



Adverse Childhood Experiences: A Key Piece to Understanding Chronic Homelessness

Presented at: 7 Cities Conference on Housing and homelessness

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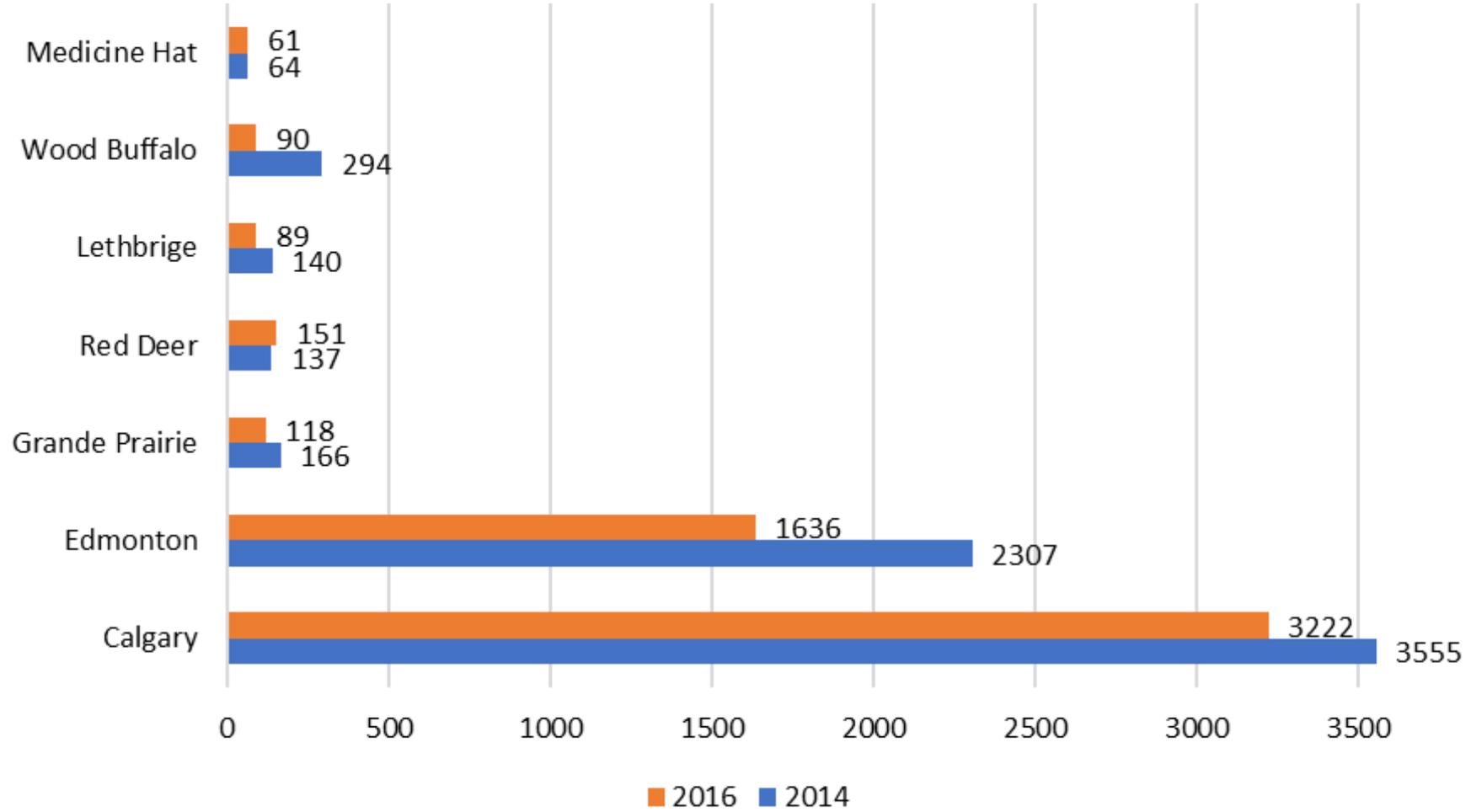
Overview

- Decade of Progress: A Lifetime of Change
 1. *“Celebrate our collective impact”*
 - *What have we done well?*
 2. *“Learn from our experiences”*
 - *Where do we continue to struggle?*
 3. *“Share our best practices”*
 - *ACEs and brain science*
 4. *“Inspire transformative action”*
 - *Recommendations for moving forward*

1. *“Celebrate our collective impact”*

- Adoption of the housing first philosophy
- Definitions and understanding of certain populations
- Gathering consistent data to gain a better picture of homelessness in Alberta
- Data Collection (PIT):
 - 2014 – 6,663 province-wide
 - 2016 – 5,367 province-wide
 - Haven’t released results for 2018

2016 Homeless Count by City



Progress

- **Red Deer** - Although there was an 8.8% increase between 2014 and 2016, Red Deer saw a 54% decrease from 2012-2016.
- **Calgary** - Has slowed the growth of homelessness. Prior to the Calgary Plan, homelessness was growing at a rate of 30% every two years. 6,000 people have been housed since 2008.
- **Grande Prairie** - Between 2014-2016 Grande Prairie saw a 23% decrease in homelessness, despite several new locations for data collection in the 2016 count.
- **Edmonton** – Edmonton saw a 46% decrease in children experiencing homelessness from 2014-2016.
- **Wood Buffalo** – Chronic homelessness declined by 19% from 2014-2016. In 2016 22% of individuals reported that they are experiencing chronic homelessness, down from 41% in 2014.
- **Lethbridge** – 68% decrease from 2008-2016.
- **Medicine Hat** – 52% decrease from 2014-2016.

2. *“Learn from our experiences”*

- There are still approximately 5,300 individuals experiencing homelessness in Alberta (2016)
 - Chronic homelessness persists
 - 59% Edmonton and 31% in Medicine Hat (2016)
- 28% identified as Indigenous (2016) – while only 4% of the general population are Indigenous
- 20% fall within the youth age bracket – age 0-24 (2016)
- “The most common reason cited for loss of housing were addiction, job loss, “other” reasons, family conflict, eviction or illness.” (2016)

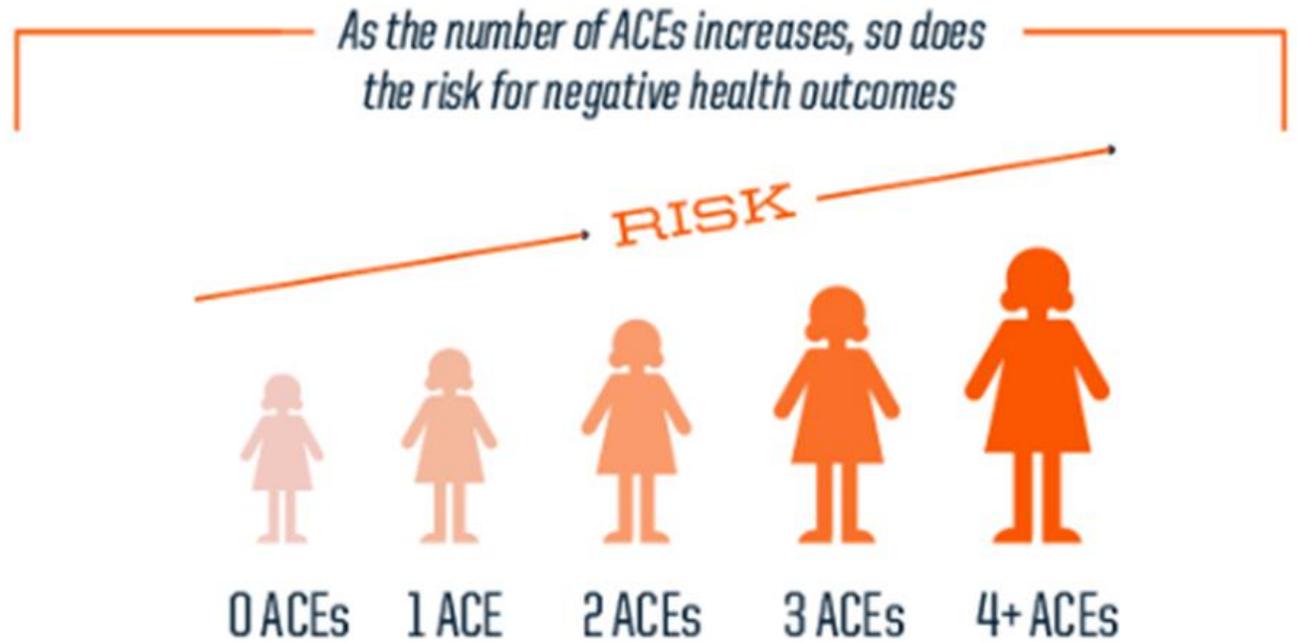
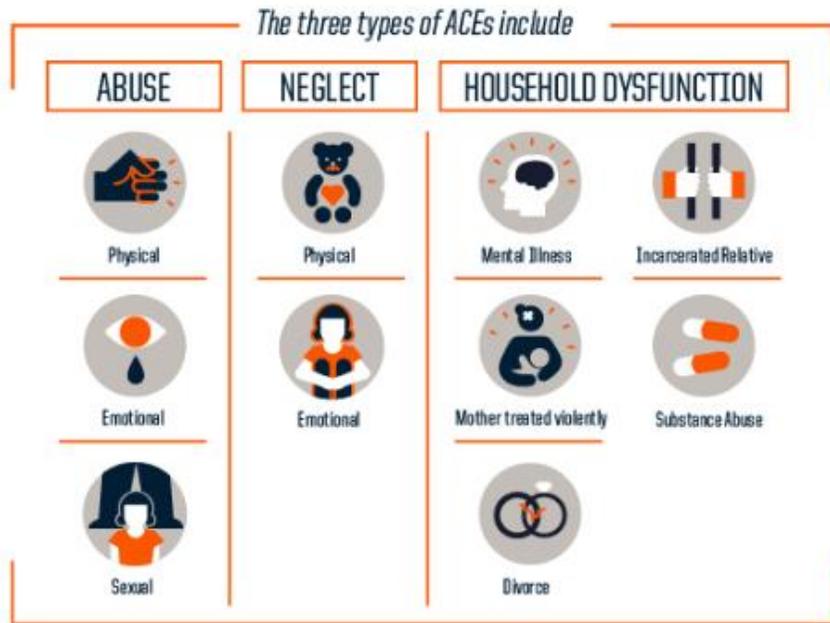
Trauma – ACEs and Brain Science

- ACEs – study published in 1998 that examined the impact of childhood trauma on health outcomes in over 17,000 participants
 - Participants were mainly middle class families in California

ACE Score Prevalence for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

Number of Adverse Childhood Experiences (ACE Score)	Women Percent(N = 9,367)	Men Percent (N = 7,970)	Total Percent (N = 17,337)
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

Trauma – ACEs and Brain Science



Trauma – ACEs and Brain Science

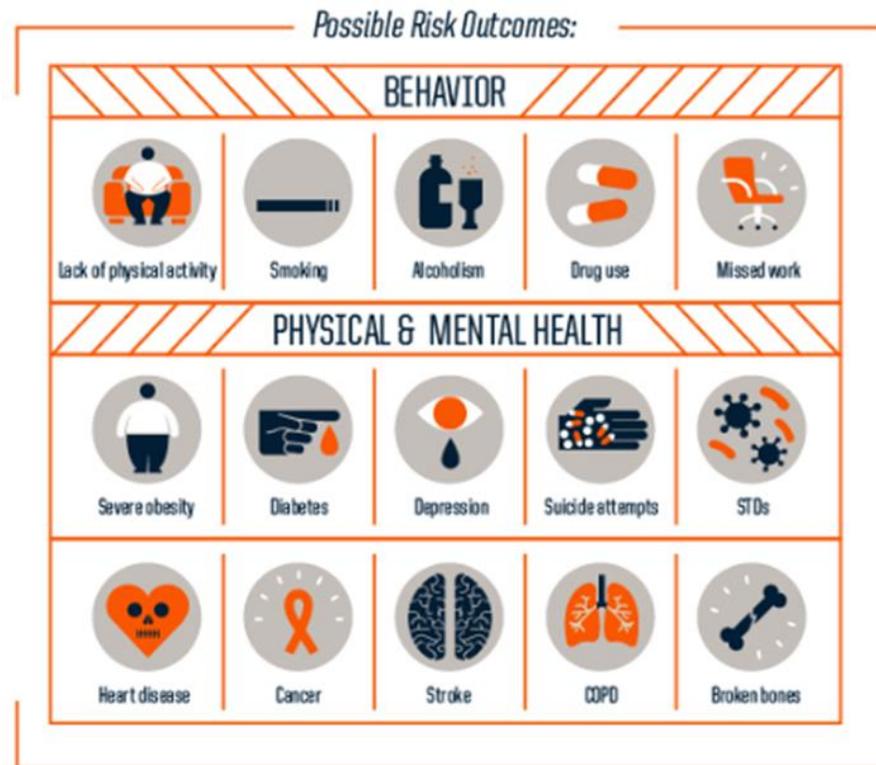
- *Falling Through the Cracks: How the Community-Based Approach Has Failed Calgary's Chronically Homeless*
 - ACE scores amongst individuals experiencing chronic homelessness in Calgary
 - Survey of 300 individuals experiencing chronic homelessness
 - 59.5% had an ACE score of 4+ (compared to 12% in general population)

	Respondents with ACE scores of 7+ (N=85)	Respondents with ACE scores of 0 to 3 (N=121)
Alcohol	71 (83.53%)	99 (81.82%)
Marijuana	58 (68.24%)	50 (41.32%)
Crack	36 (42.35%)	24 (19.83%)
Cocaine	33 (38.82%)	21 (17.36%)
Methamphetamine	29 (34.12%)	13 (10.74%)
Opioids	23 (27.06%)	8 (6.61%)
• OxyContin	17 (20.00%)	7 (5.79%)
• Heroin	14 (16.47%)	3 (2.48%)
• Fentanyl	10 (11.76%)	2 (1.65%)
• Opium	6 (7.06%)	1 (0.83%)
Amphetamine	17 (20.00%)	6 (4.96%)
Hashish	15 (17.65%)	11 (9.09%)
Non-beverage alcohol	10 (11.76%)	3 (2.48%)
MDMA*	8 (9.41%)	6 (4.96%)
Inhalants (solvents)	1 (1.18%)	0 (0.00%)
Other	8 (9.41%)	6 (4.96%)

	Respondents with ACE scores of 7+ (N=85)	Respondents with ACE scores of 0-3 (N=121)
Depression	28 (32.94%)	24 (19.83%)
Anxiety	25 (29.41%)	15 (12.40%)
PTSD	16 (18.82%)	9 (7.44%)
Personality disorder	8 (9.41%)	4 (3.31%)
Bi-polar	7 (8.24%)	5 (4.13%)
Schizophrenia	5 (5.88%)	0 (0.00%)
Psychotic Disorder	2 (2.35%)	0 (0.00%)
Other	8 (9.41%)	3 (2.48%)

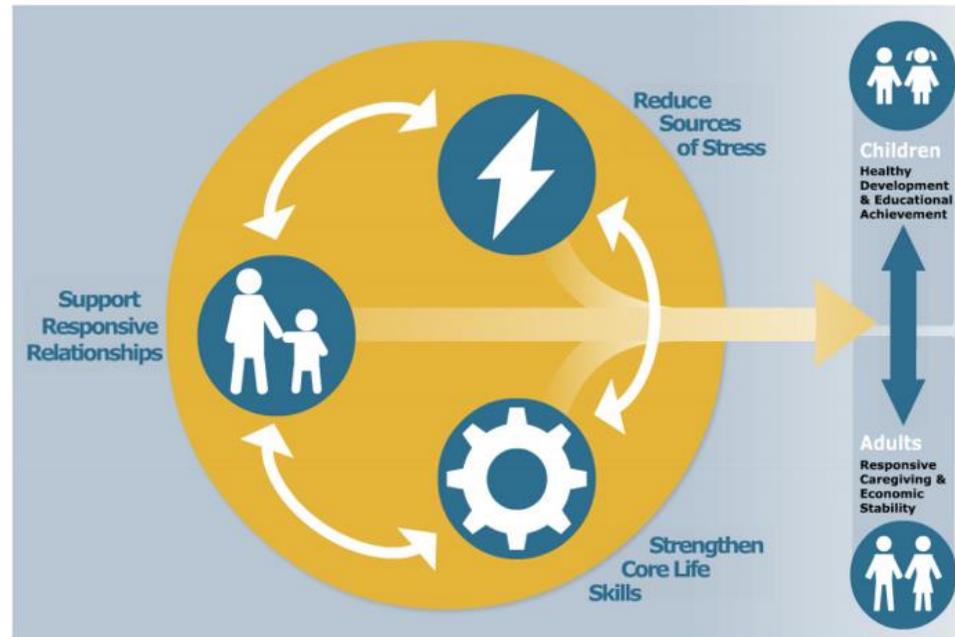
Trauma – ACEs and Brain Science

- “Because brains are built in stages, with more complex structures built on simpler structures, it’s crucial to get the early years right. Think of building a house: before framing the walls, a foundation has to be poured. Before wiring the house, walls and floors need to be built. Our brains are also built in sequence, and early childhood is about laying a solid foundation to serve as a base for later development. Once architecture is built, foundation repairs are costly, so supporting early childhood is a worthwhile investment.” (Alberta Family Wellness Initiative Website)



3. “Share our best practices”

- *3 Principles to Improve Outcomes for Children and Families*
 - *Support responsive relationships for children and adults*
 - *Strengthen core life skills*
 - *Reduce sources of stress in the lives of children and families*



RESILIENCY ASSESSMENT (3.0)

*Resilience*¹



Resilience Domain	Subdomain	5	4	3	2	1
Economic	Housing & Living Conditions*					
	Income & Finances					
	Education, Job Skills & Training					
	Food Access & Nutrition*					
Social-Emotional	Meaningful Activities*					
	Natural Supports*					
	Executive Function & Self-regulation*					
	Legal & Justice					
Health	Physical Health*					
	Mental Health*					
	Substance Use					
	Access to Health Care*					
Developmental	Early Years Development* (0-6 years)					

¹Resilience: The capability of individuals, families, groups and communities to cope with and overcome significant adversity or stress in ways that promote health, wellness and result in an increased ability to constructively respond to future adversity. (Calgary United Way)

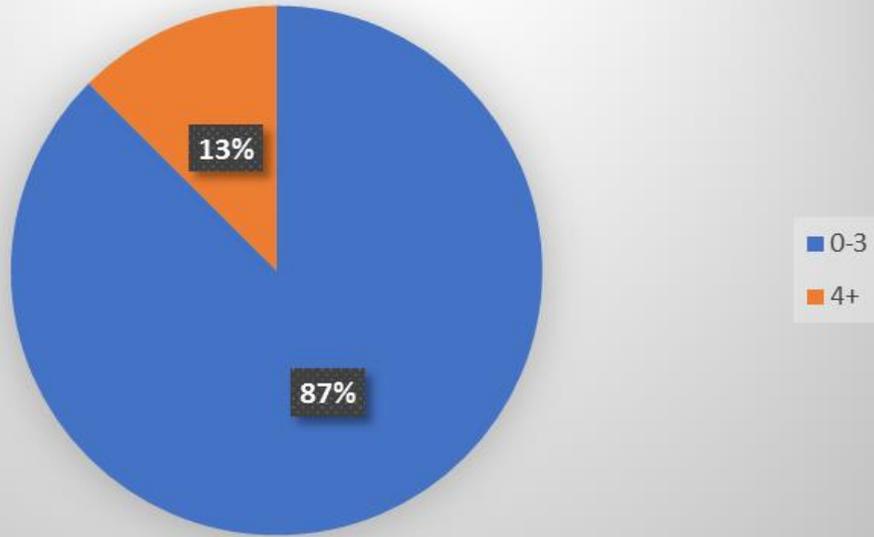
* These subdomains are used to map a child.

3. *“Share our best practices”*

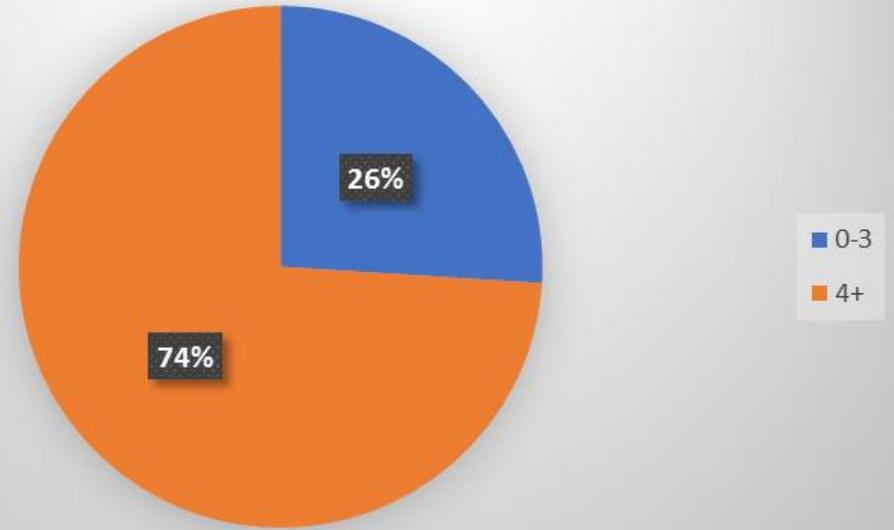
- Implement trauma-informed care into your organization
- Collect data on ACEs within our population
 - Gain a better understanding of the trauma our population are faced with in order to help us provide better care as well as inform our trajectory of services
- Educate clients on brain development and plasticity

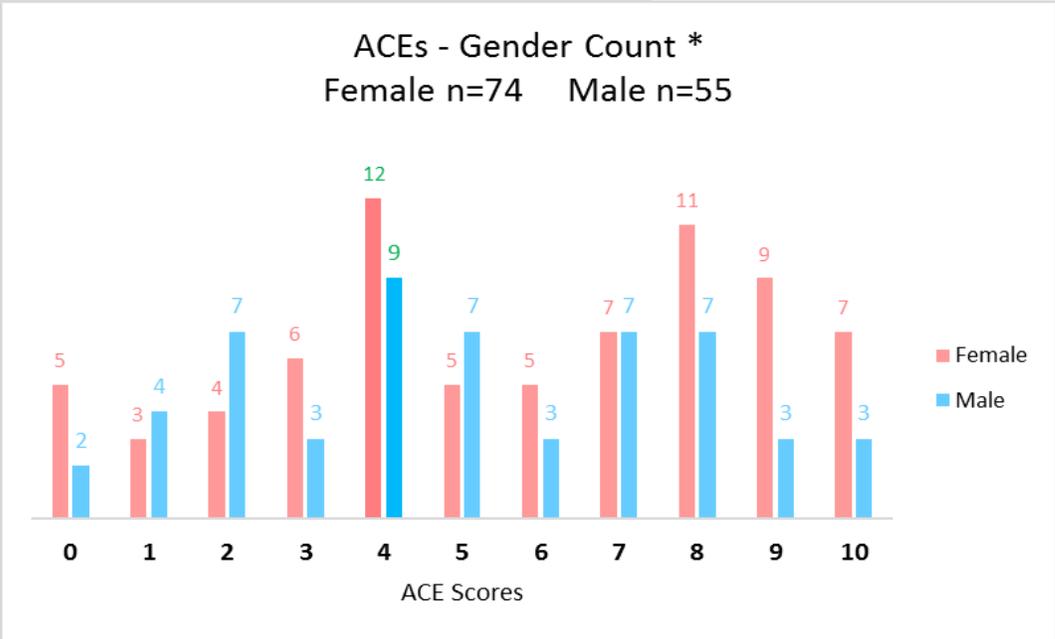
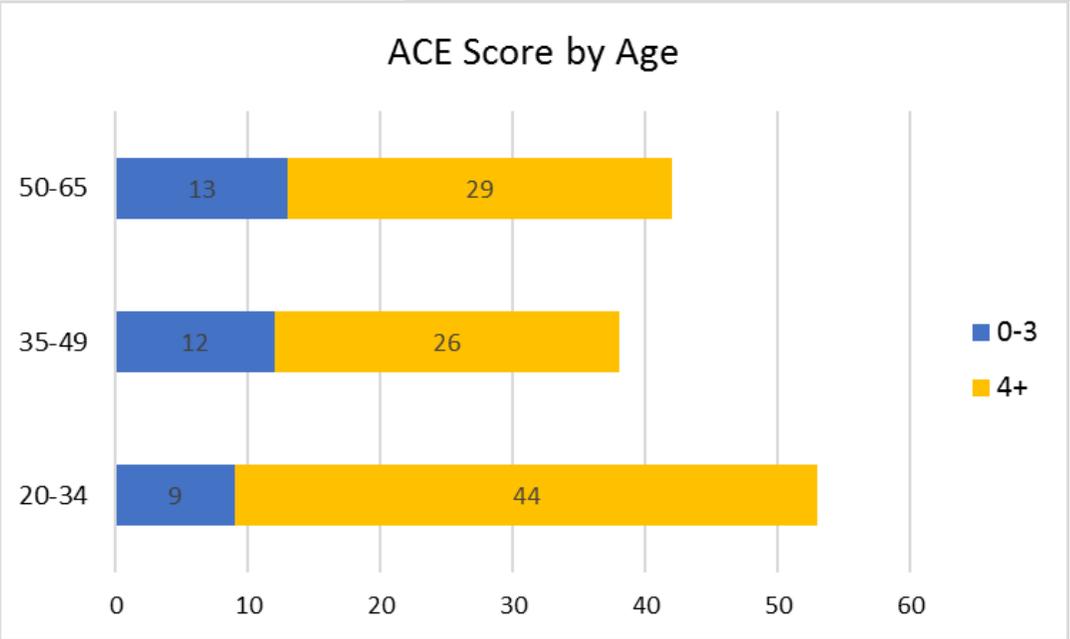
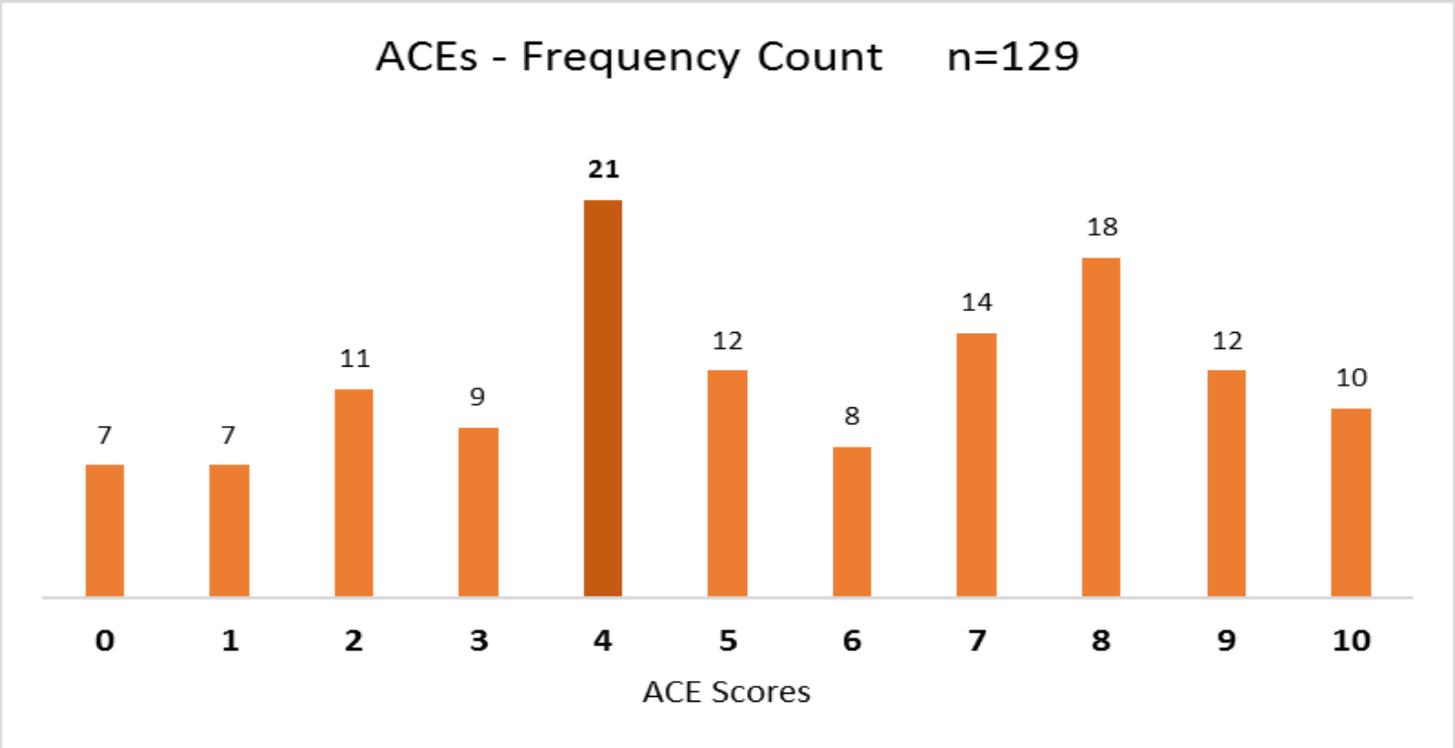
CUPS ACEs Data

ACE Score Prevalence Original ACEs Study

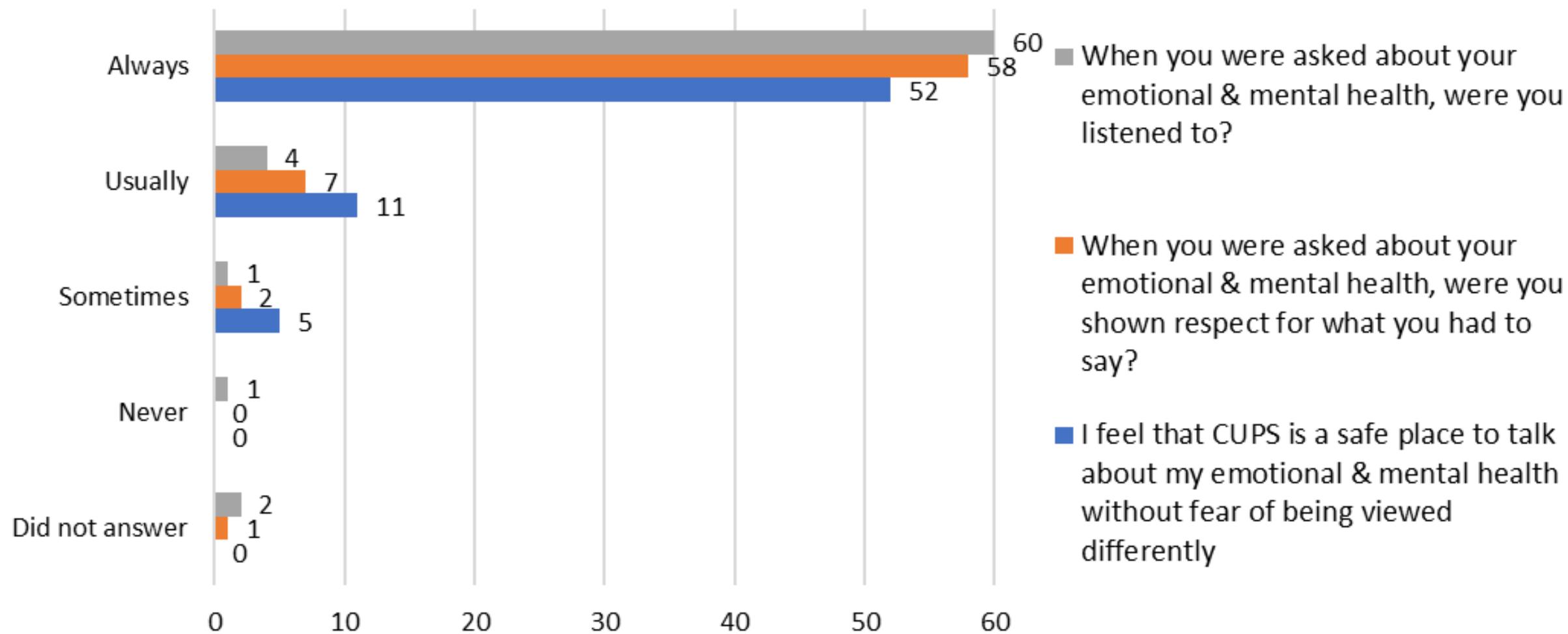


ACEs Prevalence CUPS

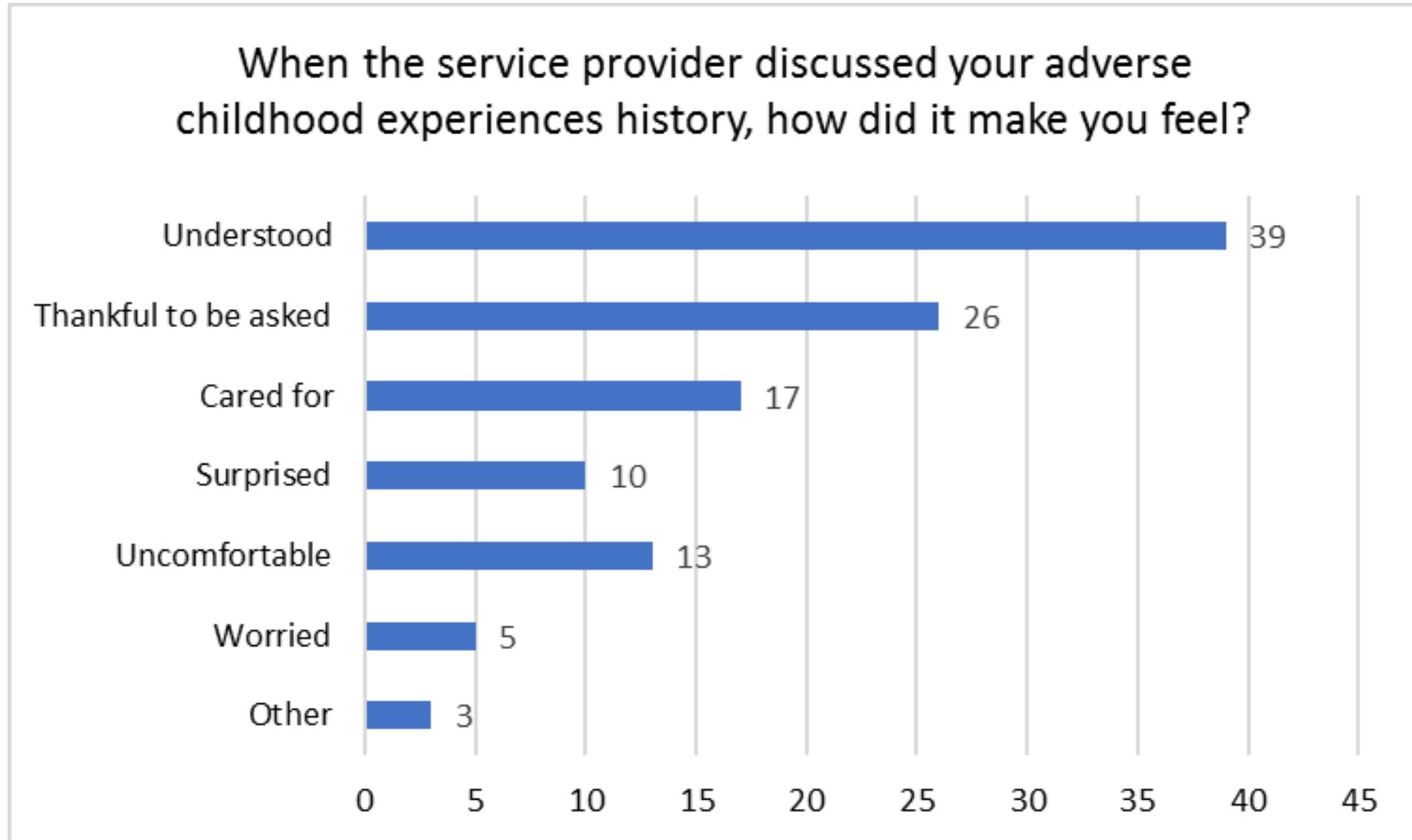




CUPS Follow-up Survey Results



CUPS ACEs Data



4. “Inspire transformative action”

- Recommendations

- Advocate, Develop and Fund

- TIC in all service delivery (government and social services alike)
 - Measurement of trauma
 - Programs and services that support current literature on brain development and resilience
 - 2-generational approach, early intervention and supports for children and their families
 - Programs and services that encourage the 3 principles to Improve Outcomes
 - *Support responsive relationships for children and adults*
 - *Strengthen core life skills*
 - *Reduce sources of stress in the lives of children and families*
 - Programs and services that offer the physical and mental health support due to high levels of trauma in childhood
 - Medical clinics, counselling, psychiatric care, wrap-around holistic supports

Moving Forward

- Challenges that we face:
 - What programming actually builds these skills and supportive relationships?
 - How do we apply recent literature into our programming?
 - How to measure how effectively we have done this?
- Think about what your programs or services doing to build these skills in individuals who are have experienced chronic homelessness.

Moving Forward

- “**Solutions are not out of reach.** Funding should target housing and case management programs designed to address the psychiatric issues resulting from childhood trauma... Currently, homeless shelters are serving as ad hoc institutions of mental health care for far too many people. With **adequate funding and supports**, long-term shelter users can be prioritized for psychiatric care, and shelters can return to their original mandate of being places where people who are temporarily homeless and in transition can get the help they need (1).”



Any
questions?

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"I'm confused, yet intrigued."