



GUIDANCE FOR THE HOUSING SECTOR

Creating ACE-informed places: Promoting a whole systems approach to tackling adverse childhood experiences in local communities

ADPH AND WAVE TRUST WORKED IN PARTNERSHIP TO DELIVER THIS REPORT, WITH AIDAN PHILLIPS OF WAVE TRUST CARRYING OUT THE RESEARCH AND INTERVIEWS

CASE STUDIES

ST PAUL'S ESTATE, CHELTENHAM BOROUGH HOMES

POBLGROUP

NORTHWARDSHOUSINGASSOCIATION

SUPPORTED BY

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INTRODUCTION

Evidence consistently shows that trauma and childhood adversity can result in increased vulnerability in adults, impact health and life chances and further contribute to negative housing outcomes. It is well evidenced, for example, that as childhood disadvantage increases, so does the risk of homelessness.¹ Homelessness in adulthood is also associated with parental addiction, domestic violence, and living in social housing or local authority care as a child.²

The housing sector already plays a significant role in supporting vulnerable tenants with sustaining their tenancies and providing vital links to support services and other agencies. This places the housing sector in a unique position to be able to recognise and effectively respond to trauma and childhood adversity, thereby breaking the intergenerational cycle of ACEs and reducing the risk of poor outcomes.

Trauma-informed approaches for housing have increasingly been adopted across the UK. Such approaches aim to increase and improve early intervention and preventative activity, and support people who experience the long-term effects of historical adversity and trauma. It is an essential part of a system-wide response across the life course.

The purpose of this briefing is to explore how trauma-informed approaches have been put into practice, share learning and reflections on the guiding principles for implementing such approaches, and provide good practice examples.

ABOUT THIS PROJECT

The purpose of this project is to explore how trauma-informed approaches have been put into practice within the UK across four different sectors: education, health, housing and policing. This briefing is focused on housing and is intended to support leaders and practitioners nationally and locally concerned with improving outcomes for children and young people who are at greater risk of experiencing physical or emotional harm and/or poor outcomes because of one or more factors in their lives. This briefing is specifically aimed at those who are relatively new to trauma-informed practice.

A total of 72 senior practitioners with experience of implementing trauma-informed practice have contributed to our briefings across all four sectors (see Appendix B for a full list). Through these conversations, we have gathered a range of insights into what good trauma-informed approaches and results look like. In Appendix A, we cover the benefits of a multi-agency approach and cite case studies of where this has been achieved successfully.

Feedback from interviewees and the outcomes we have seen across all four sectors indicate that trauma-informed approaches could have a profound impact on society when applied as part of a whole-system effort to tackle Adverse Childhood Experiences by engaging services across the life course. We hope this series inspires further interest in this area and that more services witness the levels of success our interviewees have achieved.

Understanding Trauma and ACEs

We all face emotionally challenging situations during our childhood and adolescence. It is a normal part of growing up. However, many children grow up in environments – or have experiences – that go beyond this and can have a traumatic and long-lasting impact on their development, health and life chances. All of us will know someone who has been affected by trauma.

The term Adverse Childhood Experiences (ACEs) was popularised following a landmark research study conducted by Kaiser Permanente and the Centres for Disease Control and Prevention between 1995 and 1997³. The study referred to a specific set of adverse experiences in childhood, which included various forms of abuse, neglect, witnessing or otherwise experiencing violence, having one's parents separate and living with parents who are affected by mental illness or addiction.

“
The concept of ACEs must not limit the conversation to the 10 experiences but open the door to discussions about all kinds of childhood adversity and their impact.”

The ten markers of adversity identified in the original study were deliberately limited to direct harm and factors within the home. They therefore do not capture all forms of adversity experienced in childhood that might be expected to have a similar long-term impact on outcomes. Such circumstances include poverty, discrimination and prejudice, bereavement, bullying, community violence and gang membership. In addition to increasing the risk of ACEs, these negative circumstances contribute to poor outcomes independently of the original ten ACEs⁴.

For the purpose of this briefing, the term 'ACEs' will be used to refer to the specific childhood events outlined in the original CDC-Kaiser Permanente study, while the term 'adversity' will be used more broadly to refer to potentially harmful experiences.

TRAUMA

Trauma occurs when an incident, series of incidents or persistent environment leaves a person feeling so threatened or overwhelmed it leaves a long-lasting impact.

Adverse Childhood Experiences (ACEs)

Highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity.

What kind of experiences are adverse?



Understanding Trauma and ACEs

Childhood adversity directly affects the young person and their environment, and can require significant social, emotional, neurobiological, psychological and/or behavioural adaptation.

The impact of trauma can span from childhood to adulthood, disrupting cognitive, social, emotional and behavioural development. Repeated exposure to traumatic experiences can result in toxic stress, a prolonged activation of stress responses in the body that can cause excessive physical and behavioural reactions⁵. Experiencing adversity in childhood can also create hyperarousal, which adversely changes a young person's ability to regulate their emotions, as well as hypoarousal⁶⁷. Trauma overwhelms a person's resources for coping and impacts upon the person's sense of safety, ability to self-regulate, sense of self, perception of control and interpersonal relationships.

Being exposed to ACEs in childhood can increase the risk of developing health-harming behaviours including smoking, problematic alcohol use and illicit drug use⁸⁹. These behaviours can lead to an increased risk of poor physical and mental health later in life (including cancer, heart disease, diabetes, depression and anxiety) and ultimately early death¹⁰¹¹. Adverse experiences in childhood are also associated with negative social outcomes, such as low levels of education, poor employment prospects, deprivation and involvement in antisocial and criminal behaviour.

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Adaptions are children and young people's attempts to:

- 1. Survive** in their immediate environment (including family, peer group, schools and local community)
- 2. Establish** a sense of control or safety
- 3. Find** ways of mitigating or tolerating the adversity by using the environmental, social and psychological resources available to them
- 4. Make** sense of their experiences



Resilience

However, not all children who experience trauma will have negative outcomes.

Whether adverse experiences lead to trauma is dependent on a range of factors wedded to the context of the situation, including how vulnerable the person perceives themselves to be at the time, whether they felt supported by others during the incident or aftermath, and how much control they believed they had over the proceedings.

One factor that plays a large part in the prevention of trauma, as well as the mitigation of its impact and a person's ability to heal from it, is emotional resilience. This describes a collection of qualities that enable a person to feel they are capable, in control and deserving regardless of what life throws at them. Like trauma, resilience is developed through life experiences, and is influenced by the support available to that person.

Throughout the life course, individuals can be supported and empowered to build resilience and develop the skills and attributes needed to face the challenges in front of them. Resilience can be enhanced by promoting protective factors including having a caring and supportive relationship with at least one adult, belonging to a united group or community, having the opportunity for work or activity that offers a sense of purpose, and having the skills to regulate your emotions and behaviours in order to overcome stressful circumstances.

Resilience is a dynamic process, rather than a fixed trait. It can increase or decrease depending on how available these resilience assets are in someone's current context. An individual is never too old to strengthen their emotional resilience.



What are trauma-informed approaches?

To be trauma-informed is for a person to learn how trauma can be at the root of behaviour and to bring this understanding to the forefront of their work every day, conducting themselves in a manner that enables those who have experienced trauma to cope as best as possible with its impact. The thinking is often summarised as switching from saying “What’s wrong with you?” to asking, “What happened to you?” Supporting staff wellbeing is also an essential part of embedding trauma-informed practice. This involves recognising that staff may have their own trauma and/or experience vicarious trauma through working with those affected by trauma.

Various terms are sometimes used to describe the degree to which a person has been trained in this approach. For instance, Scotland’s National Trauma Training Framework begins with trauma-informed and escalates to trauma-skilled, trauma-enhanced and trauma-specialist. Terms such as trauma-aware are also sometimes used as a tier below trauma-informed. This briefing is largely focused on non-specialist practitioners who are trained to a trauma-informed level, though we will refer to lower or higher levels where relevant.

The US Substance Abuse and Mental Health Services Administration (SAMHSA) provides a useful overview of what it means to be trauma-informed.

It advises that you follow the four R’s:

- » **Realise** the widespread impact of trauma and understand potential paths for recovery
- » **Recognise** the signs and symptoms of trauma in clients, families, staff and others involved with the system
- » **Respond** by fully integrating knowledge about trauma into policies, procedures and practices;
- » seek to actively **resist re-traumatisation** of both service users and staff

What are trauma informed approaches?

As many of this project's interviewees also advised, SAMHSA's framework recommends implementing this across the entirety of a service, including the following domains:

- » **Governance, management and leadership** – the culture of an organisation and how leadership supports the adoption of a trauma-informed approach (eg by modelling it themselves)
- » **Policy** – the written policies and protocols that can implement the recognition of trauma and promote recovery and wellbeing
- » **Physical environment** – the creation of a physical environment which promotes a sense of safety amongst service users and staff and promotes collaboration
- » **Engagement and involvement** – transparency and trust built with service users, as well as acknowledging the expertise of those with lived experience
- » **Cross-sector collaboration** – strengthening connections with community providers and referral pathways
- » **Screening, assessment, treatment services** – treatment plans which give power and choice to the service user and minimise feelings of shame and fear
- » **Training and workforce development** – supporting staff emotionally (eg through peer support and supervision) as well as training and educating them on the impact of trauma and safe strategies to address it
- » **Progress monitoring and quality assurance** – actively processing feedback from staff and service users and ensuring mechanisms for monitoring quality are in place
- » **Financing** - appropriate funding for trauma-informed approaches (eg staff training on trauma and the establishment of peer support) and the creating of a safe environment
- » **Evaluation** – appropriate methods of measuring/assessing the success of implementing trauma-informed approaches

SAMHSA's framework includes six principles for trauma-informed practice which encompass the following:

1. Safety
2. Trustworthiness & transparency
3. Peer support
4. Collaboration & mutuality
5. Empowerment, voice and choice
6. Understanding cultural, historical & gender issues

Though other frameworks don't contradict these, they sometimes add in, or exchange these for other complementary options, for instance practising care holistically, showing respect, being strengths-based, showing compassion and the importance of relationship-building, among others. Collectively, these principles can lead anyone to live a healthier, happier life regardless of whether they have experienced trauma, though the impact can be particularly beneficial for those who have.

The benefits of adopting a trauma-informed approach in the housing sector

? What is a trauma-informed approach?

A programme, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation.



Putting trauma informed approaches into practice

We interviewed professionals working in a range of housing roles to find out what putting trauma-informed approaches into practice means to them. Though it may not be the most appropriate term in each instance, to ensure consistency we have used the word “tenant” whenever referring to the person the practitioner is working with. The key messages below are not listed in any particular order.

KEY MESSAGE 1:

View relationship-building as a key aspect of your role that is worth investing time and effort in to get better results. Review procedures to see if they can be done in different ways to enable more opportunities to initiate and strengthen relationships.

View relationship-building as an upfront investment: Through enabling higher levels of trust and closer connections, as well as the ability to gather more information about a person’s life through both, relationship-building can become a form of early intervention. It can also prove less resource-intensive than dealing with regular incidents that have been allowed to escalate, as tenants are able to talk through problems rather than “acting them out”. This investment also leads to staff members’ presence becoming the norm, meaning tenants are less likely to react negatively than if they only ever saw them approaching when something had gone wrong.

Design procedures around enabling opportunities to build relationships: For instance, one interviewee said his organisation

has switched from sending letters to tenants following incidents of anti-social behaviour (ASB) to having face-to-face conversations to understand what is behind their actions. He said they also spend time getting to know new tenants when they move in to help build trust and see what support needs they may have, as well as using house visits, eg gas safety checks, as an opportunity to get to know them and discuss concerns or safeguarding issues.

Connect via staff who already have a positive relationship with the tenant: For instance, one interviewee said they ask staff at their organisation’s benefit and money advice team to introduce them to people as, given their good track record of ensuring tenants receive what they need financially, they have a positive relationship to begin with. The same applies when they do community work and reach out to further tenants via their “core group” of active participants.

Get to know tenants on a personal level: This includes not just their immediate needs, but also the wider areas of their life including work, school, finances and health, as well as positive topics such as their interests and skills. One of the groups this is particularly important for is hoarders, some of whom may not have let others in their house for years. One interviewee said her focus is on extending the timeframe within which they expect to have the house cleared and using that additional time to build a trusting relationship.

With children, certain staff can act as role models: One interviewee provides intensive, often one-to-one support to tenants as part of his organisation’s wider community-building and early intervention efforts. In a community where male role models are scarce, colleagues said he provides a rare example of a positive one for local boys.

Putting trauma informed approaches into practice

KEY MESSAGE 2:

Build a habit whereby whenever you are faced with challenging behaviour from a tenant, especially if it happens consistently, you ask yourself what the root cause of it might be before reacting. This includes considering the potential for past and present adversities and the trauma they might have experienced or be experiencing. As part of this, view compassion as a key aspect of your role.

Explore what might be behind the behaviour:

For tenants deemed “hard-to-reach”, this can involve a personal shift to viewing them instead as people you have not yet been able to connect with. Challenging behaviour should often be viewed as a communication of underlying need. One interviewee said this was the difference between seeing someone smash something in a rage and shouting “you can’t behave like that!” and instead telling them to sit down and asking what is upsetting them. Respectful conversations such as these can go a long way towards unearthing details about their emotional state and the root causes behind it, whilst also helping to build stronger relationships.

View compassion as a key part of the role: This involves investing more time in actively listening to tenants’ concerns, while also being visibly supportive towards these and seeking to reduce pressure on them where possible. It means giving greater consideration to wider factors beyond the immediate behaviour: for instance, if a person consistently turns up drunk at a hostel, you could kick them out or ask whether they

may have a drinking problem and what might be at the root of that. It also involves simple acts that do not directly link to trauma, but through kindness assist a person in their ability to cope with it. For instance, while helping a hoarder who had retreated from ordinary life gradually reintegrate, one interviewee secured him a GP, went to the opticians for him and bought his newspapers.

It helps when staff can relate to the issues: One interviewee said that the fact that most of their staff are familiar with the levels of ACEs, poverty and other issues in the area helps them to relate to those who have experienced trauma, even when they may not know what the specific root causes are.

KEY MESSAGE 4:

Build a culture whereby tenants are supported to feel as comfortable as possible opening up about past and present adversities, if they wish. The same applies towards enabling them to feel calm in general and, where possible, improve their mental well-being through community activities.

Enable tenants to feel they can open up:

Feeling that they can talk to you without experiencing judgement is key to this. Though this may not be the case with everyone, do not under-estimate how much tenants may be willing to open up under these circumstances. For instance, one interviewee cited a mother who disclosed that she had been abused by a police officer at 15 years old. Where appropriate and done sensitively, create opportunities for tenants to discuss potential traumas such as this if they wish. For instance, one interviewee

Putting trauma informed approaches into practice

used a group mentoring session where sexually transmitted infections (STIs) were discussed to raise adversities such as domestic and sexual violence. This process can also benefit tenants emotionally in other ways, with one interviewee citing some of their residents who progressed onto group work after they grew in confidence through one-to-one support.

Ensure the physical environment and atmosphere are welcoming and calming: One interviewee described the hostel he used to work at that inspired his current practice as “like a four-star hotel”, with en-suite rooms, a front-of-house staff member who was respectful and friendly with entrees, and opportunities for socialising between tenants and staff, for instance film nights. He said this combination broke down barriers and led to improvements in tenants’ behaviour as they viewed themselves as “worthy” because they were living in a place that was desirable and aspirational. Though much of this may not be financially possible for everyone, it demonstrates the impact a comforting environment combined with a welcoming atmosphere can have on tenants’ behaviour and self-esteem.

Provide services that enhance mental well-being and community cohesion: Examples from a community-building project that has built trauma-informed approaches into its everyday work include those that are more directly linked to mental well-being and the root causes of issues, for instance a ‘Healing from Trauma’ domestic violence programme and mindfulness courses, as well as those that help forge stronger connections between tenants, for instance coffee mornings, a youth club and football sessions. The latter can play a therapeutic role as well as the former.

KEY MESSAGE 4:

Adopt a calm, respectful approach when dealing with challenging behaviour and enforcing rules. During these moments, place an emphasis on recognising a tenant’s frustrations and, where relevant, de-escalating the situation.

Remain calm and respectful when dealing with challenging behaviour and disciplinary procedures: This involves recognising that a deeper problem may lie behind the behaviour and prioritising de-escalation in any given situation. Projecting empathy can be key towards achieving this. Making clear that the staff are there to support and listen to them also has a positive impact on the vast majority of tenants who feel angry about their present circumstances. None of this means that problems should be ignored or that tenants should not also take responsibility for making sure progress is made.

KEY MESSAGE 5:

Enable tenants to feel a greater sense of control and responsibility over situations wherever possible and appropriate. Accept that some may need support first to reach this stage.

Where possible, provide tenants with opportunities to take responsibility: For instance, one organisation is in the process of transitioning to a partnership where tenants increasingly run residents’ groups, coffee

Putting trauma informed approaches into practice

mornings and other on-site activities. Such responsibilities can help provide them with a sense of control over their lives, the feeling of being useful and a sense of being respected. All of this can improve their confidence and self-esteem, and through this their ability to regulate their emotions.

Support vulnerable tenants to reach the stage where they can take responsibility: Encouraging tenants to be more autonomous does not mean cutting them adrift if, for whatever reason, they struggle with some areas of life. Some may need support to reach the point where they can take responsibility themselves. For instance, one interviewee cited a tenant who had experienced significant adversity in their life and, for whatever reason, felt nervous going to the supermarket. She accompanied him at first until he reached the stage where he could go alone at night.

tenants is replicated with staff, for instance by applying the compassionate approach used to deal with anti-social behaviour when conducting staff disciplinary procedures.

KEY MESSAGE 6:

Ensure that the same trauma-informed principles are applied internally with staff members too, including by ensuring that their emotional needs are supported.

Ensure staff feel supported while they support others: Supervision can play a key role in this, with one organisation we spoke to ensuring that everyone in the company receives a monthly one-to-one. One of their employees who provides intensive, often one-to-one support said this enables him to “offload” when the work becomes overwhelming. Otherwise, interviewees said that the practice used with



Case Studies

The following case studies demonstrate how organisations have each implemented trauma-informed practice and the implications this has had for their work.

Effectively using trauma-informed practice with vulnerable tenants (Northwards Housing Association)

After creating two new roles focused exclusively on hoarders at around the same time the organisation was becoming involved in a community-wide ACEs pilot in the Harpurhey area of North Manchester, Northwards Housing Association came upon an unexpected realisation: nearly every hoarder they were coming across had experienced some form of adversity in their past.

A man whose parents would not let him keep anything as a boy who now clings onto numerous toys. Another who moved so often as a child and was only allowed one box's worth of items at any one time, now keeps so much they cannot even reach their bed. An elderly man who became so accustomed to sending items home to his impoverished family that, once they began earning enough to sustain themselves, he could not break the habit and began stacking the items at home instead. Another sleeps in the bath as there is nowhere else he can fit. "I call it rubbish", said Tenancy Management Caseworker Jenny Maguire, "but to them it isn't."

Whether through trauma or another form of adversity, a trauma-informed approach provides a means to unearth the driving factors behind this behaviour and support tenants to overcome them. One case where past trauma played a key role and where Jenny was able to make previously elusive progress involved Jake¹.

Jake would shut himself away at home and not engage with local services. When Jenny first arrived, he told her "I don't like human beings and I don't want you in my house." He had various unusual habits and fears, including putting milk into a baby's bottle to comfort himself and maintaining a diet consisting almost entirely of chocolate bars, cereals, milk and coffee as he was too nervous to go to a supermarket and these were the closest items to the door at his local shop. He had abscesses in his mouth and tooth pains, having not visited a dentist in 20 years, and suffered from long-term depression and anxiety. Added to all this, he hoarded masses of items in his house, including rubbish. Prior to the new hoarding team getting involved, officers told Jenny that unless this was sorted, they would take legal action.

As Jenny built up trust through visits to his house and local shops, Jake began to divulge details about his past trauma. His father was abusive, then absent, and his mother an alcoholic. She did not wash his uniform, dress him properly or feed him much, leading to bullying at school and him truanting. The sexual assault he experienced at the hands of his truant officer further embedded a distrust of services and a hesitation to be in the immediate vicinity of other men. He later got married and had a son, both of whom died in a car crash 20 years prior. That is when the hoarding began.

At the beginning, Jenny kept knocking until she was eventually allowed into his living room, whereupon she was able to start building a relationship. By around the fifth visit he allowed her to recycle some of the rubbish in the kitchen, a compromise he could accept as it would not be wasted, followed by a gradual de-clutter of items of his own choosing. The estates team collected all this

1 Name has been changed.

Case Studies

away from the property so as not to invoke his discomfort around men. Jake now takes pride in his newly-clean kitchen and living room, which have remained clear ever since.

Jenny also found a specialist female dentist for him who understood how to work with his anxieties. He was moved into a sheltered scheme, where he received daily visits and became more accustomed to interacting with others and leaving the house, including to the supermarket at night when it was quiet. Her team also provided support organising his rent arrears and repayments, as well as helping him to win an appeal for his benefit claim. Scared of men for years, he is now able to sit in his garden with builders working opposite his house. It sounds like a small change to most, but for him it is progress.

An extract from a written case study on Jake highlighted how this trauma-informed approach differed from prior methods as staff (Jenny and others) initially prioritised building a relationship with him and understanding what he wanted, eg the electricity meter topped up, rather than on immediately decluttering the house. They capitalised on positive wishes he expressed, eg to be able to shop in public, by focusing on these as drivers for him to be part of his own change. The case study concluded that the progress seen would not have occurred via the regular way of working and that the relationships built with him were the primary medium through which it was achieved.

Jake's case also demonstrates the complex emotions staff sometimes have to deal with when trying to take a compassionate approach towards individuals who have experienced such adversity. Unbeknownst to him, Jenny was told by the police that he was on the sex register after viewing child images online. There to support him, she had to juggle that mindset with the knowledge that she was to inform the police if she ever saw him with a phone or accessing the internet. Showing a compassionate approach is not always easy, but in terms of understanding the full picture and achieving results, the experience of this organisation and others throughout this project demonstrate that it can be a way forward.

Special focus: Potential cost savings from using trauma-informed practice

Northwards Housing Association estimated the potential cost savings that had been made as a result of the trauma-informed way in which Jake's case was handled. Such figures are research-based and should be seen as possible savings, not guaranteed ones.

Timespan	Item	Cost saving
Short-term	Total cost of eviction	£33,573
	<i>Legal fees</i>	<i>£18,500</i>
	<i>Officer cost for court preparation</i>	<i>£4,797</i>
	<i>Case manager cost for court preparation</i>	<i>£5,479</i>
	<i>Master moves (packing, storage and disposal)</i>	<i>£4,570</i>
	<i>Professional clean</i>	<i>£227</i>
Short-term	Temporary accommodation – ongoing costs	£6,552 pa
Short-term	Average cost of a void and housing clearance, per property	£1,550
Short-term	Average cost of an ASC assessment	£908
Short-term	Cost of provision of care	£7,904
Medium-term	Average consequence cost per fire	£3,808
Medium-term	Average response cost per fire	£3,941
Medium-term	Average cost of mental health service provision for adults with depression/anxiety	£2,366
Long-term	Housing benefit	£5,304

Case Studies

Implementing trauma-informed practice across an organisation (Pobl Group)

As the largest housing association in Wales, Pobl Group oversees more than 15,000 houses across Wales. It also provides care services, including for people with learning disabilities and dementia, and support services, generally for people experiencing homelessness but also others such as people leaving prison and care leavers.

Of the 6,000 people his support staff work with on any given day, Director of Support Nick Taylor estimated that upwards of 95% have four or more ACEs. He said the challenging behaviours you would expect to see within a population like this, including aggressiveness, self-harm, and a lack of ability to engage appropriately, are all quite common. Mental health issues, alcohol and drug problems, and offending histories are also encountered frequently.

Inspired by his earlier career experiences at a particularly compassionate hostel in Tower Hamlets, Nick decided to pursue a very similar framework to trauma-informed practice known as Psychologically-Informed Environments (PIE). He began by piloting the approach four years ago in two services called George Street, where staff work with young people leaving care, and Clarence Place, which supports people with enduring mental health issues coupled with substance misuse issues. He said these were the two services where they support people experiencing multiple challenges and, at the time of the interview (March 2020), estimated that 100% of residents in both had four or more ACEs.

Both saw a rapid turnaround: for instance, in the space of 12 months George Street reduced eviction rates from 50% to 0% and recorded incidents from 86 per year to four. Improvements were also achieved in staff turnover, burnout, and sickness levels. Within a year, they began rolling out the training to the rest of Pobl's 700 support staff across 120 services and 16 local authorities. "It was a much easier process, colleagues had heard about the benefits to the previous two and we could show the statistics, which really helps", said Nick.

The rollout took around 18 months. Staff would attend a full-day workshop on the basics of PIE, after which they would have to create their own "PIE plan" to return with three months later to share and discuss. This was followed by a session on reflective practice to ensure everyone understood the principles. Monthly managerial sessions were established to enable senior staff to share good practice and discuss their experiences. These were supplemented with further meetings every three to four months where all managers would come together to continue this process and to work towards an inclusive culture across the services.

Case study: The Pobl Group

i *Psychologically-informed environment (PIE)* – an environment that takes into account the psychological makeup – the thinking, emotions, personalities and past experience - of its participants in the way that it operates.

CHALLENGE

It was found that the vast majority of those supported by the organisation had experienced adversity and trauma in their childhoods.

9,000
people in the programme

SOLUTION

In 2016, the Pobl Group set up a Psychologically-Informed Environment Pilot across two services. This was subsequently rolled out more widely



700
support staff
were trained

in **16** local authorities
across **120** services

What's involved?

Follow up sessions

every three to four months to review progress and work towards an inclusive culture across the services

Regular meetings

to share good practice and discuss experiences



Full-day workshop on PIE

Create own PIE plan

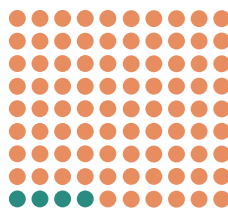
Session on reflective practice

RESULTS

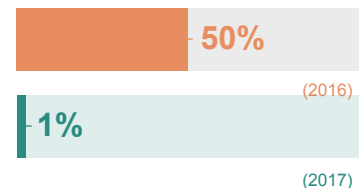
Incident and eviction rates after a year were significantly reduced following the pilot programme across the two services'

Recorded incidents

● 2017
● 2016



Eviction rates



Case Studies

Integrating trauma-informed practice into a community-building project (St Paul's Estate, Cheltenham Borough Homes)

Vince is a Family Investment Officer for Cheltenham Borough Homes (CBH). In his role supporting the families of St Paul's Estate in Cheltenham, he is always on hand to speak through residents' concerns no matter how long it takes. Through this often one-to-one work, he is kept aware of what is going on in people's lives and, whether assisting himself or signposting them to the right channels, is able to intervene before problems escalate. Trauma-informed practice plays a key role in this. He also uses his position to encourage other services involved with the families to explore the approach too.

There is a need for this approach in St Paul's, with the team reporting high levels of child poverty, domestic violence and absent fathers, alongside a historic hostility to outsiders moving into the estate. Vince's role, which began in January 2019, was not however created in a vacuum. Beginning in 2006 when it was ranked as one of the top five most deprived estates in the country, St Paul's has undergone physical regeneration that has transformed its previously traditional layout of rows of houses into a modern estate with a community hub at the centre. Alongside better housing and more access to services, this process has produced various outcomes which have since aided Vince in his trauma-informed work and shown how such initiatives can be enhanced if they build upon existing work that is already underway. We will discuss two of them here.

Firstly, for over a decade CBH had been facilitating activities in the area which helped support community-building efforts. Whether coffee mornings, a youth club, football sessions or otherwise, the work has transferred over the years from being run by CBH to much of it being delivered by partner agencies and, nowadays, an increasing amount being led by residents themselves. As well as some of the activities directly linking into trauma-informed work (eg a mindfulness class), they offer staff an opportunity to get to know residents and build relationships, with certain children coming to their attention who might benefit from one-to-one support. Their presence goes from being a sign that there is an issue to simply being the norm.

This long-term transition from "doing to" to "doing with" has also enabled residents to take greater control of local affairs than beforehand. This mirrors a key goal of trauma-informed practice, whereby recipients are encouraged to feel a greater sense of autonomy and control over their lives.

Secondly, just under 20 years of working closely with residents has ensured that CBH understand the community well. Vince has still had to work on becoming a trusted person, but the organisation as a whole has a deep understanding of the various historical and present issues, as well as family dynamics, in the area. This knowledge is particularly useful when seeking to respond to root causes instead of surface-level behaviours, as trauma-informed practice strongly encourages.

Endnotes

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