Meet the Authors: Miriana Giraldi, Alex McTier and Robert Porter

Mariana, Alex, Robert, can you each tell us a bit about yourself and your connection with residential childcare?

So I am an international associate with CELCIS. So my role is to work on all issues related to children's rights and alternative care internationally. And I have a background in European and international policies, I was actually based in Brussels before moving here and joining CELCIS. And it was there, that I got stuck in all sorts of conversations about the rights of children who have lost parental care. And in that context, also looking at different alternative care options and what's best for, for children in order for them to have the best possible quality care that they deserve.

So I'm Alex, I'm evidence and evaluation specialist at CELCIS. I have to defer to Robert and Mariana being the experts when it comes to residential care. My role is mainly around data, quantitative and qualitative data and making sense of that. But I guess where hopefully, I've contributed to this article and this paper is around my work supporting implementation colleagues within CELCIS. So I've worked with a couple of implementation informed programs within CELCIS and I have tried to use that knowledge within this paper and support our understanding of residential childcare.

Hi, I'm Robert Porter, I'm the research lead at CELCIS. So I am involved in a whole range of research projects related to alternative care, not just residential care, but foster care or adoptive care, being looked after home, kinship care - the whole range. And so I've done a little bit of work in residential care primarily with this literature review, that we'll probably cover a little bit later. But yeah, and so we have institutionally also, obviously, coming as we do from CELCIS, a big interest in residential care in Scotland.

Thank you so much. Could you tell us what is your article about?

Our article is about quality and how to ensure we can implement quality consistently in residential care settings. And I think what we were really curious about is really having a time to reflect about this question, because oftentimes, as we were doing our literature review, we realized there were not that many papers where you focus in on quality, or what elements lead to quality and how to replicate or make sure that happens in practice. So it was really those different aspects that we were really interested in. And wanted to delve a little bit deeper into that question.

I think the only thing I'd add to that, as well as I think we were really interested in what is quality and what makes quality but then how do you do quality in practice? Like how does that translate into real world action in residential childcare, and that's really why we want to bring in that implementation science approach to link the two because I think there is a lot that we can learn from implementation science, and actually how we make real those quality characteristics that are identified in the literature though, as Mariana says, There is not a huge amount of literature about it.

Thank you so much. And you've started to touch on this, but I was wondering about the motivation for writing the article. And maybe is there any key messages that you were hoping to share through the process? And there's three authors. So how was that in terms of working together and in writing together? And what was that process like?

It worked really well. And I think we've all been involved with articles or papers where you've worked on your own and that's a challenge. And also, we've been involved once where there's multiple, five, six plus authors. And here I think we've hit the sweet spot. We've got three people. I think we trust each other. We all know the different contributions we bring and I think the journal set has quite tight timelines as well, which focused the mind particularly over the summer, but we because we know each other we work well together, we were able to carve out and we pulled it together. I've enjoyed it. I am not sure about Mariana and Robert. I am sure they can add to that.

I enjoyed it as well, and I think what was really good from our team was that each of us came with a different perspective and a different angle. And I think especially as we were originally discussing the articles and ideas and what it was specifically we wanted to hone in. I think we had some big good conversations because of those different perspectives. And hopefully that was then translated into what we managed to write in the within the timeframe that we had. But I also enjoyed it very much.

Yeah, I concur with everything that Alex and Mariana said. But then I think the other thing is that we, for me, anyway, in terms of experience of writing papers, this is one of the ones where I think it's, we came to a really clear message really early on. And I think the timescales help with that, and I think, like you say, are different perspectives. And those conversations helped. But we were actually able to agree on this is what we want to say. And this is how, basically how we want to say it really quite early. And that enabled us to really, like Alex was saying, split up the writing in a really constructive and useful way. And then it's just a case of reviewing and looking back and integrating and all these various things you have to do. But with that clear message really upfront that made it made it a lot easier, where sometimes that only comes out six months down the line.

And I did note, when I was reading your paper, this isn't the first time that the three of you have worked together or written anything. The paper references a previous literature review that you all undertook looking at residential childcare across the world. And I suppose we're based in Scotland, how does residential childcare in Scotland fit with that international context?

I think we're all going to speak to these questions. But I'll take a step back and just maybe mention, again, refer this literature review that we did last year, and that we were commissioned to do and look at residential care internationally. And trying to understand what the purposes of it is, what constitutes quality in residential care, and what outcomes it promotes for children. So really, the whole piece of work was born out of a need to understand better what happens in different areas of the world, and to fit into some conversations that are happening at the international policy level, around family based care versus residential based care. And also understanding the difference between good quality residential care and less good quality residential care, which is often termed institutional care, and that we all agree needs to be phased out. So I don't think we need to probably go into a lot of detail about that right now. But it was something that allows us to also hone in on those questions and see what differences there are across countries, even though it was not a comparative piece of work. And I would probably asked my colleagues, who are much more knowledge about the Scottish context, if they want to say something about that.

So I mean, I think that what the review showed was they actually quite the wide diversity of residential settings across the world. And even we were really focusing on trying to get what we perhaps in Scotland might better understand as residential care, as opposed to that institutional care that Mariana talks about. And I think that that's really where Scotland fits, we have relatively, compared to the spread, our residential care is in small settings, it's high quality, it has good therapeutic elements. And there's a lot of ongoing work done, to make sure to drive forward that quality and to keep standards, high numbers low, carer ratios good - things like that. And that's, I think in that puts us in a really good place internationally, institutional care doesn't really anymore feature in Scotland. And so that's obviously a really positive step. But that said, I think there is still examples of work across the world, in really different contexts, which we can learn from being cautious that we can't just take something from Thailand or Australia or the US and just import it because as one of the things that we found in our or was evidence in the in the review was that the context and the cultures matter hugely in how residential care is experienced or its outcomes. And so we'd need to be really careful about that. But I think that Scotland is in a pretty good place, but as ever and as hopefully were shown in the paper, there's always improvement that can be done.

I’ll just piggyback on the back of Robert and Mariana in terms of that movement, international movement towards de-institutionalization. I think we're a long way down, but maybe down the line within Scotland, but we do and we've mainly got small settings in terms of residential care, but I've been involved with a European wide, Euro child data care project, which is looking at

measures and indicators around alternative care. And I think particularly, what the focus of our article is around - quality, also thinking about their outcomes or the experience of children and young people. So within Scotland most practice really attends to that in terms of that actual measurement data. We're not great at it, we've got a lot, of work to do to that around that field, as we do across Europe. And I guess internationally beyond that. So I think we're better than much of a muchness there's, we're doing well in internationally in terms of some of the big agendas, but there's further work to do within Scotland that we can, hopefully within CELCIS help support.

Thank you, everybody, for those answers. Alex, you talked a bit about data there. And you've been involved in previous opportunities to look at data across the world. And I noticed that in your paper, you reference data quite a bit, can you tell us a bit more about the importance of data because it can often be a word that puts people off. What should get us into workforce in Scotland be thinking about in relation to data?

Yeah, so obviously, having a data role, I constantly or frequently get that data, and that that that trauma that people have from their maths classes. And there's no getting away that some of the data we already collect, maybe practitioners do not need, but managers and senior management and governments need that administrative data. But I think what we're trying to say, and through the use of implementation is thinking, yes, there's that headline data, but there's a lot of data on it that can just support practice support you as an individual to think about is that, how's that child or young person doing? How are they experiencing our service? Are the meetings where we have with children, young people - and this is more qualitative data - but is that a good meeting? How do I know? So using that to constantly improve your practice, and not see data as a stick or for scrutiny, but see it as supportive, and that you can really engage with it. So it's a tough, tough battle. But I think, a more nuanced conversation and relationship between on the ground practitioners with perhaps their coaches, or their supervisors, or their line managers, and thinking about different types of data, not necessarily hard data, can really make it just to feel that everyone engages with it a bit more. And so that's, that's the aim. There’s a long way to go. But I think if we do that data doesn't become such a bad, bad, scary word, it can feel quite an empowering, empowering word and phrase.

Thank you, Alex. And when you mentioned empowering there, there was a sentence in the article that jumped out at me as being empowering for workers. And if you'll indulge me, I'm going to read it out and then ask you to tell me a bit more about it. So in the article, it says too often, however, these elements are looked at from an individualized perspective, asking the questions, how can the residential worker provide better quality care? And you suggests that active implementation stimulates a slightly different question, which is what is needed to enable quality in the staffing domain to be achieved? I'm hoping that one of you can tell me more about this reframing of the question?

So I'll have a stab at it anyway. So I think that for me that like that, that sentence is a good one to pick out because I think it gets out some of the core of what we were trying to do in relation to this paper. Because one of the things one of the really key things and possibly the key thing the implementation science teaches us and which we can kind of use in residential care is this idea of an enabling context. And it's not just an individual that does things. It's the environment that they're in that allows them to do things that promote or facilitates that. And I think that, as we say there, often times quality is looked at from an individual residential workers perspective, or with the focus on an individual residential worker, are they providing quality care to a child or a group of children? And while that is a valid question to ask, and one that we do need to keep our eyes on still, because that is still where that one to one care takes place. That takes place in an environment which is supported by a whole host of different people and different kinds of levels almost. So as Alex was talking about, you've got the managers you've got strategic managers. You've got organizations which run residential facilities, you've got policy and a local and a national level. And all of these influence the quality of the care that is delivered and the quality of that care and also, whether it's possible to do things or to provide what might be seen or needed for a child or a young person. And so what we wanted to do was trying to kind of explore that a little bit, we don't have all the answers by any stretch, but to explore and to see, well, if we were looking at these quality elements, which are those elements, we were talking about, what who are the different agents or people or, or bodies which have influenced there that we might want to draw on, or need to draw on in order to create the context in which a worker can provide that quality care. And it's really that taking that little step back and looking about, well, how can we frame quality in a much wider sense than just that individual into the exchange, but about what helps that to happen? What helps good quality character take place, and makes it easy and makes it the first choice for every, makes it something that every worker can do, because it's not just that worker, it's developing relationships requires time with a child or a young person, it requires the ability to pursue activities, with children and young people and that requires, you know, the administration, it requires the scheduling, it requires organizational approaches to care on to working shifts, and all sorts of different things. And there's a whole myriad of different ways that these different players or agents, whatever, have influence on that delivery of quality. And that's just what we start wanting to start to unpack a little bit. At least that's, that's kind of my perspective on.

Yeah, I agree with that, and if I can just underline a couple of things that Robert said about relationships. I mean, he was clear from all the literature, we reviewed that that's the key element for good quality care to happen. That relationship between the professional and the child or the young person. And that doesn't happen in a vacuum. I mean, all of these elements also that support the care workers need to be in place. And one of the reasons why this was so interesting for me also to explore all of these layers of how can we assure that can happen, you know, what does the organization need to do? What does the

local government or national government need to do and put in place was that, you know, there's been so many conversations in recent years, even if I think back at my time in Brussels, and discussing with organizations from across Europe, was all the pressure on the social sector, you know, also financial, for example. So think unpicking these questions, and really looking at what different elements need to be in place, if we can also really help make choices about how we spend our money, and what it is that we need to support in order for that good quality service to be in place. And so I think it really facilitates all of those questions and conversations and really understanding if we cut some budget in an area or the implication that that's going to have, and maybe that's very obvious, but I think sometimes it helps to look at things from different perspectives to really see. Yeah, how everything is connected, I guess.

If I just come in quickly that because that's partly why we use the implementation drivers framework, there are other frameworks and resources within active implementation, but we chose this one because it really focuses almost like the practitioner is in the middle, and then you're looking out around as Robert talked about all the factors that need to be in place to support that worker to do their job to the best, not just the best of their ability, but to the standards we all expect. And that's around high quality relationship based care. So thinking about from initial recruitment through to training, but also then thinking about, well, what are the wider organizational things that need to be in place from rotas through to staffing ratios, etc, but just also that support you're getting from your leaders and how they can respond to things. So for me the implementation drivers is really useful because it provides those prompts that forces you in a positive way to think about every aspect and organize as Mariana was talking from the very things in your control out to the local authority level or the national level and think about what is what do we what can we change and what do we have to work and try and adapt within?

Yeah, and if I may come in, again, very briefly, sorry about what Alex said just prompted my memory. So what did refer just to the feedback loop is Well, how important and how, how helpful it is to connect the front line with, you know, those that make decisions. And I think that the active implementation frameworks really explains very well how that works and how that can support development and improvement of services.

Thank you so much. One thing I noticed all three of you made reference to relationships and high quality, relationship based practice. And the concept of love in the care system recently is been very welcomed by many people. And in your paper, you talk about love, and you talk about the development of stable loving relationships. Now, I'm wondering, how does the implementation literature support thinking around the discourse of love?

From the outset, that there's a lot of concepts which are really important, and love is, for some is very tangible, and for others, it's not, but there are others such as nurture. Or if we think about the Solihull model containment and reciprocity, there's a lot of really important features, principles, concepts that we want to see within the care that we provide to children, young people, but they can feel quite abstract at the same time, quite high level. And so what active implementation can do is really spend time or enables us to spend time really trying to understand what does that really mean in terms of saying and doing so? Well? What does love look like? Is it is it to do with touch is it to do with, say you've had a disagreement or tempers have been raised, coming back and knowing that you can still that washes over the worker, and you can come back and have a have a clear the ground, clear the air conversation. So it's those types of work truly are we saying and doing and then trying to put that on paper so that workers feel supported, and they know what love actually means what they can be delivering on. And finally, on that point, in terms of where we get that saying and doing from, to an extent it comes from the academic literature, but often that doesn't really get down to the true saying or doing it. So really, what it comes down to is actually talking to experienced professionals around what they do observing them, was talking to children, young people and families about what they see as those critical those kernels of support that really make the difference. And then we try and articulate that on paper. And that that can then be replicated and supported in practice beyond that. So love is just one of those. But I say nurture containment, all these types of terms, which are so key. But what does that truly look like?

Thank you, Alex. So its 2021 in Scotland. And I can't have a discussion about residential childcare without asking about The Promise. Can I ask what are your views on the role of The Promise, and what do you think will change or needs to change for residential change?

Firstly, of course, like The Promise has been, well the Care Review and then The Promise have been transformational at this point in terms of how, I think, how people approach change in children's care sector, and how people are people's approaches and attitudes towards what they do and how that might be improved. I think what it's done, which has been fantastic, is break down some of the defensive barriers that might come up where practices perhaps - where we want to improve practice - previously, it might have been very defensive about well, no, my practice is fine, thank you very much, you know, like I'm doing everything as well as I can, and to an acknowledgment that, like we just want to continue improving, and we can always do better, and that that's a good thing. And we should continue to strive for that. And I think that that's hugely important. And I think, yeah, what's outlined in The Promise is obviously the kind of the vision for care, children's care in Scotland. And it's a fantastic vision. I think the challenge is only really now beginning is the thing that now is when we've got to actually transfer that from an idea of what the future should look like into what does change now look like and how do we what should we do now to get there in by 2030. And so, I think The Promise has taken on, The Promise team have taken on quite a, obviously a key role in relation to both stimulating, but also facilitating change and organizations to undertake change. And so I think that's a really useful unifying point, that Scotland that which previously perhaps hasn't happened and also can provide an opportunity for different parts of the sector to talk to one another a bit better, and to mesh a bit better, if they have that overview, they might be able to facilitate that to a greater extent. And I think that could be hugely, hugely valuable. And in terms of what needs to change for children social care, in terms of residential care, sorry, I think the key one for me, and it's already happened and was exemplified through the independent care review is greater involvement of children and young people in the design in the delivery and the evaluation in the everything to do with their care and services. And I think in residential care, that is still something which we can develop and make even better. I think one of the things that we saw in the review was around the value the children young people placed on having feedback in it is a kind of a quality criteria is around, you know, how can we get children and young people's feedback and input on what is good quality care, because ultimately, they're the arbiters of that you can have some outcome measures and things like that. But ultimately, it's that that experience of care is really what we want to want to improve. And so they are really the people who have to tell us whether we're doing well or not. And so we have to be asking them, and we have to be responding to what they want, what they need, and what they say, in a really constructive, constructive way. And I think we have started doing that. But I think that's something that really has reaches throughout the care sector. And I think that's something that everybody is now quite aware of, which is great, but can still be improved. And in terms of things we've highlighted in the paper, really, it's about, I think, in terms of development of residential childcare, it's about continuing to facilitate that development, There's development of relationships inside that care about making sure that care is truly individualized to every child, and that they have the opportunities that we expect every child to be able to enjoy the opportunity to pursue interests, opportunities to engage with friends and families, and to make sure that all that is facilitated to the greatest possible extent. Whilst, of course, there is an important element of therapeutic care that we also expect to residential childcare to provide. And so maintaining that evidence based high quality therapeutic care delivered with fidelity, as someone from an implementation background might say, it's really critical, and really crucial. And I think that we've got to have eyes on a huge number of areas at the same time, and really have to drive them. And I think that the care review and the promise, provide the opportunity to try and unify all this together and all be all traveling in the same direction to a unified point. And I think that's, that's hugely valuable. I think it's sort of Yeah, I mean, I think everybody would agree it's a once in a generation opportunity to really transform the way that childcare and more generally alternative childcare is conducted and residential childcare within that.

Thank you so much, Robert. Your article, Miriana, Alex, Robert, your article is released today and the Scottish journal for residential childcare. What advice would you give to any of our viewers or listeners who might be thinking of submitting an article to the journal,

Well, we would give them a word of encouragement and say, to go for it, really. And I think that what is really great about the Scottish Journal for Residential Childcare, is that it really welcomes different perspective. And so you don't have to be a researcher. Obviously, researchers have a lot of experience and a lot of knowledge that they can share. But I think what's great about the Journal is that also people with different kinds of experience can actually put together an article and bring that different perspective to the fore, I think the variety of perspectives and experiences, it's what makes it really interesting and what also allows us to really get rounded understanding about issues. So all this to say, even if you haven't done it before, but are considering it, it would be great to just go ahead. We also found that the team at the journal is very supportive and can also provide advice and guidance, and also mentoring for young authors. So that's a really great opportunity to, you know, to take. And yeah, and I think also personally, for me, doing this piece of work allowed me to make space and dedicate some time to really read about and reflect and discuss about an issue. So if there's something that someone is interested in, this is a good way to make sure they can actually work on that I think and just take the time also to reflect really which is so so important.

I think the only thing I would also add to that is, I think one of the things that attracted us to the journal was the readership. Like, it's an opportunity to speak to people who conduct practice in Scotland. And internationally, you know, it's really practitioner focused and that's who we wanted to speak to, we want to speak to the people who actually do things on the ground and try and provide that, what support we can to them to aid their practice and the way they think and the way they conduct their work. And I think that's, that's a really valuable thing in a journal is having that practice readership. And so that's a great opportunity to really speak to a particular audience that you're interested in. And so for us, that was also a big attraction as well.

Miriana talks about it, but the actual process of submission and working with the journal and the board and the referees, blind referees, but that was really smooth and supportive and it felt human, as well as the bit of leeway sometimes in deadlines, which is great. But I think what really stood out is the feedback we got on our article. It was, it was really just positive, positive and strengths based, as we would like to say in practice, so it was picking out the good points, as well as the areas for improvement. But I really valued the time that the referees put into that and the time that we spent actually feeding back the positives that they took from the article. And that's not always the case with article submissions. It can be quite depressing hard hit sometimes, but in this instance, it absolutely wasn't. So I fully recommend anyone thinking of

submitting. Thank you so much. Your article is free easy to read and downloads on the Journal section as off today. Miriana, Alex, Robert, it's been an absolute pleasure to chat with you today to hear about you and your article. And there are other podcasts available in this meet the author series. Thank you for joining us.