Waving or drowning?
The lived experience of Residential Childcare Workers coping with incidents of self-harm.

Vivienne Dacre
Professional Doctorate Student
Senior Lecturer: Therapeutic Child Care
Glyndŵr University Wrexham

v.dacre@glyndwr.ac.uk
Waving or drowning?
The lived experience of RCW’s coping with incidents of self-harm

- Background to the study
- Aim
- Method
- Results
- Discussion
- Conclusions
Background to the study

Prevalence of self-harm amongst the looked after population

- Cousins et al. (2008)
- Childline Casenotes (2009)
- Harkness-Murphy et al. (2012)
Background to the study

Previous studies of RCWs experience of coping with self-harm

Piggott et al. (2004):

Young people in residential care who self-harmed and their care staff identified supportive relationships, non-judgmental attitudes, knowledge of SH and good working practices as associated with helpful support.
The current study:

**Procedural diagram:**
Convergent mixed methods design

- Survey (Quan)
- Questionnaires (QUAN)
- Data Analysis (QUAN)
- Interviews (QUAL)
- Data Analysis (QUAL)
- Converge (QUAN + QUAL)
- Interpret
Aim:
The aim of the qualitative strand of this research project is to gain understanding about the experiences of SRWs exposed to incidents of children self-harming and to identify those things that help them cope.
The organisation

The organisation was a medium sized private provider of residential care in the North West and Midlands area of England. Overall it comprised of seven residential children’s homes, an independent Fostering Agency, a Therapeutic Service, and a DfES registered school.
Residential Care

- Number of homes - 7
- Number of RCWs - 68
- Current placements – 19 (27)
- Children who self-harm - 11
Method

- Design
- Measures
- Procedure and participants
- Analysis
- Ethical considerations
<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>Time in post</th>
<th>Work Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Male</td>
<td>25</td>
<td>Six years</td>
<td>Four bedroom children’s home rated good by Ofsted (can take children between the ages of 8 and 17yrs).</td>
</tr>
<tr>
<td>Two</td>
<td>Female</td>
<td>40</td>
<td>Eight years</td>
<td>Four bedroom children’s home rated good by Ofsted. Attachment informed therapeutic approach ‘specialising in eating disorders, self-harm and mental health issues’ (can take children between the ages of 5 and 16yrs)</td>
</tr>
<tr>
<td>Three</td>
<td>Female</td>
<td>24</td>
<td>Six years</td>
<td>Four bedroom tier four CAMHS supported residential care for young people between 13 and 17yrs with complex mental health needs. Rated good by Ofsted.</td>
</tr>
<tr>
<td>Four</td>
<td>Female</td>
<td>32</td>
<td>Four years</td>
<td></td>
</tr>
<tr>
<td>Five</td>
<td>Female</td>
<td>27</td>
<td>Four years</td>
<td></td>
</tr>
</tbody>
</table>
Results:
Themes emerging from the interviews

Theme one: The experience of self-harm:
• incident type
• the impact
• additional stressors

Theme two: Things that help:
• Teams communicating and working together
• being safe and feeling safe
• being reliable and child centred
• the capacity to think
Theme One: The experience of self-harm:

Incident type

P.1 “She was going a bit blue and everything but she was ready to take the ligature off but she had pulled it so tight that she couldn’t …”
Theme One: The experience of self-harm:

The impact

P.2: “When I first came into the job ... stress levels (indicates above her head) and scared”.

P.4: “And you know you think, why did you do this to yourself and you feel a bit helpless. The thought and the frustration of why you can’t stop it, I think that becomes more stressful than just seeing them you know doing it.”
Theme One: The experience of self-harm:

Additional stressors

P.5 “Personally it left me frustrated because I had worked too many hours and so I was gonna claim back an hour and leave an hour early but obviously with all that going on I couldn’t. Um, which is fine but it’s so frustrating, not that the young person would know about that”.
Theme Two: Things that help

Teams communicating and working together

P3 “The team support and the banter is good because you are part of the team but you have to understand that there is a line that you mustn’t cross”.

Theme Two: Things that help

Being safe and feeling safe

- Training
- Procedures/guidance
- Supporting others
- Self care

\textbf{P1} “Managing self-harm is not necessarily about actions, it’s about what you say and it’s about, one being calm and two being patient”.

Theme Two: Things that help

Being reliable and child centred

P1 (Talking about the removal of ligature)
I let her take it off so that she was in control. She didn’t need me to control it, um, I was just giving her assistance.”
Theme Two: Things that help

The capacity to think:

• Team de-brief
• Line management supervision
• Clinical supervision
• Training opportunities
• External consultants
Discussion

• Aim
• Summary of results
• Limitations
• Strengths
Discussion

• The aim of the qualitative phase of this mixed methods study was to gain understanding about the experience of Senior RCWs exposed to incidents of children self-harming and to identify those things that help them cope.
Discussion – Summary of results

1) Coping strategies are developed over time (Perseius et al., 2007)
2) “The need to be a robust container” (Fleet and Minz, 2013, p. 50)
3) Exposure to incidents of self-harm help to lessen the impact of it (Hastings, 1995).
Discussion - Limitations

- From this set of data it is not possible to draw conclusions about the reduction in impact over time. The reduced emotional response could be attributed to the acquisition of resilience, confidence, skills etc. suggesting active coping. However, it could equally suggest a defensive coping strategy such as denial / shutting down emotionally.

- The focus is on the experiences of Senior staff and this could be extended to other roles.
Discussion: Strengths

- Focuses on the lived experience of SRCWs
- It demonstrates that SRCWs are frequently working with incidents of self-harm and high risks behaviours
- Expands current knowledge in the area of coping by extending it to a previously under studied area
Conclusions

1. Self-harm behaviours occur with more intensity and regularity in children in care

2. RCW therefore are exposed to incidents of self-harm but this is under reported within the research evidence

3. Tentative results suggests some conditions which are helpful in relation to coping and the development of coping strategies.

4. This study expands current knowledge in the area of coping by extending it to a previously under studied area
Any questions?
References


References


