Self-harm and Suicide amongst Children and Young People in Care:

Prevalence and Determinants

Dr Rhiannon Evans
Senior Lecturer, DECIPHer, School of Social Sciences, Cardiff University
Email: EvansRE8@cardiff.ac.uk

Background: Self-harm in Care-experienced Children and Young People

- In 2017 there were 72,670 “looked-after” children in England (3% increase 2016)[1] and 5,954 in Wales (6% increase 2016).[2]
- Children and young people who have experienced care may be at elevated risk of suicide-related outcomes:
  - >3 times as likely to attempt suicide than non-care populations.[3]
- Children and young people more likely to be exposed to known risk factors for suicide-related outcomes:
  - >5 times as likely to have a diagnosable mental health condition[4]
  - Maltreatment (physical abuse/sexual abuse/supervisory neglect) a risk factor for suicide attempt[5]
- Remains limited evidence if pre-care or care exposure is the main risk for suicide-related outcomes.[6]

Background: Role of Social Care Professionals in Self-harm Management

- Limited consideration of social care professionals understanding of self-harm.

- This is imperative:

    1. Professionals have a significant and immediate role in intervention and in securing mental health support.[7]

    2. How they understand these practices may impact upon how they work with other professionals (SJ presentation)

DECIPHer
Development and Evaluation of Complex Interventions for Public Health Improvement
A UKCRC Public Health Research Centre of Excellence

Research Questions

1. How do foster carers and residential carers explain self-harm amongst the children and young people they care for?

2. How do these narratives inform the intervention and management strategies that foster carers and residential carers use?

Methodology: Sample

- There were 5660 children and young people in Wales in care 2016.[13]
  - 4715 were in out-of home placements
  - 4365 were in foster care
  - 250 were in local authority or private residential care
  - 100 young people lived independently
- Participants recruited through private care association, a national foster care network and a private residential care association.
- Purposive sample of 30 foster carers and residential carers in Wales 2015-2016.
  - 15 foster carers, 15 residential carers
  - 23 females, 7 males
  - 19 provided generic care placements, 11 specialist placements
  - 29 direct experience of self-harm intervention and management

DECIPHer
Development and Evaluation of Complex Interventions for Public Health Improvement
A UKCRC Public Health Research Centre of Excellence

Methodology: Methods and Analysis

- Conducted semi-structured interviews and focus groups:
  - 9 interviews (6 via telephone; 3 in person)
  - 4 focus groups with 21 participants

- Thematic analysis derived from grounded theory:
  - Open coding and axial coding
    - Phenomenon under study
    - Conditions that give rise to the phenomenon (*three central repertoires of interpretation)*
    - Actions and interactional strategies used to manage the phenomenon
    - Consequences of these strategies

Defining Self-harm

- Participants considered different ‘types’ of self-harm:
  - Serious vs Superficial
  - Authentic vs Inauthentic
  - Invisible vs visible

Survival

- Children and young people need to negotiate label of ‘looked-after’, where they are seen as vulnerable and lacking.
- Self-harm allows individuals to distance themselves from this disadvantaged position.
- Provides agency and control.

Survival: Resistance

He’s doing it and he knows we are quite helpless. And he really, really enjoys control. … He knows, but with a lot of them, they know that as soon as they start to display some of these behaviours, they don't just get one member of staff who's ignoring the behaviours. It's all of a sudden it could be three members of staff that they're getting to deal with the situation or two members of staff.

(Residential Carer)

But she cannot cope with routine, boundaries, consequences. She has no control over anything other than her behaviour. F U [fuck you] *I’m going. And her mobile phone and the self-harming and that is her control.*

(Foster Carer)

Survival: Role Conflict and Chaos

The ones we have had in our care [who self-harm], *a lot of it was the birth family not allowing the child to enjoy their time in care and the child experiencing split loyalties: "I'm enjoying my time in care but at LAC reviews I've got to say that I don't like it or at contact I've got to say how horrible it is and then that information gets fed back to my carer and then she' s going to hate me for saying that".*

(Foster Carer)

Joe, we haven't had, we've had 18 months now real self harm, seemed to have found a different way of being. Cutting himself, letting us know he's not happy. What we became aware of and he's been to lots and lots of placements in children's homes. Um, he would scupper a placement with poor behaviour and the ultimate in the end for him was last year. But it felt as if as soon as he got to care with people who really cared for him, he'd go away. I'm getting out of here.

(Foster Carer)

Interpretative Repertoires: Signalling

- Assumption that individuals in care do not always have the skill to express their emotional needs.
- Due to challenging context of birth family and inadequate/ problematic attachments.
- Self-harm a major communicative tool for young people within the caring relationship – method for signalling the individual is experiencing a problem or required support.

DECIPHer
Development and Evaluation of Complex Interventions for Public Health Improvement
A UKCRC Public Health Research Centre of Excellence

Signalling: Relationship Rituals

She tore a little ligature this morning, and what that initiated was quite a lengthy conversation about something that's been upsetting her for the last few days… She doesn't need to express her upset by doing this first. Tearing a ligature first. Showing everyone as if to say "oh, I'm upset obviously I've got something on my mind". And then spilling the beans about whatever it is that's bothering her.

(Residential Carer)

And he was only doing it when I was on shifts. Then, he wanted me touch him. So we had to look at different ways so I could give him a hug rather than going to all that length to get. He started to calm down when I give him more touch.

(Residential Carer)

Signalling: Relationship Repair

Shaun as well, there would have been an incident beforehand. There would have been something of an escalation of an incident and behaviour. And he uses it as his way of building that bridge back with staff, because he needs you to. So the self harm serves a purpose for him. It's for you to nurture him. Rescue him.

(Residential Carer)

Interpretive Repertoire: Security

- Young people considered to test the authenticity and safety in caring relationship.
- Young people thought to mistrust adults, particularly the multitude of professionals routinely rotating through their life.

Security: Can you keep me safe?

Before Jessica came to us, Jessica was in secure [mental health unit] *and she'd ligatured on quite a few occasions in secure. So she came to us already knowing that there was a possibility that she'd ligature, so we put everything in place. The risk assessment. Got the cutter* [specialist tool for severing ligature], *everything was in place. And I think she did it once. And for me it was just to make sure we, we're there and it was safe and she was safe. And she did it not to the point that it was tight but it was choking here. And she never did it again.*

(Residential Carer)

If he doesn't have the boundaries or the safety. He would only do it on the fact he's got boundaries, he's got the safety and he commits to himself. I don't actually want to hurt myself but here I've got these staff who will bring me down so I can do it on this.

(Residential Carer)

Security: Emotional Safety

Before Jessica came to us, Jessica was in secure [mental health unit] *and she'd ligatured on quite a few occasions in secure. So she came to us already knowing that there was a possibility that she'd ligature, so we put everything in place. The risk assessment. Got the cutter* [specialist tool for severing ligature]*, everything was in place. And I think she did it once. And for me it was just to make sure we, we're there and it was safe and she was safe. And she did it not to the point that it was tight but it was choking here. And she never did it again.*

(Residential Carer)

If he doesn't have the boundaries or the safety. He would only do it on the fact he's got boundaries, he's got the safety and he commits to himself. I don't actually want to hurt myself but here I've got these staff who will bring me down so I can do it on this.

(Residential Carer)

Social Care Professionals Management Strategies

- Carers' adopt rather a socially informed understanding of self-harm; it is relational. This contrasts to the bio-medical models of clinicians.

- Management strategies centre on ensuring:
  - Safe and trusting relationships
  - Developing emotionally open and available relationships
  - Acknowledging and supporting their position within the care system

[We manage the incident in a] safe way, erm, and that could even be in making sure that there's, erm, clean things around and that they. You know that they know where they can go to. You know keep themselves clean and, erm, you know ensure that they're doing it as safely as possible. But try, not ever saying to them this isn't, you know it's not okay to do this… about accepting people for who they are I suppose.

(Residential Carer)

Implications

- Policy orientation towards increased inter-professional working around the mental health and wellbeing of children and young people in care.[12]
- Considered to be ineffective due to lack of time and resources.[13]
- However, we need to pay closer attention to how different groups understand the causes of self-harm and how it informs practice.
- Focus may be on finding shared understandings between social care and health professionals so they are working within a common space.

Publication

Evans, R. (2018) Survival, signalling and security: Foster carers' and residential carers' narratives of self-harming practices amongst children and young people in care. *Qualitative Health Research.* In Press.

References

1. Department for Education (2017) Children looked after in England including adoption: 2016 to 2017.
2. Welsh Government (2017) Children looked after at 31 March by local authority, gender and age.
3. Evans, R., White, J., Turley, R., Slater, T., Morgan, H., Strange, H., & Scourfield, J. (2017). Comparison of suicidal ideation, suicide attempt and suicide in children and young people in care and non-care populations: Systematic review and meta-analysis of prevalence. *Children and Youth Services Review,* 82, 122-129
4. Ford, T., Vostanis, P., Meltzer, H. & Goodman, R. (2007) Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *Brit J Psychiat,* 190, 319-325.
5. Sigfusdottir, I.D., Asgeirsdottir, B.B., Gudionsson, G.H. & Sigurdsson, J.F. (2013) Suicidal ideations and attempts among adolescents subjected to childhood sexual abuse and family conflict/violence: The mediating role of anger and depressed mood. *Journal of Adolescence,* 36(6), 1227-1236.
6. Katz, L.Y., Au, W., Singal, D., Brownwell, M., Roos, N., Martens, P.J., Chateau, D., Enns, M.W., Kozyrskvi, A.L., Sareen, J. (2011) Suicide and suicide attempts in children and adolescents in the child welfare system. CMAJ, 183, 1977-1981.
7. Jeffery, R. (1979). Normal rubbish: deviant patients in casualty departments. *Sociology of Health and Illness,* 1(1), 90-107.
8. Saunders, K., Hawton, K., Fortune, S. and Farrell, S. (2012) Attitudes and knowledge of clinical staff regarding people who self-harm: A systematic review. *Journal of Affective Disorders*, 139(3), 205-216.
9. Owens, C., Hansford, L., Sharkey, S. and Ford, T. (2016); Needs and fears of adolescents presenting at accident and emergency department following an act of self-harm: secondary analysis of qualitative data. BJ Psych, 208(3), 286-291.
10. NICE (2004) Self-harm in over 8s: short-term management and prevention of recurrence. Available at: https://www.nice.org.uk/guidance/cg16
11. Kapur, N., Murphy, E., Cooper, J., Bergen, H., Simlkin, S….Owens, D. (2008) Research report: Psychosocial assessment following self-harm: Results from the Multi-Centre Monitoring of Self-Harm Project. *Journal of Affective Disorders,* 106, 285-293.
12. National Institute for Health and Care Excellence (2010). Looked-after children and young people. Public Health Guideline [PH28].
13. House of Commons Education Committee (2016). *Mental health and well-being of looked-after children.* Fourth report of Session 2015-2016.

Acknowledgements

Funder: Health and Care Research Wales SCF-09-14

The work was undertaken with the support of The Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer), a UKCRC Public Health Research Centre of Excellence. Joint funding (MR/KO232331/1) from the British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council, the Welsh Government and the Wellcome Trust, under the auspices of the UK Clinical Research Collaboration, is gratefully acknowledged.

Thanks to Distinguished Professor Paul Atkinson