Meet the Authors - Jenna Bollinger

Hello, and welcome to SIRCC Online’s Meet the Authors 2021. The theme of this year's online conference is workforce. And we have a special edition of the Scottish Journal of Residential Childcare, with this theme being released today. We are delighted to be holding a series of conversations with some of the authors who have contributed to this special edition to hear a bit more about their writing and get to know the people behind the papers. I am joined here by Jenna Bollinger, author of Stability and Residential Care in New South Wales, Australia: The Role of the workforce. Jenna, hello.

Hello. Thank you so much for having me.

We are delighted to have you. Can you tell us a bit about yourself and your connection with residential childcare?

Sure, I am a forensic psychologist. And I began working in residential care, Gosh, back in about 2011, 2012, something like that. And I was working just as a youth worker, not just as a youth worker, but it was what I was doing at the time while I was doing my Masters. And I didn't really know what it was at the time, I just got a job doing something and I had no idea what it was. And I then finished my Master's. And then I started working as a psychologist for the same residential care organization that I had been working in as a youth worker. And so at that point, I started to understand a little bit better about what I was doing and the role of residential care. And then fast forward a few years, and I decided that I would start doing my PhD. And the topic that interested me particularly was about stability, and understanding how we make decisions about where to place young people, when we move them. How do we do that, having been involved with that it felt like it was all quite ad hoc. And “We need to find a bed for this child, we'll put them there.” And it felt like it wasn't informed by research particularly.

And so I thought, well, I'll just do that.

Which is not entirely what I've done. But I have tried to understand what stability means rather than being able to do the research that would inform necessarily how to answer those questions.

Thank you, to your article is released today and in the journal. Can you tell us a bit more about what your article is about?

Yes, I can. So my article was talking specifically about the role of the staff and the workforce in creating stability. So this is based on my PhD research. And so what I did was interview staff and young people who had been in residential care or worked in residential care about their ideas about what constituted stability, what stability looked like. And so previous research has looked at stability as basically how many placements a person has. And what that has showed us is that lots of placements is bad. Which makes sense - it leads to lots of negative outcomes. But what it hasn't showed us is that few placements is good, which is what I would have expected, right? If lots of bad, few is good. That's not what has been coming out of the research. And by looking at it a bit more carefully, what I came to conclude is that it's not a sufficient understanding of what stability is. One placement or two placements does not mean good placements, it doesn't mean a sense of connection. It doesn't mean a sense of being cared for. It doesn't mean a sense of belonging. And so I suspect that the reason the research is saying that few isn't great is because that's not capturing stability, particularly. So my article was talking about how the staff focus their attention or how they could focus their attention on creating stability for the young people in the placement. And ultimately, what that seems to come down to is having consistent staff who are known to the young people known to each other who work in consistent and predictable ways, and that those staff are, in turn supported by the organization in a myriad of different ways to be able to do that. That job is extremely important and extremely challenging. And so the staff need to be looked after in order to be able to do that.

I think you've touched on it a bit there in terms of your motivation for writing the article. But could you maybe tell us a bit more about what that motivation was? And what were the key messages that you wanted to share?

Sure, I was motivated to write it because it perfectly lined up with what I was doing. And so I thought, this is fantastic. This is a perfect forum for me to do some writing about what my research has said, and I've written for the journal before, so it was a positive experience for me. So I thought I'd give it a crack again. But ultimately, the messages I think, and this is very, very preliminary research. It's exploratory research. So I haven't got firm conclusions to draw necessarily. But what seems to be the case is that consistency is key. Consistency of staff consistency of ways of working amongst each other, within each other, so that the young people can predict their lives as best they can. There's a huge number of moving parts in residential care, more necessarily than in in other types of care or in or in family homes. Because not only do you have multiple children or young people, you also have a rotating roster of staff. And they come with all the entitlements of staff like sick leave, and annual leave, and they go on training days, and all of those sorts of things. Whereas in foster care, if you're sick, that's a real shame for you, you still have to look after your kids. In a family home, that's the same, right, you don't get a day off because you're not feeling great. But when you're an employee, in residential care, you can call in sick, which means that there's casual staff that come in, and depending on the placement, and depending on how that house is running, you may have regular casual staff that could work really, really well and be just as consistent as having the the rostered staff, or it's possible that you've got organizational casual staff, or it might be the case that they then have to call an agency staff. And so when we have all of these moving parts, what was a team of five might become a team of 15. And so on any given day, a young person can't necessarily predict who will be looking after them, which means that we need to focus on building as much consistency as possible. So that as much as possible, they can predict that John is coming into work today, and the rules are X, Y, Z. And this is what the rhythm of the house is, this is what the routine is. And I can predict that. And so I can feel safe in that. And then we have better outcomes in theory.

Fascinating, you very much challenge us to think about stability differently to the traditional way. And can you tell us a bit about how stability might be measured in relation to residential childcare?

Yeah, look, I don't know about that bit yet, to be honest with you. Because I think that, where I've got to I think, is that there are a number of factors that are important, right? There's a number of factors, and they include consistent staff. They include staff that genuinely care for the young people. They include safety, it includes those organizational factors that support the staff to be able to do that work. But I'm not sure yet which of those are necessary, which of those are sufficient, which of those are, perhaps, ideal, but not strictly necessary. I haven't figured that part out yet. That's the next bit of research, I suppose. So in order to measure it, I think we need to have a better understanding of what is actually imperative, and then we can figure it out. But it's also something that is it's something that I suspect is inherently internal. It's a felt sense. It's an experience for a person, that they feel stable, that they feel cared for that they feel loved. And that's, that's harder to measure than counting placements.

Absolutely. So I think we'll be watching for the next bit of your research with interest to see where that takes you. You were talking about what the staff, how important the staff are in the context of stability and what the staff may need or can do in order to provide that sense of stability to the children and young people. But what about the staff in themselves, and what they need from organization?

Yes. So what came through pretty strongly is that the staff need to feel supported, they need to have their managers on their side, they need to feel like this, they've got someone's got their backs, right. They need to feel that they've got someone to call when there's a problem. They need to have good training, they need to have good supervision. The thing that was that was tricky, I think was that the floor staff who were doing the work, right, they're the key people, they're doing all the work, they came through that they felt sometimes unsupported by the management staff who were making decisions about who to place where. So the floor staff would be saying, ‘This match isn't going to work out, don't bring this child here, this is not going to work’. And the management staff are saying, ‘This child is coming in’. And so there's sometimes a disconnect between what the people are saying that needs to happen, and what is actually happening. But when I would speak to the management staff, who were who were making those decisions, they were also torn to an extent by their funding obligations. So if they're funded to provide beds to 10 children, and they've got nine children in beds, and there is one referral that comes through, unless it is absolutely inappropriate, they do not necessarily have the opportunity to say, Nah, that's not a great fit. They have to say yes. And so that can cause some tension, I think, because the floor staff who are doing all of the incredibly hard and important day to day work are saying, Please don't do this. And the management of staff is saying I'm so sorry, I have to do this. There's nothing I can do about it. And so they're not feeling heard. But then the management staff are also not feeling heard, because they can't communicate what's going on to the funding body necessarily. So I suspect in that case, probably what needs to happen, and this is just my own conclusion, is that there needs to be some better communication, where everyone is a bit more across what the funding obligations are, so that they can understand that they're not, they're not being disregarded, their views are important, their views are valid their views and necessary. And it also doesn't necessarily mean that they get to decide, because possibly no one gets to decide. And I think that that causes, the brain explodes a little bit I'll be honest with you, when I think about the complexities here, because stability is predicated on having consistent staff, consistent staff have to be showing up to work, which means they have to be happy at work to whatever extent they have to feel supported at work. And so they need to have their voices heard, they need to have their views listened to. However, if the agency is funded to have 10 children, and they don't, and they say no to placing that 10th child because it's not a good fit, so the funding is cut, then we have greater instability, because we can't be paying staff permanent wages necessarily. So then maybe we have casual staff, which is not good for anyone. So there's this, there's this push and pull of trying to manage those funding obligations, while also meeting the needs of the staff, which in turn meets the needs of the young people in the placements. And so I think it is an incredibly complex issue of how we do that. And I don't know that there's an answer beyond communicating better about it, so that everyone understands what's going on.

That is really useful, and you are right, complex. When you start to unpack it and unravel and think quite deeply about it. You talked about the staff on the ground floor, the ground floor staff and how, if they're happy at the work then that then influences the children and young people and the experience that they have. Could you tell us a bit more about what role you think the workforce play in creating that stability for children and young people?

Well, sure, you know, if you've got people who are happy at work, then they show up to work. That’s a fundamental baseline, right? They're not taking leave, they're not calling in sick. They're not, they're not getting burnt out. They're not making Workers Compensation Claims they're showing up, right, and they're happy, which means that they're probably better equipped to follow the rules. You know, in terms of the consistency of the house, I think we've all been guilty at times of just saying, Yes, fine, you can watch more TV or Yes, fine, we can get McDonald's just to make something easier for the day because we're not doing so well. But when we do that, we are now making things unpredictable. We are now being inconsistent. And as a one off thing, this is by no means the end of the world. But when the staff aren’t emotionally doing well, they're going to have a harder time being consistent, because they're going to have a harder time having the fights that need to be had sticking to the rules that need to be stuck to, because they want an easy shift. I don't say that with any judgment at all. But I think when staff are happy, things will work better. And that happiness is in part related to what's going on in the house. But from my talk with the staff, of all the staff I spoke to most of them said that any placement will work, any match will work. So long as you've got a good team, you've got a team that gets on well, that can communicate well, that is well supported by their managers, that has managers who are in house with them, supporting them debriefing when things have been hard, so what's going on with the young people is actually far less of an issue than what's going on within the team. So we need to figure out how we can best support teams to provide that, and to be looked after and happy at work, so that they can be that consistent, safe base for the young people. And interestingly, what seemed to come out is that when we have that stability, when staff are happy, and they're at work, and they're consistent, and the young people feel cared for, they feel loved, they feel supported, they do better. So life is easier. Everyone's happier, everyone is happier, the staff are happier, and the people are happier, we have better outcomes.

And that's what we want. Yes. When I was reading through your paper, there's a suggestion that your paper’s findings challenge assumptions that, and I'm quoting a bit here, remaining in a single placement was sufficient for an experience of stability. Can you tell us a bit more about that?

Yeah, so I think I alluded to that before, right? That historically, historically, you know, when people been doing this research, they have been measuring stability by counting placements, right. So, you know, and they do that in various ways, sometimes as measured just by, you know, strictly counting placements and comparing that across the board. Sometimes they're grouped. So, you know, one or two placements is considered stable, three or more is considered unstable. But in any case, ultimately, the number of placements the person has is equated with their experience of stability. And that works out reasonably well. When we look at lots of placements, it is impossible to feel stable. When someone has had 50 placements, it's an impossibility. But if someone has one or two placements, we're assuming that means that they have had stability in residential care. I challenged that in multiple ways. One way is that that doesn't mean that child feels stable. It doesn't mean that they feel cared for, it doesn't mean that their internal experience has been a good one. But also, it doesn't mean that the placement itself has been stable when you've got a rotating roster of staff and the staff are changing. So like I suggested before, if staff are not happy, and they're calling in sick, and they're taking leave and putting in work cover claims, then you've got casual staff, you've got agency staff coming in. So if they've been in one placement, they might have had 50 different staff in that state in that placement. Or what if the young people keep changing, they might have consistent staff in one placement but they have no idea who's going to be in the room next door. Or what if the person in the room next door is consistent but is frightening. So the idea that them having one address equates to a sense of stability is overly simplistic. And we need to look at it a little bit more deeply to see what that individual's experience of stability is. You know, and I, in my research, I interviewed eight young people who varied - the smallest number of residential care placements, I think was one residential placement. And the largest. I think, I think 28 was the largest, but you know, others couldn't count. So I'm not entirely sure. But that person who had one residential care placement had 30-odd foster placements before. So does four years in one placement undo the harm of 30-odd foster placements over 10 years. And that person's experience of residential care was feeling very disconnected from the staff, that they were not engaged, they didn't feel terribly supported. Though there were a couple of good people in that mix, ultimately, the residential care placement was not one that was particularly positive. Whereas another person who had had 20 odd placements in residential care, and maybe three foster care placements, their experience of residential care, or one of the placements in residential care anyway, was that it was extremely positive. And in fact, that person commented that being in residential care taught them how to be a good parent. So they were able to parent their own children in a more positive way, because of their experiences in residential care. So it's ultimately I think, the quality of those relationships, and ideally, the stability and consistency of those relationships, that has much more impact on the outcomes for the young people than the experience of a single address.

Lots of food for thought there, lots of questions to ponder and hopefully challenge the workforce to think differently about the process of placements and children and young people's experiences. Absolutely fascinating. So your paper is based in New South Wales in Australia. And can I ask, how does residential care in Australia fit within the international context.

So residential care in Australia is, is what's not an entirely different, but we have one of the lowest rates of residential care in the world at about, I think the last number said 7%, which is which is quite an increase for the last several years, it's been about 5%. So it's a very low rate of use of residential care. And it is very much a last resort, which is pretty consistent with the international views on residential care. And in fact, I was having a read of, of The Promise website before we talked today. And I noticed that it kind of was saying the same thing, that we want to keep children in families as much as possible. And until we can be sure that that's not a goer, we're going to keep that as our plan. And when we look at something else, so it's very much a last resort placement and is something that is reserved, ultimately, for 12 to 18 year olds, you can get in younger than that, but not terribly easily. And we have not figured out how to extend that beyond 18 yet. So that's still a work in progress.

Thank you very much. And you mentioned it about you had to look on The Promise website. Do you have any views? We can’t talk about residential childcare being based in Scotland and not ask a question about The Promise. Do you have any views on the role of The Promise, and what you think will change or needs to change for residential childcare?

Well, look, I couldn't see a whole lot of reference to residential care, I'll be honest with you from what I could find, and that seems to be the case. A lot of the in a lot of the reviews that I have read, there's very little reference to what goes on in residential care. And the vast focus is on the other types of care. And I think that my personal opinion, my personal opinion is that residential care should not be a placement of last resort. It should be a placement of first resort under certain circumstances. I think that I can understand the logic behind avoiding it. Children do better in family based care, I can understand that logic. And that does seem to be borne out by the research. But that research is tricky, because it also shows us that at baseline kids in foster care and kids in residential care are not the same. They're not comparable. So when the outcomes are worse for kids in residential care, it doesn't necessarily mean that residential care has had that effect, it might well be that we're talking about different kids. And I don't know how we can argue that 30, 40, 50 foster placements is better than one or two residential care placements. If a child can function and be happy and loved and safe and cared for in a foster placement, then absolutely, let's do that. That's brilliant. If that child is not coping, because of the intensity of the attachment, or because their needs are greater than what can be provided for in a family based environment, then let's put them in a placement that is going to suit them. And that is going to meet their needs. A number of young people have commented not in my research, particularly but in my experience working with them, that residential care is better for them, because they have a family and they don’t want a new family. And I've also heard them comment that residential care is good because the staff are there to work with them, they don't have to fit in with someone else's schedule, the staff are there to get them to their appointments, to get them to school to take them to soccer, it's not about getting on board with someone else's routine. It's about managing that child's routine. And so if that's what someone needs, then it's all but feels to me like cruelty in a way to keep failing them and keep putting them in placements, where they are going to be rejected, where they're going to be abandoned, where they're going to feel not good enough, until eventually we put them in residential care. And at that point, we have so much damage that we need to heal. And so I think we do need to kind of rethink how we look at residential care and what role it plays in that continuum of placements so that young people can have their needs met, rather than just having this blanket statement, that it's the last resort. And we don't go there unless we absolutely have to.

Yeah, that's my opinion.

Thank you so much. And it's listening to you talk and reflect there, it's highlighting how crucial your research on stability will be looking at individual placements and personalization of care - absolutely crucial. So I will be watching your next steps. Our final question, what advice would you give to any of our viewers or listeners who might be thinking about submitting an article to the Scottish Journal of Residential Childcare?

Well, I think they should do it. If you're thinking about it just crack on and get it done. What's the worst that can happen? They say no? Let's do it. I still think it's a really welcoming journal. I've had really positive experiences. And I've found that the feedback that I've received has been helpful. It's been prompt that, you know, there's been, it's been a really nice experience to be honest with you. And so I think it's, it's a great place to publish if people have thoughts. And I think, you know, we were talking before about wanting and getting that mix of practitioner and academic. And so it is a welcoming environment for people who maybe haven't had so much academic experience to be able to get their views heard because they're really valued. So just get on it.

Thank you, Jenna. It's been a pleasure to chat to you today to hear more about you and to hear more about your article. Jenna’s article ‘Stability in Residential Care in New South Wales, Australia: the Role of the Workforce’ is free to read or download from today on the Journal section of the CELCIS website. There are other recordings available in this Meet the Author series, thank you for joining us. Thank you so much.