Co-producing a Staff Wellbeing Charter with Residential Children's Home Practitioners

Currently, around 11% of the most vulnerable children in care reside in 2,460 residential homes. Many of these children have experienced multitype traumas and have complex needs, especially around relationships. The children require safe and secure trauma-informed therapeutic care, and therapeutic relationships with staff are central to their healing. However, the children’s residential care workforce is an unrepresented and under-researched professional group, undertaking physically and emotionally challenging work in difficult conditions, exacerbated by the COVID-19 pandemic. We know from research across health and social care that practitioner wellbeing is directly associated with outcomes for patients, which is why we sought to understand how experiences within the workforce could inform practices to support the wellbeing of this essential workforce. In order to create an accessible and convenient participatory platform, we developed an online survey through Qualtrics and included an option to take part through semi-structured interviews via teleconferencing. We gathered demographic, contextual and qualitative data from children’s home workers between April and June 2020. Thirty participants completed survey responses and three interviews provided an opportunity for more in-depth discussion on the situation. A stakeholder advisory board was also set up to support the project, including frontline staff, service managers and policy researchers. A key objective of the study was to design a Wellbeing Charter, which was then disseminated for consultation with national bodies, such as The Independent Children's Homes Association. Throughout the study, we found that residential children's home practitioners require facilitated safe spaces for peer-support, which could be difficult to find in busy homes and shift patterns with short hand-overs. Staff also stated they would benefit from reflective and emotionally supportive supervision - checking 'in' rather than checking 'on'. Additionally, participants highlighted that organisations perhaps needed to recognised more explicitly that the wellbeing of staff is intrinsically connected to the wellbeing and therapeutic outcomes of the children. Finally, a sense of belongingness was essential in order to feel safe and competent in their role due to a lack of external recognition and professional validation. In conclusion, a Wellbeing Charter has been developed, which we hope will be widely adopted across organisations to bring practitioner wellbeing to the fore. We consider this to be more important now than ever due to the impact of COVID-19, which has exposed professional, financial and environmental inequalities influencing this professional group. These frontline workers.
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