health and wellbeing.**
4. **Providing safe, sound, secure, warm and affordable homes for all.**
5. **Looking at 4 areas during the visits- Home and Personal Safety, Income maximisation and Personal/family support, affordable warmth and Health and well-being.**

The formula to "Making and House a Home"



Healthy Homes Healthy People

1. Engage
2. Enable
3. Educate
4. Empower

November 2017- February 2019

1836 households engaged
529 homes visits completed
£34,097 savings with a further **£85,194** in potential savings
5 Evictions prevented (June 18-Dec 18)
£3500 of debt cleared (June 18-Feb 19)
£13,238 Savings on Water Bills
£28,874 savings on switching tariff
£289,715 savings on installation of heating and energy efficiency measures

Breaking the Crisis Circle

Damp and cold House

Bad Chest

Bad chest

Return to damp and cold house

Visit GP- medicate for bad chest

House no longer cold and damp

No more GP visits, unless needed

Damp and cold House

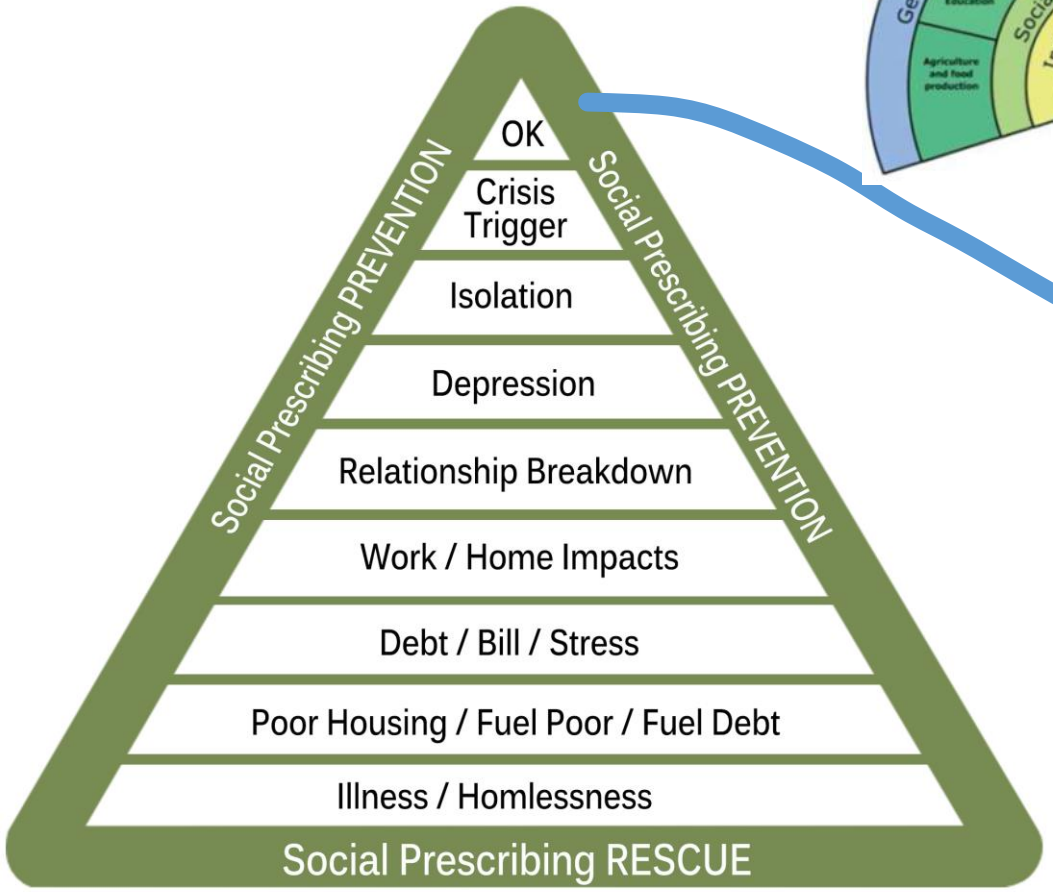
Bad Chest

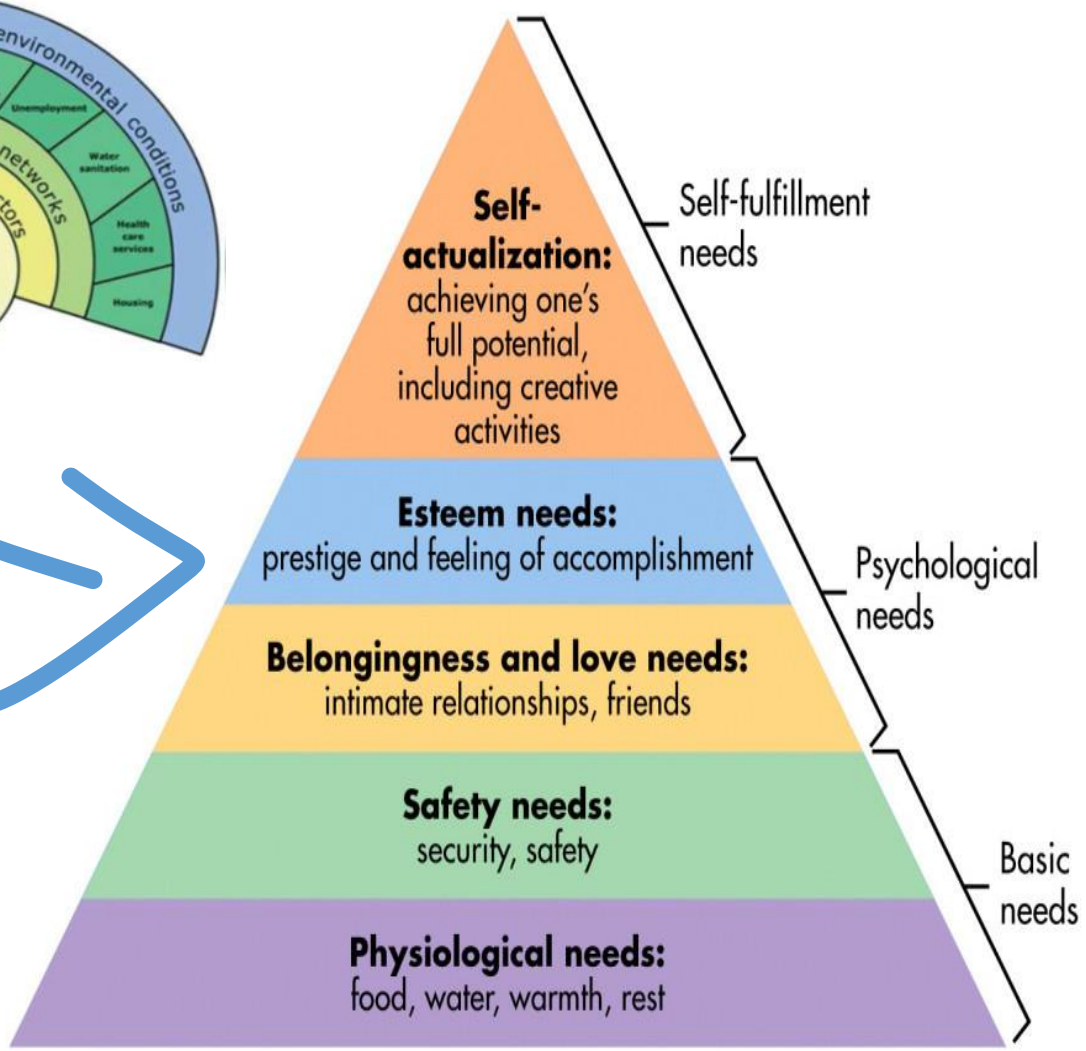
Visit GP- GP asks about property and refers to HHHPNW

HHHP visit- establish low income, family not heat or eat, do benefit check, reduce fuel bills, reduce arrears, insulation

Family can afford to Eat and Heat

Lets move From this to this





HEALTHY HOMES, HEALTHY PEOPLE • CARTREFI IACH, POBL IACH •

What Next

- We are looking at putting on some specific training as has happened with housing officers and Homeless prevention officers
- Finding EHP that would like to become champions
- Look to include in the training for new EHP’s
- Look at train the trainer type of training