

## **ICHA – Reflections on observing Social Pedagogy in Denmark 2011**

**Jonathan Stanley**

**April 2011**

### **The delegation members**

#### **Parliamentarians**

Jessica Lee, Conservative, MP for Erewash

Toby Perkins, Labour, MP of Chesterfield, Shadow Children's Minister

Liberal Democrats were invited

Earl of Listowel, House of Lords, Vice Chair All Party Parliamentary Group for Looked After Children and Leaving Care

#### **Residential Child Care representatives**

Jim Sullivan, Thoughts of Others, ICHA co-chair

Alison Trainor, Oracle Care, ICHA representative

#### **Invited members**

Jonathan Stanley, National Centre for English Residential Child Care, accompanied as a recognised authority on residential child care and also researcher and developer of Social Pedagogy in England.

Gary Kent, ICHA Parliamentary Officer

## Executive summary and findings

- We will gain more from adopting a learning and development activity to Social Pedagogy than a transportation wholesale from European countries to England
- Future research will be more effective if it includes a Residential Child Care practitioner input
- The development of an English Social Pedagogy for Looked After Children will require further research particularly concerning the meeting of generalist and specialist needs and especially the relationship between Fostering and Residential Child Care; and Social Pedagogic and residential treatment homes. We need more research into these homes both in this country and others. It is of note that there has been little if any funding of research into already existing and effective providers and resources for specialist need by Government for over two decades.
- Social Pedagogy can best be seen as an approach rather than a method or technique. In itself and by itself it does not provide a universal answer for all young people. It does not appear from the homes visited to be efficacious for all needs. It requires additional elements to meet specific needs and these are provided in specialist settings for higher level needs.
- Social Pedagogy practice is not *completely* different than English practice. However, more dialogue is needed to understand the things that are the same and different. Exchanges between residential practitioners would do much to support dialogue.
- English practice could benefit from a greater specific educational remit to complement the care aspect of the role and task.
- The training of Social Pedagogues to graduate levels brings benefits to young people in terms of an informed practitioner. It also brings benefits through providing a task and role definition thus clarifying status amongst professionals in relation to the child's needs
- Reduced ratios of staff to young people were seen as being possible where the needs are straightforward. Keyworking requires staffing for the parenting relationship that is more frequently found in English Residential Child Care
- A reconsideration of Residential Child Care as alternative, supplemental and substitute to family based care could be cost effective and child-centred
- For children of similar needs the homes visited had costs that seem to be higher though with fewer staff, the increases arising from training, salary and professional support
- The homes visited show psychological assessment is effective in planning for care
- Guidance relating to physical intervention is needed to allow for authoritative appropriate use

- The benefits of risk assessment and management for safeguarding are clear but the concept of risk needs reconsidering with an accent on risk and growth to balance
- The 'improvement function' from the regulator must be restored

### **The basis for the report**

The visit was undertaken to further the understanding and use of Social Pedagogy thinking and practice in Denmark, one of the countries often commented upon by UK Governmental/Parliamentary sources and the media.

The visit would allow closer investigation into the reported differing practice stated as more relationship-based and creative as well as more effective in terms of outcomes and cost.

It is important to note that this is the first contribution to the Social Pedagogy dialogue from a Residential Child Care perspective. The ICHA, the largest residential child care provider organisation in the UK, arranged and was the sole funder for this visit. It signals the seriousness by which ICHA takes the development.

Previous Governmental and/or Parliamentary visits had been arranged and led by Social Pedagogy researchers or trainers in the absence of Residential Child Care practitioners.

This was the first visit providing an opportunity for experienced and knowledgeable Residential Child Care practitioners to experience and directly discuss Social Pedagogy in practice with Danish colleagues with leading Parliamentarians present. Facts could be understood, related to the Danish context, translated to the English context, in a direct unmediated way. The ICHA investment in this visit confirms its level of engagement to the degree that there should be no more exclusion of the sector from the development and research, a quality mark for research and reports should be that residential child care practitioners from representative organisations are included in all cases. Certainly the findings from this visit suggest there has been much that could have been included earlier and with relationships being established dialogue and development could have been more effective. It should not be the case that the sector should have to respond to reports but be an active participant in the researching.

The intended aim was for a more holistic and mutual appreciation of the traditions and influences on the current deployment of residential options for young people. The current evidence base would be extended through the sharing of perspectives and reporting of findings. Parliamentarians would have a reference document that complements others and have a document benefitting from a more informed Residential Child Care input.

The visit was successful in these terms. This report provides a rich view into the futures for Danish and English Residential Child Care. There is much that is the same, different and possible.

This visit suggests there is at least as much for Denmark to learn from the English experience, not the least from understanding of the loss to practice that follows constructing residential options only as a high cost, last resort, sequential and hierarchical option.

**Prior discussions suggested the following would be the areas of research to be included in the visit**

- Legislative structures
- Societal view of Social Pedagogy and Residential Child Care
- The use of Residential Child Care and other forms of provision – fostering
- View of Residential Child care as alternative, substitute or supplemental care?
- Thresholds, age range and the needs of young people in Residential Child Care
- How are mental health services integrating?
- How is risk assessed, managed?
- Care and control – what is necessary and possible?
- Family involvement
- Costs, staffing
- Commissioning – balance of not for profit and for profit providers
- Training requirements
- Outcomes

**English Residential Child Care – 95% Satisfactory or better**

Though there may be things that need to be altered in the terms of the National Minimum Standards (NMS) and inspection here is a sector that is operating to exceptionally high degrees of compliance with required standards, more so than any other in social care and more so than any other regulated setting. From a starting point of 54% being Satisfactory at the outset of NMS the 2011 Chief Inspectors report now shows 95% satisfactory or better. Not only is this a sector that is delivering what is required of it, it is also clearly capable of self-improvement on an impressive scale

## Reflections on observing Social Pedagogy in Denmark

### Two settings were visited

The first comprised of two large accompanying purpose-built houses with an equally large administration/support services wing in an unremarkable suburban street offering placements for up to 10 younger children and 13 in the adjoining building for teenagers. The young people come from the town and continue at their schools. Looking much like a children's centre or small school as found in England the buildings are surrounded by play areas and equipment within a fence.

Inside is open plan, a living area and two corridors, bedrooms and amenities. In many ways this building can be seen to be similar to an ordinary Danish home but larger and clearly this has another purpose, as the two dining rooms and timetable of household responsibilities and activities for each child on the lobby wall attests.

The second comprised several home settings with a school on-site, the referrals for the 120 young people are managed closely. There are 170 staff members. The young people come from the region with distances of up to 100 miles necessary and have limited contact with their family, this being seen as '*unproductive*' and '*not child-focussed*'. The intent is a '*nice home different than a family,*' providing continuity and community, '*a mini society and mini community.*' Routines provide a structured day. A 24 hour plan is created for each young person using the Zone of Proximal Development, identifying the strengths that can be used to support the next steps. Group work and reflection is used extensively. A points system is used.

Admissions are closely monitored so that all young people will be open to the methods used. As a result outcomes are good for young people and occupancy can be maximised. The self-esteem of the staff group as a result is high, there is competition for jobs and people stay longer than in many other places.

Note: all Danish Young People have an education plan so there is no difference for Looked After Children. The plan is strengths based arising from a gap analysis. It provides foundation for realistic ambition.

### Reflections

It has been an observation from the Social Pedagogues who have worked in English residential child care that a different task is being asked of practitioners. This visit suggests that ideas that Social Pedagogy practice is *completely* different than English practice should be dispelled. However we need more dialogue to understand the things that are the same, different and that needing more knowledge and experience. This being the case we should not be expecting a quick development working from an operating view that the sector needs 'fixing'.

Perhaps the most important finding from this visit is that Social Pedagogy is not efficacious with all young people as hoped for. There are specialist settings catering

for higher level needs. Social Pedagogy seems better suited to meeting generalist needs, those we might consider having relatively straight forward needs and frequently found in fostering placements or long term children's homes in England.

However we know from previous research by National Centre for Excellence in Residential Child Care and now Thomas Coram Research Unit/Department for Education that Social Pedagogic practice is well received by practitioners. It is perceived as being closer to the residential practice that was possible in other decades, and matching what workers know the young people need now. The development experiences offered by Thempra with Essex and other providers show a similar welcoming.

We are at an early stage of coming to understand what Social Pedagogy will mean for England and what an 'English Social Pedagogy' will look like in practice. The Government have helpfully clarified that we are not engaged in a transportation of Social Pedagogy wholesale from European countries to England but in a learning and development activity.

This visit suggests we need to consider carefully the suggestion that is frequently presented that Social Pedagogy is uniformly different and better than English Residential Child Care. There are several strands in this report that have not as yet had any inclusion in the public discussion.

One of the foundations of work in Denmark is the relationship between the young person and Social Pedagogue. This is made possible by the link between the training of staff, building and professional support. Denmark appears to invest to a higher degree than currently is the case in England. There are implications for the care of young people.

Coming to know more about Social Pedagogy may assist the Government to be more supportive in its guidance for the English residential sector.

Some potential learning points were observed in the visit. Much has been made of the much reduced staffing of social pedagogy homes as cost-effective and a result of social pedagogic practice and these are discussed first before moving to 3 themes: practice, assessment and settings.

## **Staffing**

The first home had 2 staff to 10 young people, the second home considerably more staff. However the visit shows that the lower ratio was for young people with much reduced needs than found in the majority of residential settings in England.

In the first home such minimal staffing meant individualised care as in the keyworker role as in England was not possible. With such a ratio any increase in needs especially any with confrontational behaviours or sexualised activity, present a challenge with such individuals moved on swiftly to provision that could meet their

needs. These homes had increased ratios and offered differing environments ranging from residential special school type, as in the second home visited, to residential treatment homes which were not visited. A further visit should be undertaken to complete the appreciation of the Danish diversity and to compare it fully to that present in the English sector.

The residential treatment homes have not yet been reported on for an English audience. It was explained that though these homes had social pedagogues they also had more people who are not so well trained. It was reported to us that these homes had additional social and psychological interventions/programmes addressing particular needs, and in this particular way seemed not so different from English residential child care with specific statement of purpose.

Social Pedagogy in itself is not a technique nor a universal answer and can best be seen as an approach rather than a method requiring additions to meet specific needs.

The visit has shown that to gain a fuller picture of the Danish system it is urgent that the residential treatment homes are understood and reported upon before there is further development.

An example of the type of information needed comes from the second home visited. Whilst Social Pedagogues were employed and it acted as a foundation the main reference points were more sociological and psychological with a devoted accent on group work. None of the leadership team were Social Pedagogues but had backgrounds of psychology and education.

## **Costs**

It would appear that the total costs of a home in Denmark, even for lesser needs, are higher. Being fundamental for the future of Social Pedagogy project costs need further research urgently as does evaluation of outcomes in terms of both cost-effectiveness and effectiveness in remedying the young person's needs.

A key cost is always staffing and a Social Pedagogue is paid a little under a teacher in Denmark. Using averaged income it appears that a Social Pedagogue will be earning at least 30% more than currently paid to an English Residential Child Care Worker.

The role of Social Pedagogue, the Social Worker and Psychologist were well defined and of equal status. In England this is not the case with the Residential Child Care worker having a lesser status. The National Minimum Standards dictate that the management of the care each child receives has to be within the remit of the manager of the home. Not uncommonly in practice social workers and commissioners see this as negotiable and the relationship not as one of equal partners.

Setting aside legislation and history this arises from the level of training. Residential Child Care Workers (RCCWs) in England are required to have a Level 3 vocational accreditation. This is paid for by providers. In Denmark the workers are graduates whose training has to date been paid for by the state. Research by CWDC has shown that in itself graduate status is not a solution but the required training at a graduate level as in the Qualification Credit Framework would present benefits from work-related learning. The aim of CWDC is for a graduate led workforce by 2020.

Moving to a graduate status for all RCCWs in England would affect the salaries expected to be paid and would have cost implications but could bring benefits for residential settings. It would enhance the status of the task, enable the task to be seen as having its own theory and practice and as a profession in its own right as in Europe, it would relieve providers of the costs of developing its workers, there would be a national level of training for all workers.

Additional costs also come from the close working with social work and psychology.

The homes visited both were benefitting from regular consultation from a psychologist who was seen as part of the staffing for the home. This support did not need to be contracted or commissioned from CAMHS or elsewhere but was an expectation of homes.

A Danish view of the use of cost calculators was that they *'will cost out the care'* with results being skill-based missing out elements of care, *'if you strip away the reflective and positive practice then it leads towards the reactive – this is not the use of Residential Child Care as we see it and how we use it.'*

This second setting was valued as specialist. The cost was higher than the previous home but seen as cheaper than many others in Denmark. A major preoccupation of the Director was the balance of the continuing standard of care with the demands for cost effectiveness. He was able to keep the boundary. This was quite different to the English experience where each aspect of care can be challenged by commissioners. The justification for inclusion of an aspect is not sought in Denmark, the professional judgement is valued.

### **Investment in practice**

In discussion with these Danish colleagues a psychological/sociological approach (incorporating interpersonal psychotherapeutic thinking) stands apart from the ever greater move towards a 'social only' view of a child's world in England where young people in residential settings, with specialist needs, are then to be understood in terms of what is applicable for the rest of the population of young people. There is strong support for residential settings to require a psychological understanding in order to provide for these young people, any provision without it being seen as limiting.

It is worthy of note at this early stage of these reflections that though having a 3.5 years state-funded (and 2 years probationary period) the Social Pedagogues in the first home reported they struggle with more psychological needs. They recognise this and respond with a psychologist being part of the staffing, there is an appreciative relationship, advice is close at hand and there is a weekly consultation to all staff. All Young People are screened psychologically.

The home also has an attached social worker with an office in the Administration building who whilst not seeing the young person much keeps a focus on legislative requirements. This allows the Social Pedagogue to focus on everyday life. A risk assessment would be developed jointly.

Safeguarding lessons has brought to England much more precision to practice, and safeguarding compliance is important, but it has also closed many aspects of practice that were mainstays in previous decades.

The management of behaviour requires the boundary of validated sanctioned practice to be culturally normed and written into a Code of Practice. In discussions not only with professionals but with the 'person in the street' it is clear that in Denmark Social Pedagogy is 'everywhere'. People in street know of it and can say how it works and they contribute to it informally as national consensus project at all ages – mostly by answering the question –'how can the relationship be improved'?

Social Pedagogy is infused into Danish culture, part of the social contract of being a Danish citizen is to actively contribute to social cohesion through everyday acts of human kindness.

The National Minimum Standards whilst describing positive practice omits the detail required for positive behaviour management, what should and can be done when the thresholds of acceptable behaviour are being neared, and what to do when they are crossed.

The first home could not include young people with violence and they were moved. The second home sought to contain it psychologically and the culture of non-restraint is a *'common project of staff'*. Young people report *'I needed those limits'* but saw the need for physical intervention. Within the Regulations there is a recognition an adult needs be empowered to stop violent behaviour, all staff are trained. All incidents trigger learning and consequences when *'we wind the film back'*. Commenting on physical restraint and touch in general observed, *'We will not let ourselves be ruled by fear, our contact will be as natural as possible. There should be room for the physical e.g. football and safe wrestling with grown-ups.'*

A further fruitful area could be to consider the English understanding of risk and its value in child development. The play area in this Danish children's home suggests that there is a different understanding of Risk. Whilst there may be bikes and swings in many children's homes in England there are few that would have a fire pit not

even for barbecues certainly not for the experience of fire. This suggests there is a different cultural determination of what constitutes 'safeguarding' and this results in a different set of conclusions for the social contract of what Residential Child Care is for and what its practice may include. Social Pedagogy starts from a strengths and rights based appreciation of Young People and the task of their upbringing.

In England the current regulatory position leads to a risk-averse practice that does not allow for a practice that has an understanding that risk is an important aspect of learning. It is not as easy as saying that providers 'must do it' or to revise NMS to allow for it when they may be adversely evaluated by inspectors for undertaking a practice seen as 'risky', and especially should something happen as a result. It is not sufficient to advise that risk assessment and management 'be robust.' It is as though because of all of the other risks that have been a part of their lives to date then no more, even though they may be healthy, should be allowed.

There are many independent providers who cannot agree ethically to this impoverishment and continue to provide such experiences but they do so in full cognisance that their practice is open to question. That as a society we ask the residential sector to provide experiences that are less than for the rest of the population suggest that we do so not on the basis of an assessment of their needs, should that be the case then this may be more understandable, but we do so on the basis of them being a child in care in a residential setting. This meets all the requirement of what the Office of the Children's Rights Director calls 'Careism.'

The second home holds to a group and peer work perspective now rarely found in English child care. It is seen an old model but here the outcomes were demonstrable and so it may be another element that needs recovery. The loss of the ability to work with group processes may be one element of the move towards smaller numbers in homes in England. The aspiration of provider's ability to work with smaller staff numbers and larger numbers of young people will be predicated on the ability to work with group processes. Research by Clough and Stanley in 2007 found that such awareness and technique was low across English Residential Child Care. One element of any development of Social Pedagogy in England will require a 'rediscovery' of group work. It will not require transporting from another country but will require a validating and investment in recovery of what was a rich tradition with many resonant writings. Associated with this is the appropriate use of peers considerably beyond the current vogue for peer mentoring and for which there is a considerable literature and an English tradition to be re-energised.

An interesting practice point is that in the second home no child has an individual keyworker. Whereas this was provided in name at the previous home visited here it was the philosophy not to promote individual attachment as the group is seen as having ascendancy. An English view would be that each child needs a close person who champions them as a key factor in care and the recreations in the relationship are frequently those aspects of previous care that needs addressing. It is not the

case that then being from a Social Pedagogic country necessary leads to all practice being congruent with another country

### **Investment in assessment**

All planning was based on developmental assessment of the Zone of Proximal Development rather than the inappropriate chronological expectation placed on young people and providers as in England. Psychological support and use of assessments in care is standard in Denmark, the Care Plan is diagnostic not impressionistic, not intuitive but descriptive.

In England placements frequently are not always determined by thorough assessment but through sequential trial and error in family-based placements until the threshold for a residential placement is crossed leaving the sector with the challenge not only to address the original predisposing needs but also the frequently surrounding secondary trauma arising from experiences from the serial misplacements. In such a light the poorer outcomes of the residential sector can be seen as a correlation of previous influences and not solely the residential placement being the cause as is frequently implied.

Portrayals of Danish practice need to be complete and it was interesting to hear reported some familiar (to English ears) cultural views of the use of Residential Child Care such as its use when a Social Worker does not know what to do to keep the young person in the community-based interventions then '*they go to the garbage can.*' Another commonality was teenage years being '*too late.*' The use of residential settings for earlier ages was seen as positive. This visit then could prompt Government to reflect on the degree to which children's homes in England are enabled and empowered to be of inclusion rather than exclusion, of extension rather than separation from community.

How can this be made different? It has to be appreciated that specialist resources can only be delivered in residential settings. In today's legislative framework it will require finding a place within the Coalition Government's national prospectus for children an idea of the 'created' family in itself not so different than many families including birth, step and other siblings. It may require a reconsideration of the use of residential settings for alternative, supplemental and substitute care for young people as articulated some years ago by Ann Davis in *The Residential Solution*. In such a way residential care can be seen as family-based not acting outside of a family or with the 'family in mind' but as an active factor in residential life which then affects the role and task of the practitioners and the commissioners and which will radically affect 'stability, stability, stability'.

From the visit we understand the Danish approach to differ markedly in that initial placements are to children's homes with fewer direct care staff but more supporting professionals with larger numbers of children. This stay is for assessment and this

determines the matching for the next placement ranging from fostering to intensively staffed smaller homes such as are found in England.

It was anticipated that the Danish environment would be a 'rich environment' with more obvious nurturing.

It has been a criticism made from a Social Pedagogical perspective of English provision that there is 'too much of the institution' still present, though the including of young people in the household chores is exactly the same as many settings in England; sharing the view of this Danish children's home that all Young People have to assist. '*Everyone has to help each other*,' all have chores setting table, washing up, cooking etc and '*take responsibility*' the timetable on the wall in an English children's home would be seen as institutional. Such planning was no doubt mediated by a lot of discussion and support but English child care may present it more informally and maybe more in the 'lifespace' than was witnessed in this children's home.

It was telling that clothes were marked whereas in England this would be seen as institutional where the smaller numbers lead to small loads in washing machine where there is no chance of a mix-up.

The task of this home was to assist Young People '*how to fend for themselves*', to encourage responsibility and partnership with a focus on the upbringing of the young person. This suggests they have a level of functioning, stability and emotional well-being that is not always present for all young people in children's homes in England but perhaps more frequently found in fostering settings.

Social Pedagogy has a definite educational perspective, 'education in the widest sense' as Petrie defines it. Taking a learning perspective of the work the pedagogue supports as the child 'drives' their learning socially and educationally. The English Residential Child Care tradition has not included an explicit educational aspect, so, for example, it has not undertaken as a matter of course specific preparation for leaving care in the form of life skills.

Equally the residential sector has not had afforded to it the space to work alongside families. The roots of this stretch back to the Poor Law and the separation of families. Though it is done to the same level as here in this Danish children's home it is not seen as an aspect that is part of the residential task more that it is to be undertaken by someone else, probably the social worker. It would make more sense from a child-centred perspective and be welcomed by the sector if there was this and other 'delegations' of the social work responsibility as have been given to foster carers.

### **Investment in settings**

This assessment centre where placement is not seen as long term was purpose-built. In England such a municipal type of building was the prevalent style of

accommodation some decades ago. Such buildings, where continuing in use, are now requiring extensive remodelling for use with the current client group being placed into residential child care settings.

Some Local Authorities have commissioned similar purpose-built buildings investing upwards of £1.5 million per building for the group of young people who will benefit from 'ordinary devoted parenting,' who have relatively straight forward needs.

However young people of the highest level of need with enduring and complex serious psychological needs, frequently overshadowing all others, are now the majority of young people in children's homes in England and are frequently placed with the independent sector providers who now make over 70% of the sector. Almost all of these young people are adolescents and for reasons based on child protection evidence registration for a children's home with such a wide range of ages as here in Denmark is unlikely to be agreed.

Independent providers in England have invested in smaller, "family sized" homes rather than the large, institutional homes of the past. National Minimum Standards direct providers towards smaller and homely environments. Implicitly larger settings are seen as representing a move away from the valuing of family-based care and environments and of creating obstacles for the management of behaviour.

It is unlikely that a provider could invest in a single building such as this at this time of an evidenced much-reduced income, the result of the current curious fall in admissions at a time of increased numbers in care with more serious needs, and a market-based Gershon-determined strategy of commissioners to reduce fees irrespective of need leaving providers' margins barely in profit and in many cases in deficit. These factors present a difficulty in achieving the Duty to ensure local Sufficiency and Diversity of Supply placed on Local Authorities. The independent sector purchased property in areas where it was cost effective, for example, North Staffordshire instead of neighbouring Cheshire or Kent not London, yet within the then understood distance for placements from large conurbations, a practice encouraged by local authority placement officers at the time.

### **Fostering, Social Pedagogy and Children's homes in Denmark**

It was explained to the group that Denmark is seeing an increased use of foster care. Previously fostering had been largely unpaid and untrained even without the equivalent of a 'Skills to Foster' course and assessment, no background checks, no training. Now there is a move to introduce these requirements.

This is seen as having an effect on the use of children's homes, difficulty will arise and has presented difficulties in the past. The Social Pedagogue representative organisation has various concerns about an inappropriate use of foster care; for example for unresolved mental health needs such as Post Traumatic Stress Disorder; or for young people with 5 or more placements which we would see as a children's home.

They are also concerned with the inappropriate use of befriending/mentor, again seen largely untrained, 'ordinary' people, '*this is not solving the problem, they are not professional, I trained 3.5 years I am a professional*'. The view is that such use is determined by cheapness, '*the state is trying to strangle Social Pedagogy*:'

### **The different role of Social Pedagogues – to 'stand in solidarity with the vulnerable'**

Social Pedagogy is not confined to a particular work group but is something as part of the social contract that is present in all lives and given expression in a work group who have the validated role to act on behalf of and back on to society, dealing with and highlighting social deficits. Amelioration is expected as part of action for the health of the society. Equally it is anticipated that Social Pedagogues 'stand in solidarity with the vulnerable' to ensure they receive their social dues and also to advocate for social justice for the excluded to be given their rightful return.

This makes the role very different than social work or social care in England.

### **Social Pedagogy is changing**

Change was repeatedly emphasised and was being experienced in in diverse ways.

*Social Pedagogy is changing. It is becoming more heuristic. Politicians want change. Social Pedagogues don't.*

England cannot expect there to be transporting of Social Pedagogy in the shape of the Danish or any other country. It will have common elements but cannot, should not, be a replication, only and always a creation.

This has to be done consciously and democratically, with everyone knowing what the implications of Social Pedagogy are for them. This dialogue should take time to develop and as the NCERCC research into developing Social Pedagogy in Residential Child Care (later replicated by DCSF/DfE pilot research) showed there first has to be a good level of knowledge which will provide an explanation in Social Pedagogue terms of what is being experienced and required. This is work that needs to be undertaken by CWDC as part of their workforce development work towards 2020 Vision.

### **Inspection and Social Pedagogy**

Inspection is a deeper exploration of practice than in England. It is expected that inspectors be experienced residential practitioners with '*professional authority*.' Inspection becomes a '*dialogue of improvement*' with the inspector taking time to understand what '*is a good question to ask and follow*' for this home at this time. There are no ratings but a listing of what is good and advice is given about what needs to change. Curiosity and creativity are valued not solely compliance

The revised Ofsted inspection framework shows some move towards this approach. However it is also based on a set of NMS that allow for interpretation and this may yet lead to difficulties.

## **Conclusions**

This visit has helped the understanding that what has been reported regarding Social Pedagogy thus far requires more research in order to present the fullest picture of provision required to meet all needs.

In the homes visited Social Pedagogic approaches are deployed for those with more straight forward needs. Other homes meet specialist need.

We need more research into these homes both in this country and others. It is of note that there has been little if any funding of research into already existing and effective providers and resources for specialist need by Government for over two decades.

**Jonathan Stanley**

**April 2011**