

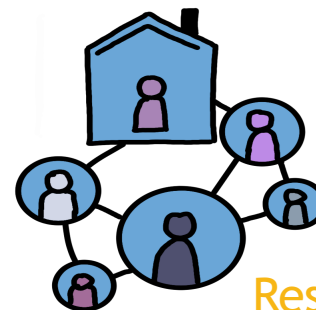
Workforce Wellbeing

in therapeutic children's homes: What Helps and What Hurts?

Dr Sarah Parry and Tracey Williams

**Children in Care
Research Group**

Manchester Metropolitan University
CCRG@mmu.ac.uk [@InCareResearch](https://twitter.com/InCareResearch)



Visit our
[Research Webpage](#)

Welcome!

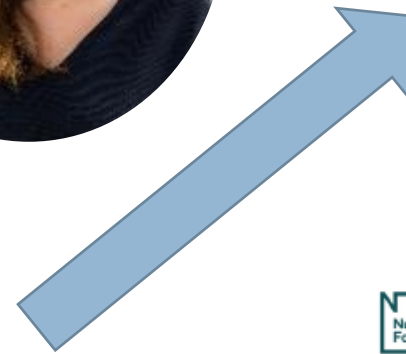
Tracey Williams
PhD Researcher and Trainee Counsellor


@TraciLou



Dr Sarah Parry
Clinical Psychologist and Researcher


@drSarahParry



Our Workforce Wellbeing Charter
Thanks to funding from the Nuffield Foundation

CHILDREN'S RESIDENTIAL WORKFORCE WELLBEING CHARTER

We recognise that our profession faces a unique set of challenges alongside immense potential to improve the lives of vulnerable young people through organisational and individual efforts. Collectively, we have a responsibility to create an environment that promotes wellbeing and that proactively supports positive health for all, now and in the future.

As an organisation, we will:

Create a nurturing and inclusive organisational ethos, which respects individual differences, diversity and collaborative collegiate practices.

Provide therapeutically-informed supervision that nurtures belongingness, hope and professional pride, enquiring how supervisees are, rather than only what they have done - checking in, rather than checking on.

Have a staff wellbeing and mental health policy, accompanied by an implementation plan, which will be reviewed through the annual PDR process and during supervision following critical incidents.

Nurture the health of our staff through senior management and organisational initiatives to promote their wellbeing and enable them to be emotionally available and attuned to the needs of the children.

Recognise that the emotional and physical wellbeing of our staff are both affected by and essential to their working role.

Promote equality of opportunity and proactively challenge stigma, discrimination and threats to wellbeing.

Recognise the skills, knowledge and expertise within the workforce and the benefit of peer-led mentorship and support.

Perceive learning as an ongoing process, providing appropriate training and reflective spaces for staff to access tailored trauma-informed training and opportunities for peer-led experiential learning and support.

As a practitioner, I will:

Employ reflective and supportive practices to proactively contribute towards a culture of resilience, belongingness and hopefulness.

Identify stressors and threats to my wellbeing that could contribute towards ruptures in relationships with colleagues and those in my care, with a view to taking preventative actions.

Engage in protected time initiatives for reflective practices with colleagues to enhance wellbeing and professional practices.

Monitor my own wellbeing following incidents and communicate my needs clearly and quickly to a senior manager, who will discuss a support plan.

Communicate my needs, concerns and possible solutions with regards to my physical and emotional health, promoting my overall wellbeing.

Give myself the care and support I would provide others to be comfortable and healthy in myself, recognising my personal qualities are an essential part of what I bring to my working role and the vulnerable children I care for

Recognise the value of and need for restorative practices, such as reflection, emotional space to talk freely and professional pride in myself and my colleagues.



Take
part in
our
survey



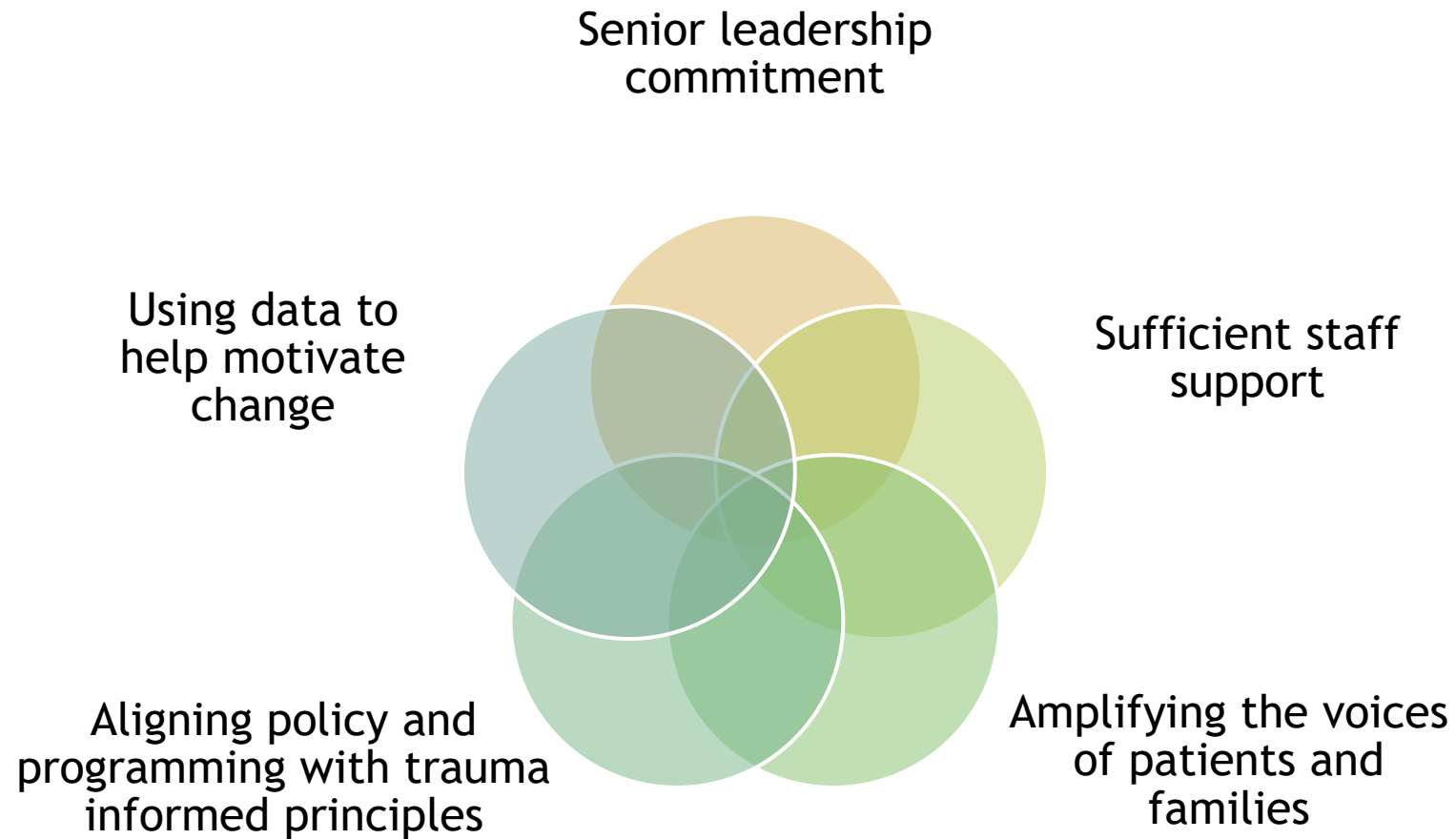
Co-produced with workforce members. Funding from the Nuffield Foundation. Acknowledgement to Dr Sarah Parry and Tracey Williams (2020) Correspondence: CCRG@mmu.ac.uk Twitter: @InCareResearch

Why Workforce Wellbeing?

- Residential children's home workers have been systematically overlooked in terms of research, adding to the challenges of supporting them to care for our most vulnerable children throughout the pandemic and related hardships.
- Even under typical working conditions, the demands on residential children's workers are extremely high, involving long hours, low pay, and responsibility for safety, emotional support, discipline and boundaries, and managing crises.
- This valuable but overlooked occupational group often experience high levels of stress at work and subsequent burnout.
- Burnout affects emotional availability and therefore therapeutic outcomes for children.



Five factors were instrumental in implementing trauma informed care



The therapeutic relationships that children have with residential staff are incredibly important for healing, regulation, and development.

“

we play a key role to a forgotten/unheard of group of vulnerable people

- Kate

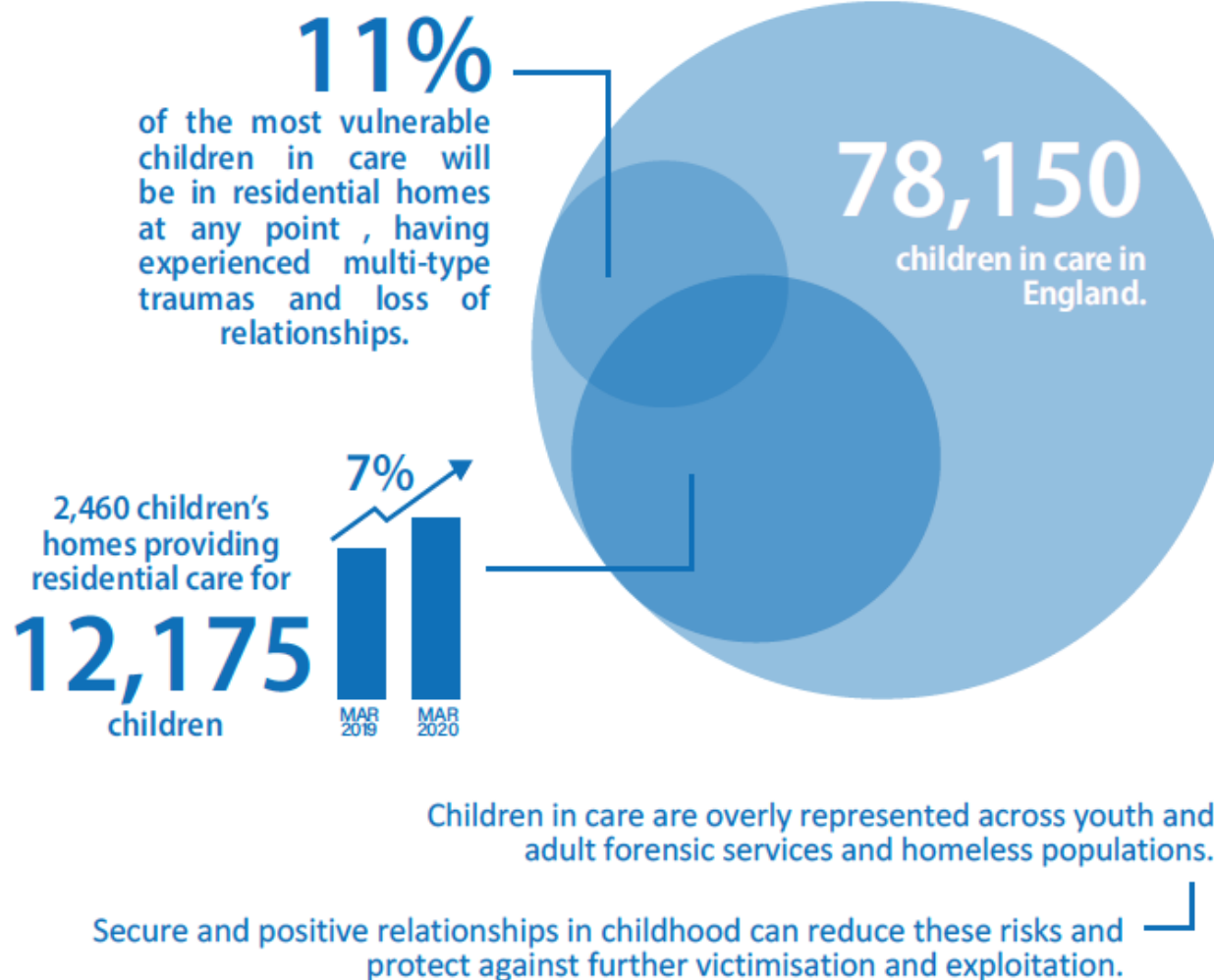
”

“

the young people are being taken care of [...] but who's looking after me?

-Tas

”



“

the way that the stresses of the work and simply of our lives rattle about the community

-Darren

”

“

the use of reflective practice and supervision to consider the emotional impact of the work on myself

-Chris

”

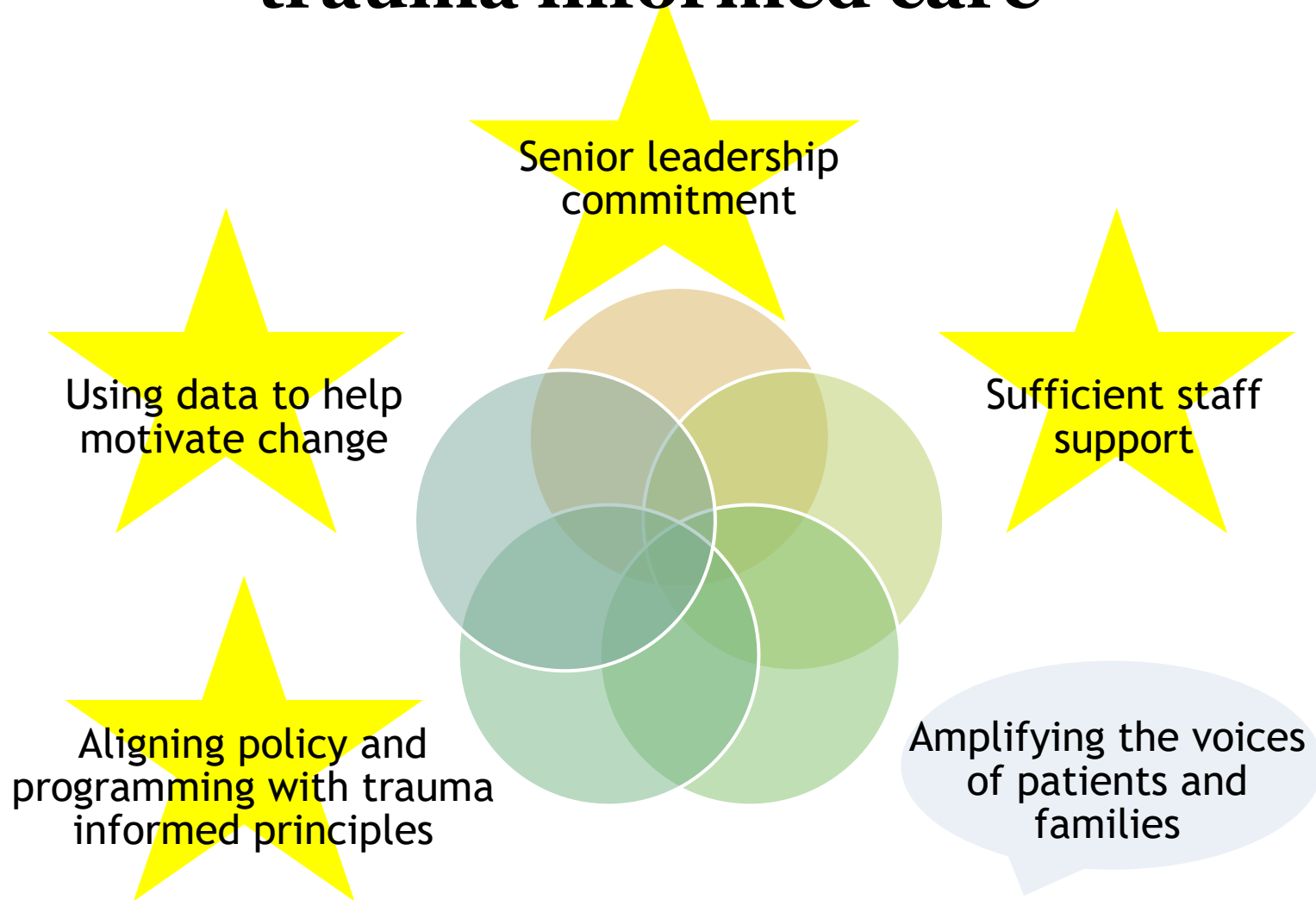
Why develop a Wellbeing Charter?

- There are frequent staff turnovers in residential children's care due to burnout, compounded by recruitment and retention challenges during COVID-19.
- Traumatic stress specifically attributed to role-related stress may also go unreported across caring professions and thus under-supported, resulting in accelerated burnout and stress-related leave.

Therefore, it is essential that the children's residential care workforce is supported during and after the pandemic due to existent risk factors, which are likely to be significantly exacerbated due to COVID-19.



Five factors were instrumental in implementing trauma informed care



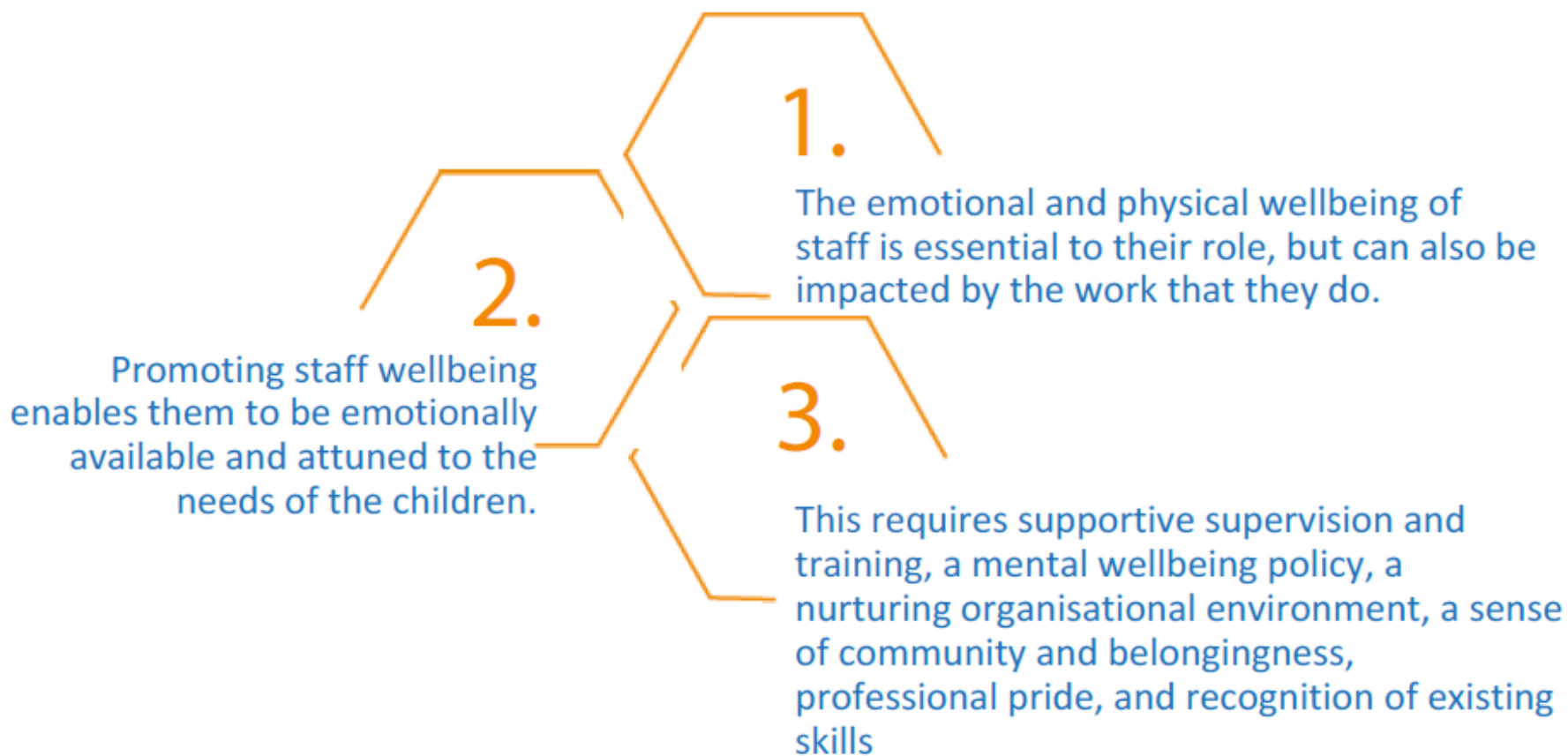
Research that involves residential children's home workers is essential to understand what support they need when caring for our most vulnerable children, throughout the pandemic and beyond.

“

I think people forget about the key workers in care roles (particularly with looked after children) and can't comprehend the impact of working alongside raw, unprocessed trauma

-Sarah

”



What did we do?

- 33 participants took part in the survey and teleconference conversations, providing in-depth feedback on the situations they faced.
- A stakeholder advisory board supported the project, including frontline staff, care leavers, service managers and policy researchers.
- The advisory board assisted in triangulating the data from the survey and interviews to generate a complete analysis, informing the development of the Charter.



What did we find?

“I think people forget about the key workers in care roles (particularly with looked after children) and can't comprehend the impact of working alongside raw, unprocessed trauma of children at any time, let alone during a virus pandemic. I'd like the public to know that my colleagues are awesome and have consistently shown up and delivered every day”



As an organisation, we will:

Create a nurturing and inclusive organisational ethos, which respects individual differences, diversity and collaborative collegiate practices.

Provide therapeutically-informed supervision that nurtures belongingness, hope and professional pride, enquiring how supervisees are, rather than only what they have done - checking in, rather than checking on.



Have a staff wellbeing and mental health policy, accompanied by an implementation plan, which will be reviewed through the annual PDR process and during supervision following critical incidents.

Nurture the health of our staff through senior management and organisational initiatives to promote their wellbeing and enable them to be emotionally available and attuned to the needs of the children.



As a practitioner, I will:

Employ reflective and supportive practices to proactively contribute towards a culture of resilience, belongingness and hopefulness.

Identify stressors and threats to my wellbeing that could contribute towards ruptures in relationships with colleagues and those in my care, with a view to taking preventative actions.

Engage in protected time initiatives for reflective practices with colleagues to enhance wellbeing and professional practices.

Monitor my own wellbeing following incidents and communicate my needs clearly and quickly to a senior manager, who will discuss a support plan.

Communicate my needs, concerns and possible solutions with regards to my physical and emotional health, promoting my overall wellbeing.

As an organisation, we will:

Recognise that the emotional and physical wellbeing of our staff are both affected by and essential to their working role.

Promote equality of opportunity and proactively challenge stigma, discrimination and threats to wellbeing.



As a practitioner, I will:

Give myself the care and support I would provide others to be comfortable and healthy in myself, recognising my personal qualities are an essential part of what I bring to my working role and the vulnerable children I care for

Recognise the skills, knowledge and expertise within the workforce and the benefit of peer-led mentorship and support.

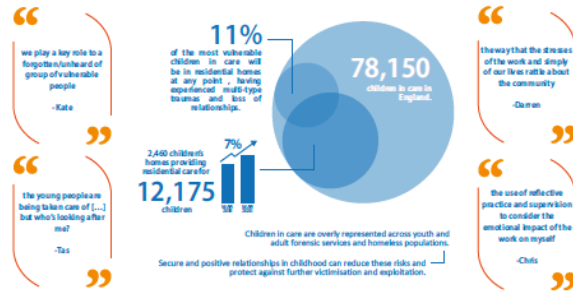
Perceive learning as an ongoing process, providing appropriate training and reflective spaces for staff to access tailored trauma-informed training and opportunities for peer-led experiential learning and support.



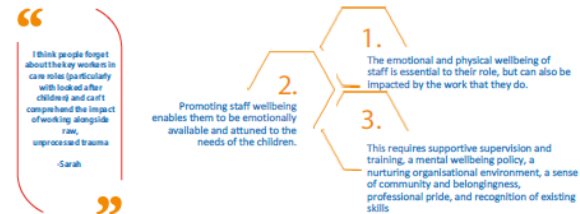
Recognise the value of and need for restorative practices, such as reflection, emotional space to talk freely and professional pride in myself and my colleagues.

CHILDREN'S RESIDENTIAL WORKER'S WELLBEING

The therapeutic relationships that children have with residential staff are incredibly important for healing, regulation, and development.



Research that involves residential children's home workers is essential to understand what support they need when caring for our most vulnerable children, throughout the pandemic and beyond.



Co-produced with workforce members. Funding from the Nuffield Foundation. Acknowledgement to Dr Sarah Perry and Tracey Williams (2020) Correspondence: CCRG@mmu.ac.uk Twitter: @InCareResearch



Freely available here: [Research Webpage](#)

CHILDREN'S RESIDENTIAL WORKFORCE WELLBEING CHARTER

We recognise that our profession faces a unique set of challenges alongside immense potential to improve the lives of vulnerable young people through organisational and individual efforts. Collectively, we have a responsibility to create an environment that promotes wellbeing and that proactively supports positive health for all, now and in the future.

As an organisation, we will:

Create a nurturing and inclusive organisational ethos, which respects individual differences, diversity and collaborative collegiate practices.

Provide therapeutically-informed supervision that nurtures belongingness, hope and professional pride, enquiring how supervisees are, rather than only what they have done - checking in, rather than checking on.

Have a staff wellbeing and mental health policy, accompanied by an implementation plan, which will be reviewed through the annual PDR process and during supervision following critical incidents.

Nurture the health of our staff through senior management and organisational initiatives to promote their wellbeing and enable them to be emotionally available and attuned to the needs of the children.

Recognise that the emotional and physical wellbeing of our staff are both affected by and essential to their working role.

Promote equality of opportunity and proactively challenge stigma, discrimination and threats to wellbeing.

Recognise the skills, knowledge and expertise within the workforce and the benefit of peer-led mentorship and support.

Perceive learning as an ongoing process, providing appropriate training and reflective spaces for staff to access tailored trauma-informed training and opportunities for peer-led experiential learning and support.

As a practitioner, I will:

Employ reflective and supportive practices to proactively contribute towards a culture of resilience, belongingness and hopefulness.

Identify stressors and threats to my wellbeing that could contribute towards ruptures in relationships with colleagues and those in my care, with a view to taking preventative actions.

Engage in protected time initiatives for reflective practices with colleagues to enhance wellbeing and professional practices.

Monitor my own wellbeing following incidents and communicate my needs clearly and quickly to a senior manager, who will discuss a support plan.

Communicate my needs, concerns and possible solutions with regards to my physical and emotional health, promoting my overall wellbeing.

Give myself the care and support I would provide others to be comfortable and healthy in myself, recognising my personal qualities are an essential part of what I bring to my working role and the vulnerable children I care for

Recognise the value of and need for restorative practices, such as reflection, emotional space to talk freely and professional pride in myself and my colleagues.



Co-produced with workforce members. Funding from the Nuffield Foundation. Acknowledgement to Dr Sarah Perry and Tracey Williams (2020) Correspondence: CCRG@mmu.ac.uk Twitter: @InCareResearch



Phase 2

Aim: To assess the risk, protective and restorative factors influencing residential children's workers specifically in relation to workers' self-compassion, adverse childhood experiences (ACEs), experience of secondary traumatic stress and coping strategies influence their overall wellbeing and professional quality of life (ProQOL).

Objective: To apply novel learnings about emotional availability, resiliency factors and interpersonal care in intense working environments to guidelines for practice, improving the delivery of children's residential care.



What did we do?

- Online Survey containing 5 questionnaires
- Shared on Social media, newsletters and direct emails to service providers.
- Invitation to complete reflective questionnaire
- Regular prize draws



Secondary Traumatic Stress

Symptoms associated with indirect exposure to traumatic events through working relationships

INTRUSION:

My heart started pounding when I thought about my work
Reminders of my work with children upset me

AVOIDANCE:

I had little interest in being around others
I wanted to avoid working with some children

AROUSAL:

I had trouble sleeping
I expected something bad to happen



Professional Quality of Life

How you are impacted by your **compassion for those you help.**

COMPASSION SATISFACTION:

I am proud of what I can do to help

I believe I can make a difference through my work

BURNOUT:

I feel worn out because of my work as a helper

I feel bogged down by the system

SECONDARY TRAUMATIC STRESS:

I find it difficult to separate my personal life from my life as a helper

I feel as though I am experiencing the trauma of someone I have helped



Adverse Childhood Experiences

Personal or relational experiences during childhood that can have long-lasting negative emotional and physical outcomes:

PERSONAL:

Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

RELATIONAL:

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?



Self-Compassion

Being warm and understanding to ourselves when we suffer, fail or feel inadequate.

When I'm going through a very hard time, I give myself the caring and tenderness I need.

When something painful happens I try to take a balanced view of the situation.

When I'm feeling down, I tend to obsess and fixate on everything that's wrong. I'm disapproving and judgemental about my own flaws and inadequacies.



Coping Strategies

The different ways in which people respond to stress.

APPROACH COPING

I've been getting emotional support from others

I've been trying to come up with a strategy about what to do

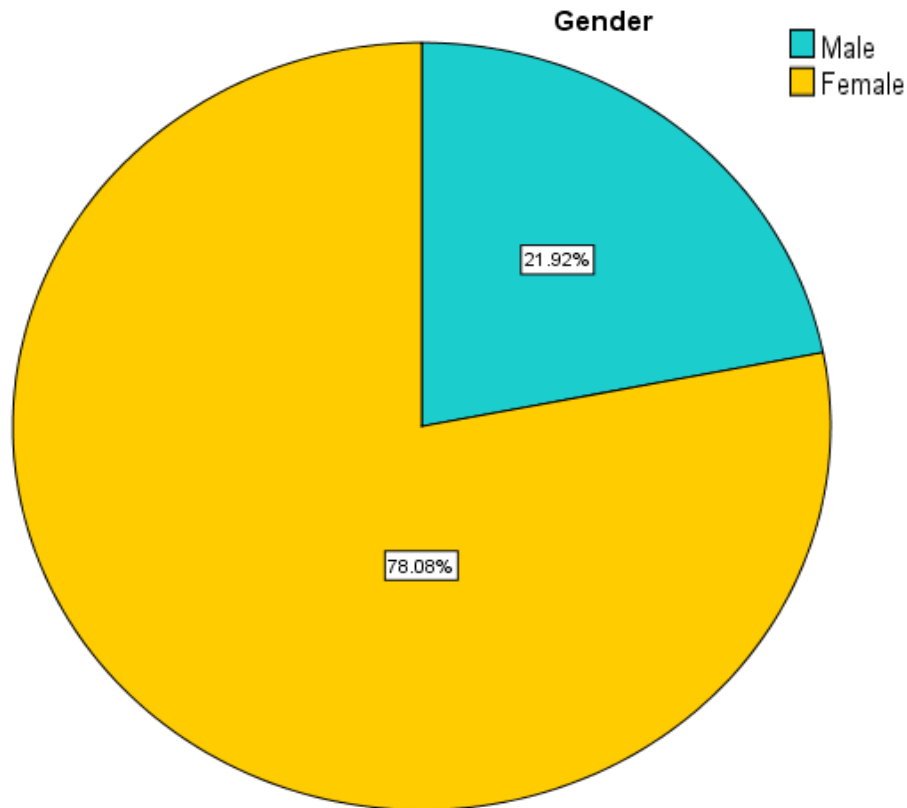
AVOIDANT COPING

I've been using alcohol or other drugs to make myself feel better

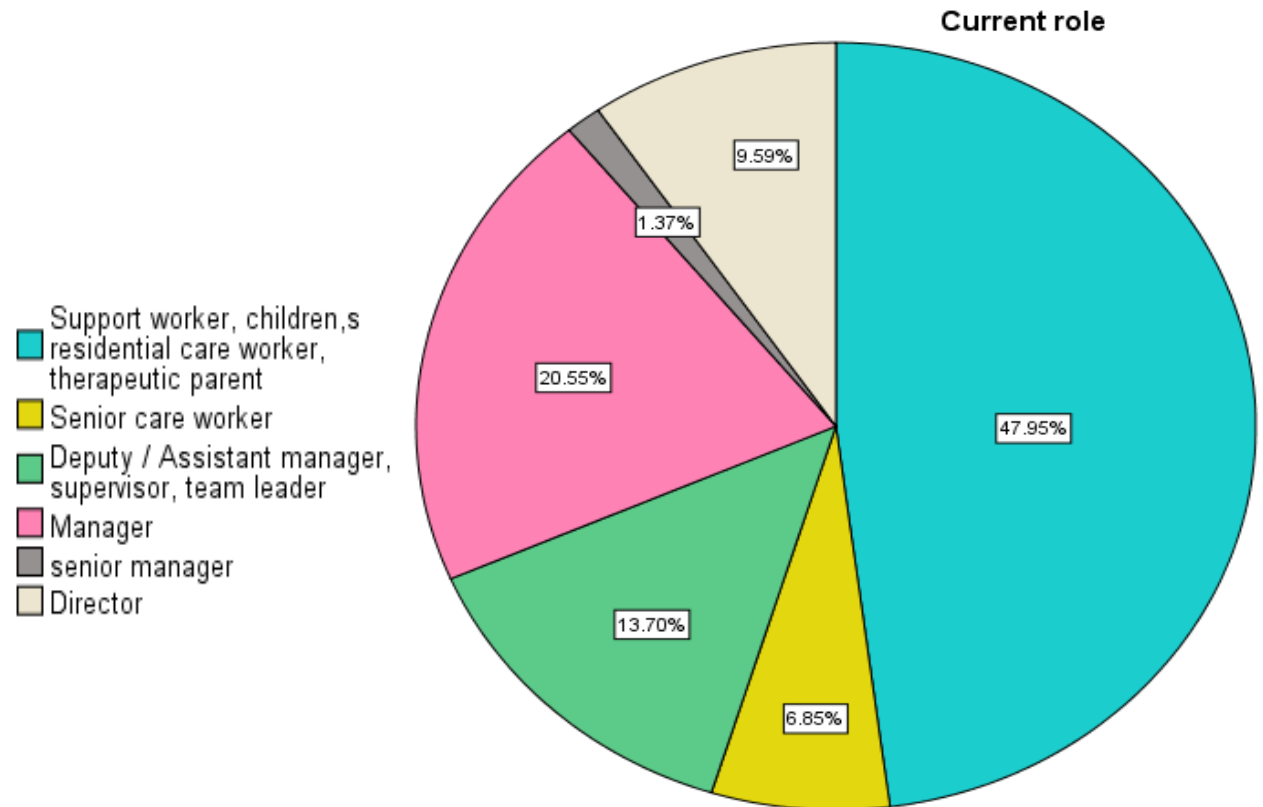
I've been blaming myself for things that happened



What have we found so far?



73 completed responses.
Ages 20-62

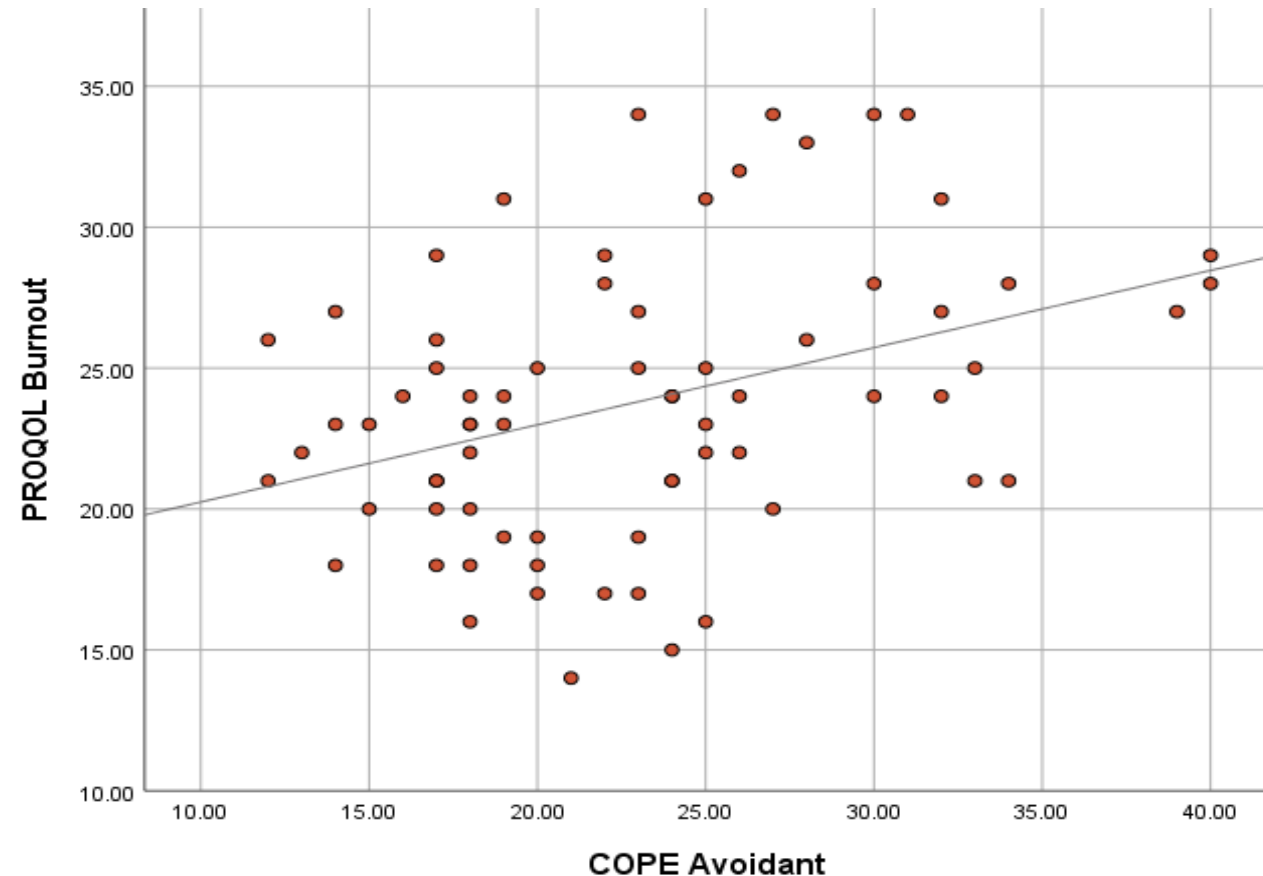


3 months - 44 years
experience



What have we found so far?

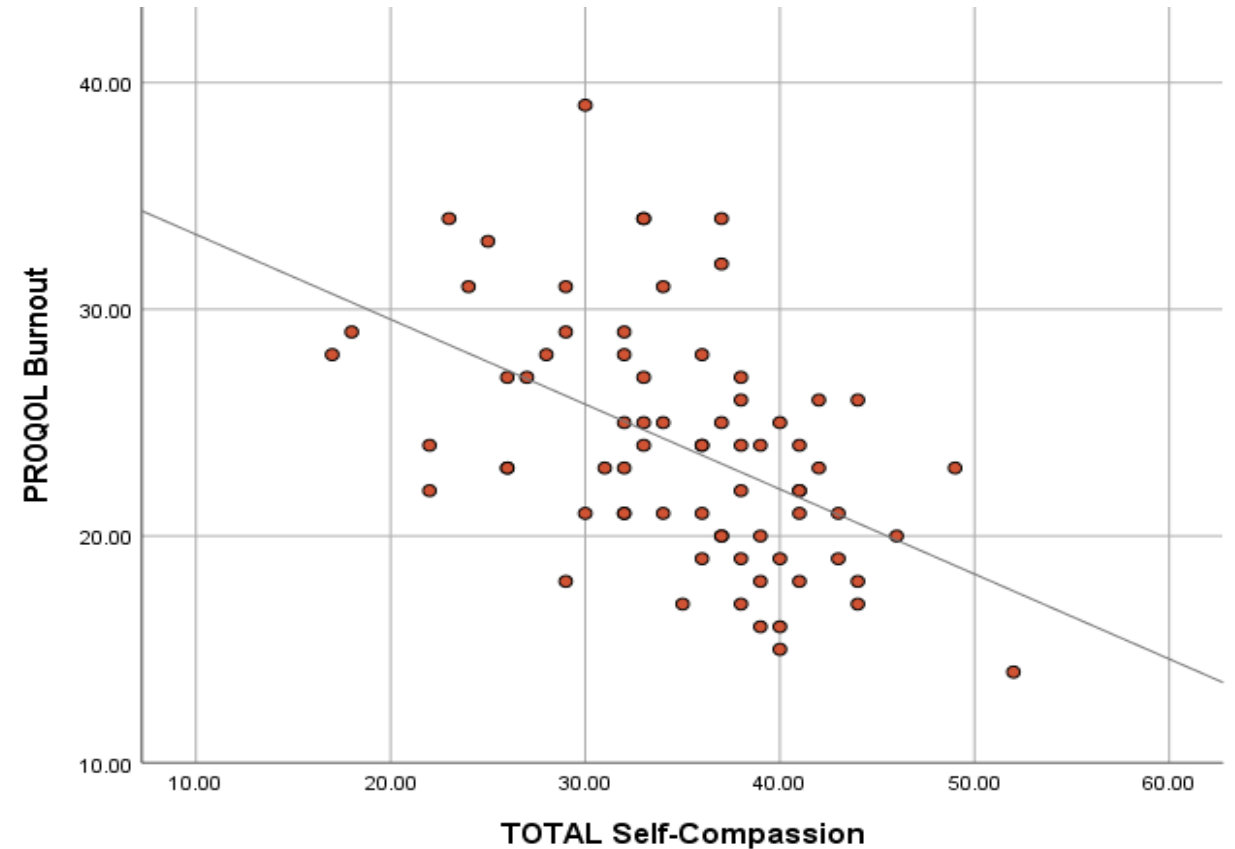
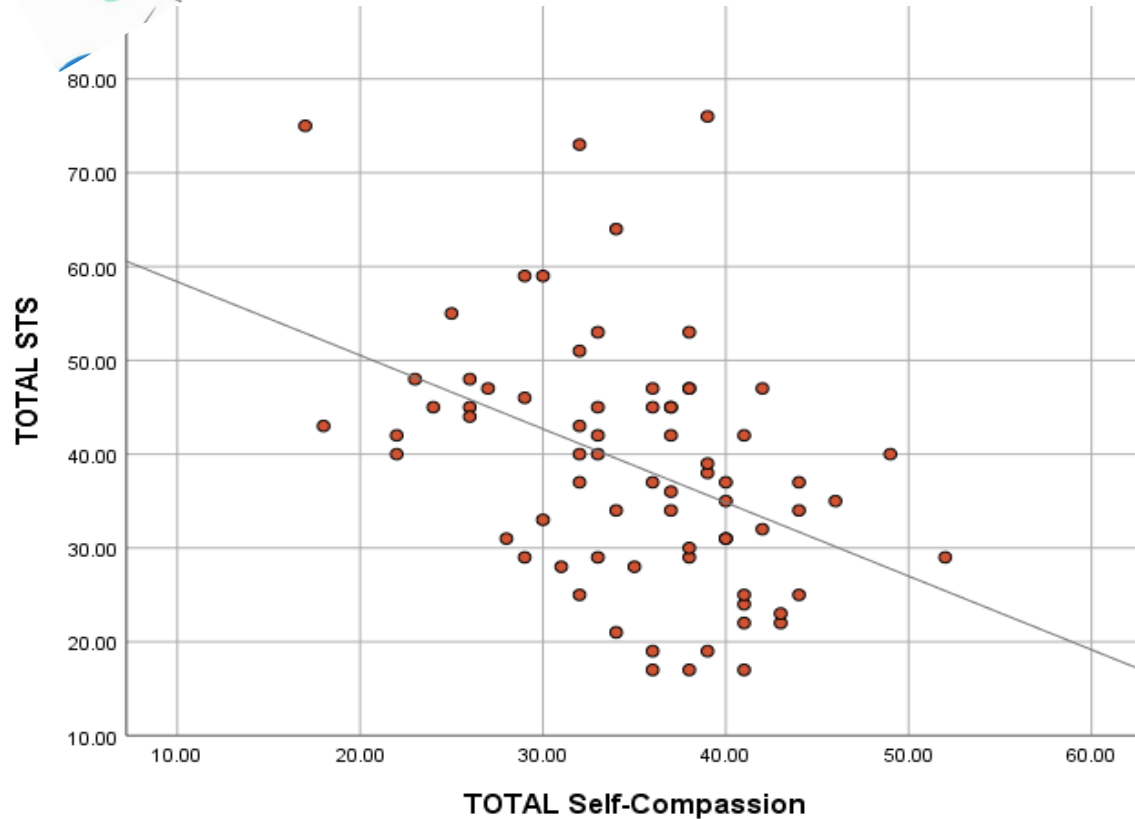
- Childhood Experiences related to **secondary traumatic stress** and **avoidant coping styles**
- Avoidant coping is related to **burnout**



Importance of Self-Compassion



Self - compassion linked to **lower scores in secondary traumatic stress and burnout**



Other findings

- Self - compassion seemed to **increase with age**
- Males scored higher in **secondary traumatic stress**
- 31-40's more likely to have an **avoidant coping style**
 - Length of experience not a factor?



MORE RESEARCH REQUIRED
QUESTIONNAIRE STILL

OPEN





Children in Care Research Group

Manchester Metropolitan University

CCRG@mmu.ac.uk [@InCareResearch](https://twitter.com/InCareResearch)

