Treasuring the Social in Social Pedagogy

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Robyn is a UK-qualified social worker who has a deeply held passion for, and some 30 years of experience working with disenfranchised and/or vulnerable people and children and young people in care. She has a strong interest in social pedagogy and residential childcare both operationally and strategically. Since 1995, she has been in a variety of management positions and has developed and delivered training, conferences, workshops and consultancy on children's social work and social care for the statutory, voluntary and independent sectors. Her work has aimed at improving both the experiences and outcomes for children and young people in or on the edge of care and raising the profile of those affected by, and working within, the social work and social care sectors.

I would have liked to have been able to start this piece with a summary of how the experience of residential childcare has dramatically improved for children and young people, increasing possibilities and improving outcomes, over the near 30 years I have worked in the sector. Sadly, evidence that we have significantly improved the lived experiences of children in care, and specifically those in children's homes, over this period is hard to find. Minor improvements in educational outcomes are not cause for celebration for me when the attainment gap remains constant at around 50% for children in care compared to non-looked after children, and considerably more for those in residential care (Department of Education, 2014). Only 3.2% of young people in English children's homes attain the qualifications needed to progress to A levels, compared with 58% of the general population (Department of Education, 2014). In Denmark and Sweden where social pedagogy informs and frames public policy, and professional practice and education, the educational attainment gap between children in care and the general population is about 10% (Cameron, Hollingworth, & Jackson, 2011).

Interesting as these statistics are, they are not the main reason for my interest in and attraction to social pedagogy. Social pedagogy provides a *coherent ethical* framework for policy, and professional education and practice, something that UK practitioners in children's and adult social care both lack and desire. This is not to say that there aren't plenty of codes of ethics, and that ethics and values are not part of a practitioner's education, whether at level 3 (the minimum qualification for residential practitioners) or higher. However, our system does not teach practitioners about what Petrie et al. call the "centrality of relationships" (Petrie, Boddy, Cameron, Wigfall, & Simon, 2006, p. 22), rather there is a sense that good relationships are formed when there is this arbitrary thing called "*chemistry*" between people. Social pedagogues are interested in the "chemistry" that helps positive relationships develop, this is the central focus of their professionalism and professional task recognising that it is within authentic and genuine relationships that we find ourselves and our possible places in the world. Garabaghi (2010, p. 87) argues:

> It is not widely recognized that there is a "relationship skill". In many practice settings, relationship-based work is mandated by the policies and procedures of the employer, but there are no specific skills articulated to support this mandate. . . . relationship development is viewed as an innate skill, one that everyone has to some degree and that is furthered primarily by effort and attention to the prescriptions of policies and procedures.

I came in to working with children in care around the time that a series of public outcries about social work failures to protect children from abusive parents, carers and professionals fuelled dramatic changes to the ways in which public services were organised and delivered. Investigations, serious case reviews and public inquiries revealed that for many children the support and care provided fell far short of what they needed and indeed what we would want for our own loved ones. Welfare services, as with other publicly owned services, were now open to

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private sector competition as the free market economy was heralded as the best route to raising standards and lowering costs. The public sector came under "New Public Management" with its emphasis on "the 3Ms" of markets, managers and measurements, and many of us earnestly pursued a "what works?" orientation to our work, as more and more guidance with detailed processes were issued.

As the "care market" grew, children in care became commodities for tender and trade, with many commissioning authorities stipulating their valuing of cost over quality of care. Petrie (2010, p. 9) argues "the 'child in need' has been constructed as a social problem with costs attached; for control, treatment or protection . . . Emphasis is placed on the cost-burden to society of what children do or do not do and how to change their behaviour". Measuring the costs of care became a central focus of attention for providers and purchasers whether in the statutory, voluntary or private sector, and the need to provide evidence to support financial efficiency claims rose high. What was easily measurable (e.g., time to complete forms and processes, educational attainment, health checks) took centre stage, while quality of relationships, difficult to measure as they are, did not fit easily into categories for data collection. Perhaps, this partially accounts for the now recognised 'distortion of the priorities of practice' (Munro, 2011, p. 20), where completing processes and forms within timescales has taken precedence over forming and nurturing trusting, empathic and authentic relationships.

The dominance of the deficit construction of the child has led to a prominence of the management of children's behaviour as the main focus of work. Rewards and sanctions (written into the National Minimum Standards) are used extensively in UK residential childcare, underpinned by a consensus that believes rewarding good and punishing bad behaviour helps children become "good people". There is considerable evidence however, that this is not the case. Extrinsic motivators (those set by others) of reward and punishment may well produce compliance and obedience, but can also foster mistrust and dishonesty, encourages both children and adults to lie better (Kohn, 1993/1999; Pink, 2009; Talwar & Lee, 2011), and there is growing evidence from the business sector that rewards can induce unethical behaviour (Ordóñez, Schweitzer, Galinsky, & Braverman, 2009).

A behaviour modification orientation keeps power firmly centre stage in the relationships between adults and children in residential care, making children acutely aware of adults' power to reward, to not reward and to punish. For those children and young people who find trust difficult (those whose trust has been misused or abused by those with power over them), the awareness and use of adult power in the relationship nurtures a sense that the adults are in control and that the children are under control. If power and control become the basis for relationships, there is little room for learning how to navigate life and relationships through genuinely caring relationships, and empathy is naturally crowded out.

Social pedagogy strives for equality, recognising there is a "diamond" in everyone no matter how unpolished it may be (see www.thempra.org.uk for an explanation of the Diamond Model). Social pedagogy teaches practitioners to develop the "relationship skill" that Garabaghi refers to above and that Anglin (2002) usefully details as "interactional dynamics", and it helps practitioners to see that our professional role and task is to *commit to the relationships* we encounter as professionals. This commitment relies on our congruence between empathy and unconditional positive regard for "the other", something that German social pedagogues call a social pedagogical "*haltung*". *Haltung* has no direct, adequate translation in English, it is more than the "attitude or stance" dictionaries stipulate. Eichsteller (2010) describes *haltung* as "how we guide our actions by what we believe in", and as social pedagogues our belief in the intrinsic worth and potential of everyone is the foundation of our professionalism and commitment to the relationships we encounter. Behaviourism, when universally applied, without specific understanding of the individual in question, is not congruent with an empathic understanding of "the other". Conversely, it can encourage professionals to see the children on the receiving end of the behaviour modification intervention as being worthy of treatment that we would not wish on ourselves or our loved ones. For example, rewarding a child with money for attending school, and grounding a child for running away are not uncommon practices in UK children's homes, but are exceptional practices in family homes. Often these types of rewards and punishments are seen as "natural consequences" that support the positive aims of improving educational and safety outcomes, but when critically reflected upon the potential unintended consequences of such practices are uncovered. The underlying message from the adults can be interpreted as a demand to comply with rules and boundaries, rather than concern for the child's education or safety – demands for compliance tend to have a negative effect on relationships, especially when they are new or fragile as they often are in children's homes. I do not discount behaviour modification totally, for an individual child it may be a helpful way for them to learn, and when the motivators are intrinsic (set by the child not the adult), they can help transform unhelpful patterns of behaviour, but their universal use does more damage to relationships than helps them, and keeps empathy for the other at bay.

A University of Michigan study in 2010 cited in Cain (2012) found that there had been a 40% drop in empathy of the student population over the last 30 years, and while there are many contextual differences, it perhaps represents something of what life is like in the UK. Ten years ago, I was drawn to what I saw as the humane and empathic approach offered by social pedagogy, because it raised my awareness to the dominant deficit construction of the child that I had unwittingly integrated, to some extent, into my practice. Becoming aware of "automaticity", a field of social psychology which examines "the control of one's

internal psychological processes by external stimuli and events in one's immediate environment, often without knowledge or awareness of such control" . . . , despite good intentions (Bargh & Williams, 2006, p. 1), has encouraged me to be a more critically reflective practitioner, to be more curious, to be aware of what may be influencing me and to question my assumptions.

Empathy for children in care, children whose behaviours are often problematic for themselves and or society, to me, has been crowded out by a problem and deficit focus, and has affected all of us to one degree or another. When we are more concerned with the "control, treat or save" agenda as described by Petrie above, we miss the opportunities of helping children, young people and their families through forming authentic, genuine and caring relationships. We miss the social opportunities for experiencing the "recognition" that is a universal human need. Warming (2014) discusses the struggle for recognition, citing Honneth (2007):

> If human beings are systematically denied recognition, the result will be disorder and (individual as well as societal) pathological development.

Behaviourist methods and approaches tend to be one-way with adults encouraging children to fit into a predetermined set of expectations and rules, they belie Malaguzzi's (1993) concept of the "rich child" (rich with extraordinary potential, competence and the expert on their own life), the complexities of children's lives and of relationships between adults and children. Looking after children in children's homes has become more complex over my years of practice – children enter the care system later, stay for an average of less than a year, often entering residential childcare after a number of placement breakdowns and/or little adequate birth family support. To suggest that the complex task of caring for and about these children and young people does not require highly skilled and strongly ethical people masks an uncomfortable truth, and perhaps accounts for the prevalence of behaviour management approaches. When empathy and concern for "the other" is the starting point for practice, we are encouraged to find and adopt the methods and approaches that are pertinent and aligned to the individual we are caring for, and we cannot rely on methods that fit our needs as adults in control. When we find a shared interest that neither the child nor we have pursued before, and explore that interest together, we take the power between us off the table, and through this we can develop the kind of genuine relationship where the child feels recognised and valued as an equal. Social pedagogy reminds me, my own small research study participants (Kemp, 2011) and a growing number of individuals and organisations across the UK (see www.spdn.thempra.org.uk) of why we came into this work in the first place; and, crucially, to treasure the copious social learning opportunities in residential childcare for both children and adults. Perhaps, more care and less control will characterise the

next 30 years of social care policy and practice, I do hope so.

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