

Self-harm and suicide amongst care-experienced children and young people: Inter-professional working between social care and healthcare

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Background

- Recent policy drive to standardise and improve prevention and management of self-harm in care-experienced populations:
 - *Mental health and wellbeing of looked after children'* (2016) HoC Education Committee
- Current guidance recommends multi-agency working across range of teams from health and social care:
 - *'Looked after children and young people'* (2010) NICE Guidance

Background



- Inter-professional teams not considered working well:
 - Previous research has pointed to lack of time and access across different agencies
- Increased focus on differing understandings of self harm (Evans, 2018):
 - Shared understandings within agencies
 - Differing understandings between agencies

Understandings of Self-harm

- Self-harm interpreted differently:
 - Causes, intentions and motivations
 - Social and cultural
 - Biological and medical
 - Physical presentation of self-harm



Study Methodology

- Participants: 15 foster and 15 residential carers in Wales.
- Interviews and focus groups conducted by RE.
- Topic guide: carers' understandings of suicide and self-harm; perceptions of working with allied health professionals.

Themes from the data

- Perceptions of expert knowledge
 - Deferring to clinicians theoretical knowledge
 - Contesting legitimacy of expert knowledge
- Feeling marginalised
- Experiences of stigma
- Positive accounts – developing rapport



Expert Knowledge

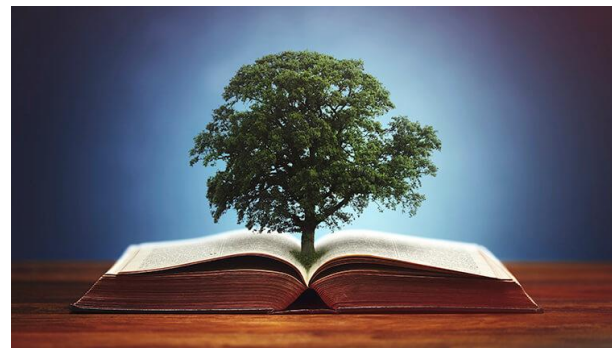
- Carers have conflicting ideas around expertise:
 - **Deferring** to the technical skill and knowledge of clinicians in relation to self-harming practices of care-experienced children, young people
 - **Contesting** the legitimacy and validity of this expert knowledge – in-depth knowledge based on familiarity rather than technical/theoretical

Expert clinicians

Because I wasn't able to put a name on what I think it could have been [...] I felt quite overpowered by these big psychologists and doctors.

Like I said I'm no expert so I just have to go on what I was being advised to do.

(IDRC10: Residential Carer)



Carers' alternative knowledge

- Question the legitimacy of clinicians' technical knowledge
- Applied knowledge based on familiarity should be considered as important as the technical and theoretical knowledge of clinicians



Contesting Clinicians' Knowledge (1)

I've known CAMHS workers to come out and the young person wasn't here, and they spoke to me and a member of staff, and give a diagnosis on what was wrong with that young person. They haven't even spoken to them. Well how can you do that? (IDRC04: Residential Carer)

Yeah but I think as well you can have as much training as you want. You know you can sit and be lectured but actually you learn from experience. (IDRC14 and IDRC13: Residential Carers)

I think we are all in agreement. I think that foster carers need to be listened to, we work with the children, we live with them 24/7. (IDFC10: Foster Carer)

Contesting Clinicians' Knowledge (2)

We're seeing in this child, if you talk to her about self-harm. She reads the internet. She knows what she's supposed to say [...] Professionals can be taken in by this because she's ticking the boxes. But it's not authentic. And I think it's because we pay so much attention to the child that you, you know, you can see that.

(IDRC04: Residential Carer)

Feeling Marginalised

- Carers feel unrecognised within hierarchy present in inter-professional teams.
 - Though caring is of a ‘very high standard’, this is not always recognised
 - Not invited to meetings due to not being recognised as a professional in management and prevention

Feeling Marginalised (1)

Society as a whole need to wake up to the fact that carers are now of a very high standard. When we first had the young fella, we took him to the local primary school and we felt we were almost dismissed as sort of sub human by the teaching staff and not seen as professionals, we were seen as childminders.

(IDFC01: Foster Carer)

Feeling Marginalised (2)

The other thing is the way the statutory agencies don't involve, I mean we are the amateurs, really aren't we? That's what they see. They don't actually kind of seem to realise the level of expertise [...] They will have multi-agency meetings about our children but not invite us because we are not a statutory agency.

(IDRC03: Residential Carer)

Stigma

- Experiences of stigma also an important consideration to carers
- The study looked at the experience of ‘stigma by association’
 - Both carers and children/ young people are stigmatised
 - Young people’s complex health needs leaves carers and young people marginalised



Stigma

And you can see the CAMHS workers coming, 'Oh [...] they're kids in care'... You can tell by their faces. And then they wonder the young people won't speak to them, you know. I think it's, I wouldn't call it ignorance but I think there is some of that as well. (IDRC04: Residential Carer)

I think you find that if you're in with a young person that's self-harmed you don't get anything... They're not very nice with them at all [...]. And then when we got put onto the ward we were put like into a little room, and it's just like we were an effort for everybody. It was like we were too much hard work. (IDRC05: Residential Carer)

Positive accounts – Developing rapport

- There were some positive accounts of inter-agency working:
 - Carers reported instances of being respected and listened to within multi-agency teams
 - This was usually based on developing rapport in longer-term relationships - strategies, expertise and ideas of carers became valued as time progressed



Developing Rapport (1)

As they've sat in on meetings that we have been in with other care professionals on this young man, they've sort of changed and they have realised that actually [laughs] we are fellow professionals, not childminders and we have even been able to pass on leaflets and pamphlets and things to help them with the care of the young person we've got, which is good to be able to help them. We now have an excellent rapport with them. (IDFC01: Foster Carer)

Developing Rapport (2)

And we worked really well with CAMHS and they listen to us and we listen to them. And I think we've built an extremely good relationship with them to the point that they think [CAMHS Nurse] is the best thing since sliced bread.

(IDRC13: Residential Carer)

Conclusion

- Overall, carers report feeling frustrated and disappointed with current position within inter-professional teams:
 - Knowledge and expertise disregarded by clinicians – parent/professional boundary
 - Stigma – young people’s complex health needs leaves them marginalised
- Carers however distinguish their own familiarity-based knowledge with clinicians’, even though they also uphold the ‘expert’ status of these individuals
- There are accounts of positive interactions between carers and health professionals.

Discussion

- These findings can help us think about why current structures might not always be working effectively, as well as common factors such as time and resources
- We can suggest there are a number of recommendations to improve inter-professional working:
 - Reframing of foster/residential carers as professionals by others in the system:
 - Formal accreditation – Professional qualification
 - Informal status raising within inter-professional teams
- However we acknowledge the potential difficulties of this – previous work with foster carers has pointed towards experiences of surveillance and control

Acknowledgements

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Thank you for listening!

Any questions?

