Social Pedagogy: Developing and Maintaining Multi-Disciplinary Relationships in Residential Child Care

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Abstract

The task of building and maintaining effective multi-disciplinary relationships is a constant challenge for the residential child care sector in Scotland. The absence of effective multi-disciplinary collaboration has been cited regularly as a contributing factor to instances of poor and problematic practice. Social pedagogy has much to offer in terms of enabling the residential child care sector to address some of these issues and assist with the task of establishing effective multi-disciplinary relationships. This article will explore how this can be achieved in practice, drawing on research based on multi-disciplinary social pedagogy training delivered in Scotland. The evidence demonstrates that social pedagogy can begin to break down the very real barriers that often prevent residential child care practitioners from developing and maintaining multi-disciplinary relationships. It can assist with the task of developing a shared language and understanding; the creation of a clear focus on the developmental needs of children and young people; and a more nuanced approach to dealing with issues of risk. The messages from this article will hold relevance for the professions of residential child care, health and education and be applicable to practitioners throughout Europe and beyond.

Keywords

social pedagogy; residential child care; multi-disciplinary relationships; language and roles

Introduction

In the United Kingdom the residential child care sector specifically and social work more generally have regularly been criticised for failing to act in a collaborative and joined-up manner. In its most extreme form, lack of collaboration involving social work, health and criminal justice services has played a significant role in the death of service users (O'Brien, 2003). A major review of social work services in Scotland concluded that far more extensive collaboration among key agencies was required if effective services were to be delivered (Scottish Executive, 2006a). While the content and findings of the review have been questioned significantly (Clark & Smith, 2012), many of the issues raised regarding aspects of social work practice continue to be commented upon elsewhere (Munro, 2011).

Similar themes can be found in much of the literature and research related to residential child care (Milligan & Stevens, 2006). In Scotland, government policy and guidance has increasingly highlighted the requirement of residential care services to work in partnership with other agencies in an attempt to improve outcomes related to health (Scott & Hill, 2006) and education (Scottish Executive, 2007). However, the challenges involved in moving beyond the rhetoric of partnership working to achieving it in practice are significant. These challenges are further complicated by the consequences of being a profession which struggles to assert a positive identity and status. As recently as 2002 Berridge stated that 'social workers, wider professionals and the general public alike have seen residential care as something to be avoided wherever possible' (p. 86). The impact of this on residential child care practice is significant. Alongside attitudes to risk that regularly struggle to be informed by the developmental needs of children and young people, it can often be quite debilitating for practitioners. Within this context, the task of developing and maintaining multi-disciplinary relationships becomes ever more complex.

Social Pedagogy

In many European countries social pedagogy has evolved as a profession which has roots in youth work, social welfare, early years, formal education and care settings, and social pedagogues can be situated in a range of settings (Bird & Eichsteller, 2011). While much of the discussion concerning social pedagogy in the UK has centred on children and young people, it is an approach covering the whole lifespan, emphasising the importance of education within families and communities (Hämäläinen, 2003). Despite the fact that it underpins much work with children and young people in many European countries, social pedagogy remains a term which continues to be poorly understood in English-speaking countries (Smith & Whyte, 2008). It is a term where the exact meaning will often differ depending on country and cultural setting, however, there are common principles which apply regardless of context.

Social pedagogy practice is 'underpinned by core values and humanistic principles, which emphasise people's strengths, the importance of including people into the wider community, and aims to prevent social problems' (Holthoff & Eichsteller, 2009, p. 59). It is about being with others and forming relationships, not so much about what you do but 'how' you do it – a way of *being* (Eichsteller & Holthoff, 2012). It is informed by sociological, psychological and educational theories, combining them into distinct, multi-dimensional practice (Holthoff & Eichsteller, 2009). This multi-dimensional element has created both opportunities and challenges when attempts have been made to transfer it to a context where services and professionals are organised in a manner which more traditionally separates than brings together.

Child Care Policy in Scotland

In Scotland and the UK more generally, services have historically been delivered with distinct boundaries evident between different professions, particularly child care and education. These boundaries have impacted upon all areas of organisational practice from service delivery to administration as well as professional education and training. Interestingly, given the recent increased attention being paid to social pedagogy in Scotland and the UK outlined later in this paper, recommendations for a more integrated and collaborative approach in Scotland were rejected in the 1960s. The Kilbrandon Report of 1964,

which developed out of increasing concerns around youth crime and the large numbers of young people being dealt with via the adult criminal justice system, recommended that such issues be responded to via systems of 'social education' where family and community responsibility would be prominent. Proposals for the creation of Social Education Departments were rejected and replaced by ideas which emphasised a framework of generic social work, although subsequent changes recommended by the Alexander Report of 1975 did result in most local authorities combining their youth and community services with adult education to form Community Education Services (Standards Council for Community Learning and Development for Scotland, 2015). Smith & Whyte (2008) argue that there exist distinct similarities between the thinking that was evident in the Kilbrandon Report and social pedagogy.

More recently, a number of organisational developments throughout Scotland have reflected a change in thinking which appears more consistent with the proposals of Kilbrandon. Many local authorities have merged their Education Departments with Children and Families Social Work Services to form Children's Departments where child care and education issues are responded to and administered in a more integrated fashion. These new departments are multi-disciplinary and bring together child care workers, social workers and teachers. These developments are consistent with the national policy of Getting It Right for Every Child (GIRFEC) which promotes an agenda of professionals working across disciplinary boundaries and placing children and young people at the centre of joined-up and consistent care planning (Scottish Government, 2006b). Alongside this sits the development of the Curriculum for Excellence which promotes a more holistic focus for education and encourages teachers to demonstrate how educational subjects can be linked, just as they are in life and work. This brings with it an increased focus on how general health and well-being is linked to the educational development of children and young people (Learning and Teaching Scotland, 2009). Such developments serve to illustrate how approaches in Scotland can be viewed as 'collective' in their approach and social pedagogy may provide a framework for the realisation of significant change (Smith, 2012).

Social Pedagogy in Scotland and the UK

Social pedagogy has attracted increased attention in the UK in recent years (Petrie et al., 2006) and there have been a number of initiatives

aimed at developing and incorporating social pedagogy practice throughout Scotland and the UK.

- Between 2009 and 2011 the Social Pedagogy Pilot Programme recruited trained pedagogues from Denmark, Germany and Belgium to be employed for up to two years in a study involving 30 different children's homes in 23 English local authorities (Berridge et al., 2011).
- Undergraduate and postgraduate social pedagogy degrees have been offered in recent years in both Scotland and England.
- The Scottish Institute for Residential Child Care (SIRCC) offered, via ThemPra Social Pedagogy CIC (ThemPra), social pedagogy training to the Scottish residential child care sector in 2009 and 2010.
- The Social Pedagogy Development Network was formed in 2009 and is a grassroots movement for organisations and individuals who are interested in social pedagogy and wish to promote its development both locally and nationally.
- The Fostering Network is currently involved in the Head, Heart and Hands programme designed to introduce social pedagogy into foster care.

This increased engagement with social pedagogy is fuelled, partly, by a desire to do things differently. Many practitioners and related professionals are concerned that the 'system' for responding to children and young people in Scotland and the UK as it currently exists is overly prescriptive and at times resistant to their actual needs, and believe that social pedagogy can offer a viable and meaningful alternative in the way the needs of this group are responded to. An absence of relationships and therapeutic input from social work and children's services has been highlighted consistently (Berridge & Brodie, 1998; Parton, 2006; Berridge et al., 2011). The focus on not what pedagogues do but how they do it, and the emphasis placed on the need for authenticity and genuineness offer an alternative perspective that can attempt to reclaim territory arguably lost as professional interactions have become increasingly framed within regulation and risk-averse procedures.

Attractive to many is the potential to develop increased collaboration across disciplines and services. Social pedagogy can offer this opportunity via its focus not on disciplinary boundaries but the placement of the child or young person at the centre of all activities. In Scotland, an opportunity to blend organisational responses in a manner

consistent with the approach advocated by Kilbrandon but never fully grasped is offered by the implementation of social pedagogy. The ability to use social pedagogy as the vehicle by which to enhance multi-disciplinary relationships and practice could be the key contribution that it can make to how child care services are developed and improved in Scotland. To this end one local authority in Scotland (a small island community) engaged in a 10-day multi-disciplinary social pedagogy training and research programme, the research assessing the impact that the training had on participants' day-to-day practice and inter-agency working.

Multi-Disciplinary Social Pedagogy Training and Research

Between February and September 2011, 18 staff from a range of professions and agencies (residential child care, aftercare services, social work, fostering and adoption, community education and a variety of education staff) participated in a 10-day social pedagogy training and research programme delivered by ThemPra. Senior staff within the local authority hoped the training would increase the capacity of their education and social care services to collaborate more effectively, providing a higher level of care and educational support to vulnerable children and young people in their care. All staff taking part in the training had experience of working with this population and the research aimed to capture systematic evidence of the impact that the training had on the participants' day-to-day practice and inter-agency working.

The research consisted of a baseline questionnaire at the start of the training, two sets of focus groups and individual interviews with participants; the first six weeks after the training and the second at six months. The research also involved observation of follow-up training and a social pedagogy strategy development day for senior staff. The findings revealed a number of key developments in the area of inter-agency working (Vrouwenfelder et al., 2012). Key themes involved the development of a common language, working across professional and organisational boundaries and prioritising the health and well-being of children and young people as a prerequisite for other aspects of developments.

Common language

The participants all identified that one of the most significant outcomes associated with the social pedagogy training was the development of

a common language. According to participants, the language of social pedagogy translated well across professional boundaries and provided participants with a common framework to assist in identifying the needs of the child. Due to having a better understanding of who colleagues were and what they did, it was said to be easier and quicker to get to the 'business of thinking about the young person' (Vrouwenfelder et al., 2012, p. 27). All participants also felt that the training provided them with a clearer purpose to building relationships. Even though they felt that the concept of building relationships resonated with how they already worked, social pedagogy established this within a method and theory of work.

Linked to this increased ability to engage in a common language was the fact that where more people in one organisation had been trained, the implementation of social pedagogy and the sharing of ideas, both within a team and in collaboration with other agencies, was found to be a lot easier. When managers had been involved in the training, the impact was even greater. However, where only single staff had been trained in an organisation or department, the dialogue with colleagues was reported as more difficult as the experiential nature of the training and the strong reflective elements within it were considered challenging to pass on.

Working across professional boundaries

The research participants revealed that they typically tended to think within their professional and organisational boundaries when devising care plans for children and young people. By contrast, social pedagogy stimulates professionals to look beyond those boundaries and to explore the available skills that match the needs of a service user and their family. The challenges involved in engaging effectively with the parents of accommodated children and young people were viewed as an example where learning could be utilised. To assess which professional would actually be best placed to engage with parents is a typical social pedagogy approach where relationships and skills are the prerequisite for successful engagement rather than professional role. Participants displayed a better understanding of the benefits of looking at the skill set of professionals, albeit within boundaries, and recognising the need for effective communication regarding division of tasks and staff time.

Related to this was a growth in personal and professional confidence, especially when speaking to staff in other agencies or indeed senior colleagues. Residential child care staff in particular felt

this growth in confidence in relation to their work with education and social work professionals. A better understanding of what other professionals do, what their aims and priorities are, as well as a better understanding of their value base, were central to this.

Health and well-being

A tension involving the difference in priorities between educational curriculum outcomes and achievements as opposed to the health and well-being of a child as a prerequisite for learning was identified by many participants as a key reason as to why dialogue between care services and education staff could be challenging. However, when different professionals had been on the social pedagogy training, a mutual understanding of each other's roles, values and priorities allowed those involved to get to the needs of the child quicker. Social pedagogy was consequently felt to promote a holistic approach of care with a child at the centre, which is consistent with the principles underpinning the aforementioned policies of GIRFEC (Scottish Executive, 2006b) and Curriculum for Excellence (Learning and Teaching Scotland, 2009).

Developing Social Pedagogy in Scotland and the UK

The research findings detailed above act as evidence as to some of the benefits to be achieved by the systematic adoption of social pedagogy as an underpinning framework for child care practice in Scotland and the UK. For residential child care specifically, a number of benefits are connected to the development and maintenance of multi-disciplinary relationships. This will involve the management of role expectation, the ability to influence other agencies via a common language and framework, and the creation of a clear focus on the developmental needs of children and young people which in turn could lead to a more nuanced approach to dealing with issues of risk.

Expectations of roles

The historical tendency to organise and deliver services for children and young people in a manner which emphasises boundaries and separation can be inefficient and in its worst manifestations dangerous (e.g. Kirkwood, 1993; O'Brien, 2003). The ability of social pedagogy to encourage those involved in the lives of children and young people

to look beyond traditional organisational and disciplinary boundaries for solutions can challenge this way of thinking. However, such solutions will not be developed easily. While influential theory and literature across the decades has continually championed the positive and potentially therapeutic contribution that group and/or residential care can provide (Maier, 1979; Smith, 2009), the tendency of other professional groups to downplay this beyond the physical provision of care remains a significant problem. Research in Scotland continues to demonstrate a continual tendency to place children and young people in residential child care as a last resort after all other options have been considered (McPheat et al., 2007) while analysis elsewhere highlights how residential child care placements are generally regarded as a second-best option, especially when compared to family-based foster care (Berridge et al., 2012). The challenges presented by this sort of thinking are not insignificant.

As long as residential care services are viewed as something to be avoided such patterns of placement use will continue. While the professionalisation of the sector, evidenced in Scotland via the mandatory registration of the residential child care workforce with the Scottish Social Services Council (SSSC) and the attainment of minimum qualification levels, may help to address some of these issues, it could be argued that complete renegotiation of the role and purpose of the sector is required. Milligan (2011) cites the example of residential child care practitioners who via social pedagogy training developed a clearer sense of how they meet the needs of children and young people and by implication a clearer sense of their own role in this process. Similar findings were evident in the research outlined earlier in this article with self-reported feelings of increased confidence among some participants, especially when they were required to interact with professionals with higher qualifications or job status (Vrouwenfelder et al., 2012). Eichsteller & Holthoff (2012) also identified a strong sense of team empowerment in residential units in Essex where social pedagogy was adopted as an approach.

Embracing social pedagogy as an underpinning theoretical framework can provide opportunities for such developments. It would allow residential child care services to articulate more clearly the nature of their work and the principles that inform it. Being clearer in their own role is a key requirement for residential child care practitioners if they are to successfully negotiate and establish effective cross-disciplinary relationships with other professionals. This is especially true with regards to social work given the nature of the relationship experienced

by the two for many years. Smith (2009) states that it has not always been helpful while Milligan (1998) asserted the need for residential child care to be clear about the differences that existed between itself and social work in terms of the tasks carried out and the skills required by practitioners, highlighting how the 'statutory duties of the social worker, the initial assessments and reports for a diverse range of clients, form a pattern of work which is fundamentally different from much of the daily focus of the residential workers' (p. 277).

The potential role that social pedagogy has to play in fostering services is currently being researched in a four-year programme led by the Fostering Network. The Head, Heart, Hands programme aims to demonstrate the impact that introducing social pedagogy can make to foster carers and the lives of the children they foster by placing foster carers at the heart of the child care team (Fostering Network, 2013). If successful and adopted more widely this could be a significant development, leading to social pedagogy acting as an underpinning approach across a range of children's services. Central to this would be the use of 'authentic, positive, strong relationships' as a key platform for engaging with children and young people. This focus on relationships explains why social pedagogy is attracting increased attention in the UK (Eichsteller & Petrie, 2013). While the rhetoric of social work services will often make similar claims, the reality is that an increased focus is being placed on demonstrating accountability via outcomes associated with policy agendas (Fulcher & Garfat, 2013) and this mitigates against social workers being afforded the time and opportunity to form significant or meaningful relationships with the children and young people they are working with. This absence of relationships and therapeutic input from social work and children's services – characterised by a move from case work to case management – has been highlighted consistently (Berridge & Brodie, 1998; Parton, 2006; Berridge et al., 2011). A more consistent philosophy common to both residential and foster care would also have the added attraction of potentially ending the notion of residential as a second-best option, creating a clearly defined and legitimate role for both services.

Influencing other agencies and developing a common language and framework

Increased clarity of role and management of role expectation will benefit the residential child care sector in a number of ways. It will offer the potential to engage more effectively in collaborative work

with clearly defined boundaries. This in turn will provide the sector with the ability to exert more influence on decision-making processes. The common perception of residential child care as a poorly qualified service, characterised by low qualifications and a general lack of professionalism (Milligan, 1998; Smith, 2009), has been partly addressed by the process of implementing minimum qualification levels and workforce registration. However, much more requires to be done. The qualifications required for registration purposes in residential child care in Scotland were set at a level significantly lower than social work and this did little to challenge perceptions of poor professional standing. Indeed, the increased focus on vocational qualifications within the framework decided upon has been questioned critically with regards to the lack of impact it has on the knowledge development and practice of workers (Heron & Chakrabarti, 2002) in addition to being labelled as marking a 'dumbing down' of the sector (Smith, 2009).

While the National Residential Child Care Initiative subsequently concluded that a degree-level qualification should be the minimum requirement for all new workers entering the sector from 2014 (Bayes, 2009), this has yet to be implemented (it is currently scheduled to commence in October 2017) and it will be some time before a fully qualified, graduate workforce is achieved. Alongside this sit the obstacles associated with the competing professional identities, roles and self-interest of other sectors such as social work, education and health. Consequently, the ability of those in residential child care to work alongside other sectors on an equal professional footing, and all the necessary negotiation and argument that this can involve, will remain extremely challenging.

Evidence from the multi-disciplinary social pedagogy training outlined earlier in this paper suggests that this can be achieved via the adoption of social pedagogy as an underpinning theoretical approach to practice. The concept of a 'shared' or 'common' language was raised by participants who felt that it created the possibility of developing a common framework across professional boundaries involving education, health and social care (Vrouwenfelder et al., 2012). Bird and Eichsteller (2011) also identified the helpfulness of social pedagogy training in allowing a residential child care staff group to address these sorts of challenges, especially in their dealings with education services.

Research elsewhere has emphasised the importance of a whole system approach to implementing social pedagogy, where the principles of the approach must be reflected throughout the organisation (Eichsteller & Holthoff, 2012). This approach was adopted in the training outlined

in this paper and the positive findings from the subsequent research bear testament to this approach. They also sit in contrast to some of the less positive outcomes from the Social Pedagogy Pilot Programme where the experience of merely 'dropping' qualified international pedagogues into selected residential units produced more mixed results (Berridge et al., 2011). Put into practice more widely, a whole systems approach has the potential to help construct cultures of practice which would mitigate problems previously encountered. Several inquiries concerning residential child care have focused on cultures of care which have allowed abusive patterns of practice to develop (Kirkwood, 1993; Frizzell, 2009). In such instances practice had been allowed to move away from what would normally considered to be caring, or in more extreme cases humane, and the philosophy of social pedagogy with unconditional positive regard at its centre has the potential to challenge such occurrences, constantly drawing practitioners back to the humanistic principles which should inform their interactions. The appropriate and effective sharing of information has been highlighted in other inquiries (Marshall et al., 1999) while a variety of other sources have focused on the need for increased joined-up thinking and inter-agency links if improved outcomes in education (Scottish Executive, 2007) and health (Scott & Hill, 2006) are to be achieved. The common language and framework that can be offered by social pedagogy across professional groups has the potential to ensure that an agreed common purpose and vision is established. Additionally, and perhaps more significantly, there is the potential to ensure that the sector contributes to the management of cases and decision-making processes on an equal footing with fellow professionals, where all have valid contributions to make.

Educational outcomes versus health and well-being: the creation of a clear focus on the developmental needs of children and young people

The clearer expectation of professional roles offered by social pedagogy helps those working with children and young people to be clear about their needs and the required focus of work and intervention. The relationship between residential child care and education services has, historically, been difficult to manage. Much of the difficulty has centred on where priorities should lie in terms of care plans and what constitutes a realistic and meaningful set of educational targets for children and young people in residential child care. The educational outcomes associated with this group have been very poor for a long time,

especially when compared to outcomes for children who are not accommodated (Connolly & Chakrabarti, 2008). However, while it has been relatively easy to identify some of the contributing factors which lead to these outcomes, agreeing upon and implementing effective multi-disciplinary strategies to address them has proved more elusive. Despite attempts to ensure that looked after children and young people are adequately supported in educational settings in a manner which takes into account their different circumstances, evidence regularly highlights how this is often not achieved, with looked after young people reporting that they feel they are treated differently from their non-accommodated counterparts. Against such a backdrop, and with educational histories which are often characterised by frequent school placement moves and poor attendance records, it is not surprising that educational outcomes compare unfavourably for this group of children.

However, the focus of social pedagogy can help to address this. Social pedagogy, with its strong emphasis on the developmental needs of children and young people as well as emotional health and well-being, has the potential to challenge some of the ways in which educational targets are conceptualised and communicated. Eichsteller and Holthoff (2012) identify how social pedagogy has helped residential teams to be more confident about seeking solutions where there have been problems with educational provision. Some of this will involve risk taking and 'pushing' workers and practitioners beyond their usual boundaries and limits. The concept of the learning zone can be helpful in this regard; it explains how individuals have a comfort zone, a learning zone and panic zone (Eichsteller et al., 2011). Workers require to be supported to move from their comfort zone where they feel comfortable to their learning zone where they explore the edge of their abilities and their limits. However, pushed too far they can move into their panic zone where fear will block any progress.

Recognition of the need for positive emotional health and well-being as a prerequisite for educational attainment lies at the centre of social pedagogy. While consistent with the vision of the Scottish Government with its focus on successful learners and confident individuals (Learning and Teaching Scotland, 2009), it can be seen to sit at odds with the target-driven and managerialist-informed agenda which has increasingly permeated social care and social services (Tsui & Cheung, 2004). This can be especially challenging when it is translated into a discrete focus on measurable outcomes, which in the sphere of education will often take the form of exam results and achieving qualifications and such thinking can be difficult to challenge. However, the evidence from the research

outlined in this paper suggested that multi-disciplinary social pedagogy training can begin to address this. Most hopeful was the feedback from education staff that the training helped to equip them to argue for the prerequisite nature of emotional health and well-being as a precursor for educational attainment. This highlights not only the potential for social pedagogy to help develop a truly developmental needs focused approach to children and young people, but also the ability to bring residential child care and education staff closer together in the development of suitable educational plans and target setting.

A more nuanced approach to dealing with issues of risk

Society in general terms and social work more specifically can be viewed as increasingly characterised by risk-averse attitudes and expectations (Parton, 2006). Residential child care is impacted upon significantly by this discourse. There is a flawed but increasing expectation that looked-after children will be kept safe from all forms of harm at all times. This is a significant problem. A failure to respond to risk appropriately acts as a barrier to healthy development and the ability to conceptualise and manage risk is a key component in the development of resilient children (Daniel et al., 2010). As such, those involved in the care of children, especially in residential child care where the early experiences of many children will have involved exposure to harm and inappropriate risk, have the task of introducing children to appropriate risk-taking activities in order that an ability to manage risk appropriately and proportionally is developed. Eichsteller and Holthoff (2009) define this as enabling children and young people to develop risk competence and become knowledgeable and skilled in assessing risks.

Unfortunately, increasing risk-averse attitudes contribute to a fear of getting this wrong, which in turn often impedes good practice. In its worst manifestation this can lead to practitioners becoming so wary of what constitutes acceptable practice that they begin to work in a way that places more emphasis on protecting the needs of the worker and/ or organisation, a 'watch your back culture', as opposed to attending to the needs of the children and young people (Horwath, 2000). Such a scenario will do little to improve the standard of care provided and Smith (2009) identified that if workers are to be able to care adequately for the children and young people they are working with they need to feel safe themselves.

This is all challenging enough when considered through a single discipline lens. It becomes increasingly more complex when multiple

agencies across a range of disciplines are potentially involved. This is the reality of practice for many residential child care practitioners where the task of risk management can regularly involve input from social workers, education, health and police services in addition to the residential setting. Consequently, it is imperative that practitioners in residential child care develop a clear understanding of how to respond to issues of risk in order that they are able to engage confidently about this with fellow professionals. One strategy is for residential child care services to reclaim a clear sense of relational based practice and reject pressure to develop approaches which are overly controlling and risk averse. Social pedagogy can assist residential child care services and practitioners to reclaim a clear sense of relational-based practice and reject pressure to develop approaches which are overly controlling or risk averse. Smith (2012) describes it as being 'fundamentally relational and empowering rather than administrative and controlling' (p. 53).

Such practice has been demonstrated to be successful. Bird and Eichsteller (2011) provide examples of residential practitioners who have begun to safely manage this transition from what can be described as risk-obsessed practice to a more questioning model of thinking which makes decisions based on what will be of benefit and potential learning for the children and young people. Milligan (2011) also argued that such an approach is more mindful of the holistic developmental needs of children and young people and contributes to the development of a more confident and knowledgeable workforce. However, the ability to engage in confident discussion and debate with a range of different professionals about such issues will prove crucial to achieving any success in this regard. Social pedagogues are, arguably, more likely to bring a higher level of nuanced thinking around risk, recognising that it is less for the sake of risk-taking and instead more properly appreciating what is risky, what is less so and what will be developmentally beneficial for children and young people.

Conclusions

'The UK is unusual compared with continental Europe in not using social pedagogy as a framework for social policy for children living in residential care' (Berridge et al., 2012, p. 248). The introduction of social pedagogy in a Scottish or UK context would not introduce practice which was completely new (Milligan, 2011). Nor would it be without challenge, but the potential benefits would outweigh any barriers to application (Petrie

et al., 2006). In some instances it could more accurately be described as a method or framework which acts as a suitable fit for practice or ideas which already exist in a less coordinated fashion.

Confidence and clarity of purpose is an absolute requirement as residential child care practitioners manage the task of multi-disciplinary practice with a range of professional boundaries. It is a task which has challenged the sector in Scotland and the UK for many years. There are numerous evidenced examples of where the failure to manage these relationships has resulted in poor and problematic practice. Political rhetoric and social policy have consistently pointed towards the need for change, increasingly so in recent years. However, evidence would suggest that the mere implementation of organisational and structural changes alone will not be enough, as even within 'joined-up' organisational processes there can be a tendency for practice to remain isolated and resistant to professional boundaries.

The European model of social pedagogy has the potential to provide a more fundamental change, one which involves the adoption of a 'largely new philosophical and theoretical framework or orientation to direct care practice with children and young people' (Milligan 2011, p. 212). Such an approach, rolled out on a multi-disciplinary basis, could provide real and lasting change, resulting in practice which is truly multi-disciplinary via the development of a shared common framework and language. This in turn can ensure a more consistent overall approach, regardless of professional differences, which is based on the holistic needs and well-being of the children and young people. The findings from the research presented here suggest that multi-disciplinary training can assist in the development of a common philosophy and framework, transcending traditional professional boundaries. This in turn can lead to the development of a shared language and understanding; the creation of a clear focus on the developmental needs of children and young people; and a more nuanced approach to dealing with issues of risk – key areas of practice which are consistently a struggle for the residential child care sector to address effectively in multi-disciplinary context.

References

Bayes, K. (2009). *Higher Aspirations, Brighter Futures: National Residential Child Care Initiative Overview Report*. Glasgow: Scottish Institute for Residential Child Care.

Berridge, D. (2002). Residential care. In D. McNeish, T. Newman & H. Roberts (eds), *What Works for Children* (pp. 45–61). Buckingham: Open University Press.

Berridge, D. & Brodie, I. (1998). *Children's Homes Revisited.* London: Jessica Kingsley.

Berridge, D., Biehal, N., Lutman, E., Henry, L. & Palomares, M. (2011). *Raising the Bar? Evaluation of the Social Pedagogy Programme in Residential Children's Homes.* London: Department for Education.

Berridge, D., Biehal, N. & Henry, L. (2012). *Living in Children's Residential Homes.* London: Department for Education.

Bird, V. & Eichsteller, G. (2011). The relevance of social pedagogy in working with young people in residential care. http://www.goodenough caring.com/Journal/Article155.htm

Clark, C., & Smith, M. (2012). Changing lives: What is really changing for Scottish social work? *European Journal of Social Work*, 15(3), 313–29.

Connelly, G., & Chakrabarti, M. (2008). Improving the educational experience of children and young people in public care: A Scottish perspective. *International Journal of Inclusive Education,* 12(4), 347–61.

Daniel, B., Wassell, S., & Gilligan, R. (2010). *Child Development for Child Care and Protection Workers* (2nd ed.). London: Jessica Kingsley.

Eichsteller, G., & Holthoff, S. (2009). Risk competence: Towards a pedagogic conceptualisation of risk. http://www.childrenwebmag.com/articles/social-pedagogy/towards-a-pedagogic-conceptualisation-of-risk

Eichsteller, G., & Holthoff, S. (2012). The art of being a social pedagogue: Developing cultural change in children's homes in Essex. *International Journal of Social Pedagogy*, 1(1), 30–46. http://www.international journalofsocialpedagogy.com

Eichsteller, G., & Petrie, P. (2013). Editorial: Relationships that matter. *International Journal of Social Pedagogy*, 2(1), np. http://www.inter nationaljournalofsocialpedagogy.com

Eichsteller, G., Holthoff, S., & Kemp, R. (2011). *Social Pedagogy Training Pack*. Allithwaite, Cumbria, UK: ThemPra Social Pedagogy Community Interest Company.

Fostering Network (2013). *Head Heart Hands: Introducing Social Pedagogy into Foster Care.* London: Fostering Network.

Frizzell, E. (2009). *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit*. Edinburgh: Scottish Government.

Fulcher, L., & Garfat, T. (2013). Outcomes that matter for children and young people in out-of-home care. *International Journal of Social Pedagogy*, 2(1), 33–46. http://www.internationaljournalofsocialpedagogy.com

Hämäläinen, J. (2003). The concept of social pedagogy in the field of social work. *Journal of Social Work,* 3(1), 69–80.

Heron, G., & Chakrabarti, M. (2002). Impact of Scottish vocational qualifications on residential child care: Have they fulfilled the promise? *Social Work Education*, 21(2), 183–97.

Holthoff, S., & Eichsteller, G. (2009). Social pedagogy: The practice. *Every Child Journal*, 1(1), 58–63.

Horwath, J. (2000). Childcare with gloves on: Protecting children and young people in residential care. *British Journal of Social Work*, 30(2), 179–91.

Kirkwood, A. (1993). *The Leicestershire Inquiry, 1992: The Report of an Inquiry into Aspects of the Management of Children's Homes in Leicestershire between 1973 and 1986*. Leicester: Leicestershire County Council.

Learning and Teaching Scotland (2009). *Curriculum for Excellence: Successful Learners, Confident Individuals, Responsible Citizens, Effective Contributors.* Glasgow: Learning and Teaching Scotland.

McPheat, G., Milligan, I., & Hunter, L. (2007). What's the use of residential childcare? Findings of two studies detailing current trends in the use of residential childcare in Scotland. *Journal of Children's Services*, 2(2), 15–25.

Maier, H. (1979). The core of care: Essential ingredients for the development of children at home and away from home. *Child Care Quarterly*, 8(4), 161–73.

Marshall, K., Jamieson, C., & Finlayson, A. (1999). *Edinburgh's Children: The Report of the Edinburgh Inquiry into Abuse and Protection of Children in Care.* Edinburgh: City of Edinburgh Council.

Milligan, I. (1998). Residential child care is not social work! *Social Work Education*, 17(3), 275–85.

Milligan, I. (2011). Resisting risk-averse practice: The contribution of social pedagogy. *Children Australia*, 36(4), 207–13.

Milligan, I., & Stevens, I. (2006). *Residential Child Care: Collaborative Practice.* London: Sage.

Munro, E. (2011). *The Munro Review of Child Protection: A Child-Centred System.* Norwich: The Stationery Office.

O'Brien, S. (2003). *Report of the Caleb Ness Inquiry.* Edinburgh: Edinburgh and the Lothians Child Protection Committee.

Parton, N. (2006). *Safeguarding Childhood: Early Intervention and Surveillance in a Late Modern Society.* London: Palgrave Macmillan.

Petrie, P., Boddy, J., Cameron, C., Wigfall, V., & Simon, A. (2006). *Working with Children in Care: European Perspectives.* Maidenhead: Open University Press.

Scott, J., & Hill, M. (2006). *The Health of Looked After and Accommodated Children and Young People in Scotland: Messages from Research*. Edinburgh: Social Work Inspection Agency.

Scottish Executive (2006a). *Changing Lives: Report of the 21st Century Social Work Review.* Edinburgh: Scottish Executive.

Scottish Executive (2006b). *Getting it Right for Every Child: Implementation Plan.* Edinburgh: Scottish Executive.

Scottish Executive (2007). *Looked After Children and Young People: We Can and Must Do Better.* Edinburgh: Scottish Executive.

Smith, M. (2009). *Rethinking Residential Care: Positive Perspectives.* Bristol: Policy Press.

Smith, M. (2012). Social pedagogy from a Scottish perspective. *International Journal of Social Pedagogy*, 1(1), 46–55. http://www.internationaljournal ofsocialpedagogy.com

Smith, M., & Whyte, B. (2008). Social education and social pedagogy: Reclaiming a Scottish tradition in social work. *European Journal of Social Work*, 11(1), 15–28.

Standards Council for Community Learning and Development for Scotland (2015). *History.* http://cldstandardscouncil.org.uk/?page_id=92

Tsui, M., & Cheung, F. (2004). Gone with the wind: The impacts of managerialism on human services. *British Journal of Social Work*, 34(3), 437–42.

Vrouwenfelder, E., Milligan, I. & Merrell, M. (2012). *Social Pedagogy and Inter-Professional Practice: Evaluation of Orkney Islands Training Programme.* Glasgow: Centre for Excellence for Looked After Children in Scotland.