Homelessness and Childhood Adversity

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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 (1). We know that having a home is an important stabilising factor, and inadequate housing is a serious societal issue that directly and indirectly affects social, physical, and mental health (2). Homelessness is an indicator of fundamental breakdown in a person's life, and is an extreme form of social exclusion and inequality (3,4).

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 (5). 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 interrelated; 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 (13), which are also all factors associated with homelessness (21). The systematic review also highlighted a consistency between studies in the links between exposure to multiple ACEs and poor health, despite variations in type and extent of exposure (13).

Homelessness in youths 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 (7,9,24–28). 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).

In a national survey in Wales, we wanted to understand how the prevalence of ACEs in those with lived experience of homelessness compared to that of the general population (1). We found that compared to those with no ACEs, individuals with a high number (four or more) ACEs were 16 times more likely to report lived experience of homelessness. ACE-prevalence was found to be high in the homeless population; we found 87% of those reporting lived experience of homelessness had experienced at least one ACE, and 50% reported four or more ACEs. This compares to 46% and 11% in the general population, respectively. A significant association between ACEs and experiencing homelessness was evident for each specific type of ACE. This would suggest that reducing or preventing adversity experienced by the child, may help reduce future vulnerability by mitigating negative health and social outcomes in the adult, including homelessness.

The findings of the cross-sectional survey were supported by qualitative interviews with a group of people with lived experiences 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 often 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.

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Achieving sustainable change can only be done through a multi-agency, collaborative approach to reducing the risk of homelessness, of which ACEs is part of the multiple, complex causes; as well as the impact of ACEs being a barrier to services supporting those who find themselves homeless.

In order to achieve early intervention and prevention, the key messages from our recent work (1) are that:

- **Capacity** needs to be built into services across all sectors in order to take a multi-agency, trauma-informed approach to better support the vulnerable child or adult, where a trauma-informed approach would include understanding of ACEs, create an environment of physical and emotional safety, and taking a strengths-based approach (31).
- **Awareness** of the impact of ACEs on later vulnerability in adults, including homelessness, would need to be improved so that all services that come into contact with children and young people are better informed to identify those at-risk from adversity in their household.
- The **support needs** of both child and adult vulnerable populations that have been impacted by ACEs need to be better addressed. Support and provision of services should be culturally and environmentally supportive of individuals with ACEs, and barriers to accessing health and social support minimised.
- **Early years' settings** and youth services should be supported to work in a trauma-informed way and to recognise vulnerability in the child; and to ensure that **early intervention is multi-agency** and centred around supporting the child and their family.
- The value that teachers, support workers, youth and community support systems play in early intervention must be recognised and a **holistic system of support** for the child provided, with the focus on taking a trauma-informed approach to vulnerability and building a **trusted and constant relationship** with the child.
- **Empowering children and building resilience** is seen as protective by mitigating against developing health and social outcomes from exposure to ACEs (17,32–34), and public bodies should to take a **Children's Rights Approach** to supporting children at-risk from adversity to ensure that children's voices can be heard.

Report: www.publichealthwales.org/preventinghomelessness

Infographic: www.publichealthwales.org/preventinghomelessness-infographic

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