

Of foster carers in regards to high-risk self-harming behaviours

By looked after children and young people within England

Abstract

Foster carers play a valuable role in meeting the needs of children who are looked after with Foster Care in the U.K being the chosen method of care for children who have not been adopted or cared for by their families. This paper’s purpose was the evaluation of the training needs of foster carers in the Northwest of England with a view to examining their learning needs around self-harming behaviours, as this appeared to the local government as a major cause of placement breakdowns. The study utilised a mixed methods approach with the use of two self-administered questionnaires and a follow up focus group. The sample consisted of 48 Foster carers, who were subject of two questionnaires. The data was then analysed by the use of SPSS and qualitatively utilising thematic raised by the service user in the focus groups. The research established that fosters carers regardless of their experience had major training needs around coping with self-injurious self –harming behaviours and that it was the anxiety this caused that was seen as the most likely cause of placement breakdown.

Introduction

This paper provides an insight into how self-injurious behaviour has the greatest impact on the foster parent’s ability to deal with self-harming behaviour. This study was undertaken following a recent report commissioned by Department of Education (Narey and Owers 2018) examining the state of foster care provision within England expressed some concerns. The authors were concerned with the need to strengthen foster care provision in England. Narey and Owers identified the increased levels of mental distress experienced by children in foster care as opposed to the general population and the need to skill up foster parents to deal with emotional distress and promote permanence in the placements and limit the possibility of placement breakdown. The report identified the need to develop the resilience of foster parents and the need for them to be treated professional and receive adequate training to equip them to deal with pressures caused by emotional disturbance.

Methods

This empirical study uses a fixed mixed methods research design. Due to time constraints and lack of resources within a local authority in the Northwest of England, the research was conducted solely by the distribution of self-completion questionnaires. Questionnaires are a fairly inexpensive way of conducting research. They allow large numbers of participants to be reached quickly with little cost to the organisation (Bryman 2012) particularly as a result of the use of email. Despite the pressures of time and tight budgets, questionnaires are also being used for this study to gain unbiased results. Many of the questions within the surveys were for the purpose of evaluation of the fostering service; therefore, questionnaires allowed participants to be honest as they had the opportunity to remain anonymous if they so wished.

Aims, Objectives

Sample

The sample was purposively selected by the local government area so that every fostering unit had the opportunity to participate in the study. The sample consisted n= 400 foster cares, with n=48 carers responding to the questionnaires .The sample had 23 carers responding to the first questionnaire and 25 to questionnaire 2 .91.7percentage percent of the sample were couples with the remainder being single females or males. The sample was also self-reported 92.1% white British with the remainder being made up of Asian foster carers. The foster cares also had differing levels of experience with 22.95 having under 1 years’ experience .34% had between 2and 4 years’ experience ,27% between 5 and 10 years and 14.9% were very experienced with in excess of 10 years with the local government.

Research Aims

The aim of the research was considering the high level of placement breakdowns due to self –harming behaviour was to what was the training needs of foster parents based on skills/knowledge and confidence.

Objectives

- Establish knowledge base of foster parents
- Establish confidence level
- Establish future training and support needs moving forward.

Results :Foster Parents Emotional Responses

“It is the shock of someone hurting themselves, I get the drugs, alcohol and even the sexualised behaviours, but when you see the cutting it was mind blowing.”

“It is the sense of isolation and helplessness, you have this child who you have cared for and they a feeling such pain that they hurt themselves, I thought god I failed.”

“I was also worried that my children might see this behaviours and copy it, I know it’s mad, but all things go through your mind

I though god this is too much I can’t cope, no one is talking”

Results

Tables 1 & 2

The survey results were analysed and established that there was a strong association between the length of time as a carer and the number of children they had fostered who had displayed self-harming behaviours, with the majority of foster parents having cared for a child who self-harm within the first five years as a foster parent. Therefore, given that most foster parents with over five years’ experience will have cared for a child that would self –harmed .The participants were asked what knowledge and skills they felt they would require in order to manage this behaviour.

Table 1.What Knowledge and Skills do you feel are needed?

Psychological reasons behind self-harm	67.4%
What to do in a crisis	71.7%
Strategies needed to address self-harm	87.0%
How to respond to an incident	76.1%
Others	10.9%

Table 2.How confident are you at dealing with different types of self-harming behaviours

	Poor	Fair	Good	Very Good
	Row N %	Row N %	Row N %	Row N %
How would you rate your confidence in managing self-mutilation	10.6%	51.1%	25.5%	12.8%
How would you rate your confidence in managing excessive alcohol misuse	13.0%	19.6%	54.3%	13.0%
How would you rate your confidence in managing drug misuse	22.2%	17.8%	46.7%	13.3%
How would you rate your confidence in managing overdose	21.7%	45.7%	21.7%	10.9%
How would you rate your confidence in managing sexual exploitation	17.4%	50.0%	23.9%	8.7%
How would you rate your confidence in managing overeating	6.7%	46.7%	35.6%	11.1%
How would you rate your confidence in managing under eating	17.8%	24.4%	51.1%	6.7%

Results

Tables 3 & 4

Two further questions, similar to that above were asked, one about how they rated their knowledge of each self-harming behaviour and one that asked how they rated their skills in working with the seven forms of self-harm. Regarding the question of knowledge, a larger proportion of participants answered either ‘fair’ or ‘good’ than in the question of confidence and that based around their skills. This gives reason to believe that a significant number of foster carers, albeit not the majority, have a reasonable knowledge of some self-harming behaviours however are lacking

Table 3. How would you rate your knowledge of different types of self-harming behaviour ?

	Poor	Fair	Good	Very Good
	Row N %	Row N %	Row N %	Row N %
How would you rate your knowledge of self-mutilation	34.0%	36.2%	17.0%	12.8%
How would you rate your knowledge of excessive alcohol consumption	17.8%	28.9%	44.4%	8.9%
How would you rate your knowledge of drug misuse	17.8%	33.3%	37.8%	11.1%
How would you rate your knowledge of overdose	24.4%	31.1%	35.6%	8.9%
How would you rate your knowledge of sexual exploitation	20.0%	40.0%	28.9%	11.1%
How would you rate your knowledge of over eating	13.3%	37.8%	40.0%	8.9%
How would you rate your knowledge of under eating	17.8%	40.0%	35.6%	6.7%

Table 4. How would you rate your skills ?

	Poor	Fair	Good	Very Good
	Row N %	Row N %	Row N %	Row N %
How would you rate your skills to work with self-mutilation	22.9%	39.6%	29.2%	8.3%
How would you rate your skills to work with excessive alcohol consumption	26.1%	37.0%	30.4%	6.5%
How would you rate your skills to work with drug misuse	25.0%	47.7%	20.5%	6.8%
How would you rate your skills to work with overdose	31.1%	42.2%	20.0%	6.7%
How would you rate your skills to work with sexual exploitation	26.7%	44.4%	24.4%	4.4%
How would you rate your skills to work with overeating	15.9%	38.6%	38.6%	6.8%
How would you rate your skills to work with under eating	22.7%	43.2%	29.5%	4.5%

Conclusion

This research has concluded that training for all L foster carers is in fact, extremely necessary. The current knowledge, skills and confidence of the vast majority of their carers is minimal about working with children who display self-harming behaviour. It is evident that the larger proportions of carers require training across all areas of self-harm. The vast percentage of carers have self-acknowledged that training is needed and specifically stated that detailed training is required, with many asking for workshops to be conducted as an alternative method of learning. Largely, foster carers feel that they would be able to manage the self-harm among the children that they care for more effectively with training that provides them with knowledge of the psychological reasons behind self-harm, of how to proceed in the event of a self-harm related crisis and/or incident together with specific training relating to strategies of how to address self-harm. It has been found that a slight correlation exists to suggest that the more experienced that foster carers become then the more likely they are to have a child in placement that will display self-harming behaviour. However, the fact remains that such behaviours can be prevalent amongst any child and therefore at any point in the career of the carer. With this in mind, it would be suggested that specific and in depth, training should be conducted with carers prior to them accepting their first placement. Refresher training throughout their career would then be advantageous to ensure that carers are prepared at all times whilst feeling confident that they are up to date with current knowledge and the skills required to provide children being cared for with the best possible service.

References

References Available on request

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