

---

## Raising the bar? Evaluation of the Social Pedagogy Pilot Programme in residential children's homes

---

David Berridge, Nina Biehal, Eleanor Lutman, Lorna Henry, Manuel Palomares

### Background

There have long been concerns over standards of care and outcomes for looked after young people living in residential children's homes. The UK has been unusual compared with continental Europe in not using social pedagogy as a framework for social policy for children living in residential care. The DfE provided funding for a Pilot of social pedagogy from 2009-11, which may potentially be one approach to improving residential practice. Implementation of the Pilot was coordinated by the Thomas Coram Research Unit (TCRU), which was responsible for overseeing the recruitment of social pedagogues (SPs) to English residential homes and providing advice and support.

The Pilot programme was independently evaluated by the universities of Bristol and York. The evaluation compared four distinct study groups:

- Group 1 homes (4) where SPs had been working prior to the Pilot;
- Group 2 homes (8) which recruited SPs who were employed to work in a single home;
- Group 3 homes (6) where SPs were employed to work part-time in a home and to take on a wider consultancy role to raise awareness of social pedagogy among the local children's workforce. SPs mainly worked in pairs in Group 2 and 3 homes;
- Group 4 homes (12) which did not employ SPs were included as a comparison group.

### Key findings

- Social pedagogues (SPs) – mainly young, female graduates from Germany – were generally positively received by young people, staff and managers and most were felt to have contributed to practice improvements in homes.
- There were some differences in the characteristics of residents between homes with SPs and those without, as well as quite rapid movement, which make comparison difficult. However,

homes which employed SPs did not do any better with their residents across a range of outcomes than did comparison homes.

- Observation visits to 12 homes revealed that the quality of care provided was uneven. Half of the homes appeared to provide a consistently warm and caring environment but examples of insensitive practices were observed in some Pilot and comparative homes (although not in Group 3 homes).
- SPs in Group 1 and 2 homes were usually expected to undertake the same duties as other residential workers rather than having a specific role linked to their specialist training. In about half the homes with SPs we could observe no major difference in the role they were attempting to perform and how they spent their time compared with other staff.
- SPs generally valued the support they received but wished for more central backing and clearer direction concerning their role. A third had no prior experience of residential care and just over a third of Group 2 and 3 SPs left their residential homes prematurely.
- Residential staff and managers were very envious of the status, expertise and professional autonomy of SPs compared with their English equivalents. These features seem desirable to help improve standards of residential care in England, whether under the guise of social pedagogy or any other model.

## **Aims**

The overall aims of the research were to:

- describe and compare the effectiveness of three different methods of implementing social pedagogy;
- compare the quality of care and outcomes for children and young people placed in homes served by SPs with those for children in comparison homes which did not;
- investigate the factors that maximise the likelihood of successful adoption of a pedagogic approach and lessons learned during the course of the Pilot programme;
- explore children's, SPs', managers' and staff views on their experience of living and working in homes which employ SPs.

## **Methods**

The research had two components.

- A *process evaluation*, which included telephone interviews with senior managers and postal surveys of heads of homes, SPs and residential staff for all the 30 homes. The process evaluation also focused in greater depth on an *Intensive Sample* of 12 homes (nine homes employing SPs and three comparison homes). We tried to ensure as best we could that groups of *Intensive Sample* homes were similar in key respects. Data were collected from these 12

homes during a period of observation (in most cases lasting for two-three days), during which time researchers conducted interviews with SPs and heads of homes, as well as group interviews with young people and residential staff.

- An *outcome evaluation*. This collected baseline information on the characteristics and histories of 114 young people in all 30 homes from their keyworkers via a survey questionnaire. Data on outcomes were collected on 106 of the young people at follow-up, an average of seven months later (the maximum period possible). By this point 44 (42 per cent) of this group had either moved to a new placement or had ceased to be looked after. Aggregate administrative data collected from the homes at three points in time, covering an 18-month period that began six months before the arrival of the SPs, were also analysed in order to compare the four groups of homes on a range of key outcomes.

## Findings

### *Introducing social pedagogy*

TCRU set-out a wide programme of support and training for SPs and managers. Generally the recruitment process of SPs from overseas went well. The majority of the SPs were young women from Germany, mainly with degree-level qualifications. Most had previous experience of working with children and families but a third had no prior experience of residential work. Senior managers reported that agencies made special efforts to introduce the SPs to the work, providing structured induction programmes and opportunities for peer support. However, in some agencies managers identified difficulties in incorporating the new SPs as cultural differences, SPs' lack of experience in English residential care and personality issues were sometimes barriers to the full integration of the new staff. The SPs were generally welcomed by staff and young people but in a few homes there had been some anxiety and wariness among existing staff. SPs felt that young people were mainly as they had anticipated.

Some SPs found their new circumstances difficult, as they not only had to adjust to moving to a new country, working in a different language and becoming acquainted with a new system, but were also expected to help remedy longstanding problems in English residential care. The SPs overall valued the support received but wished for more central backing and clearer direction regarding their role. Over a third of Group 2 and 3 SPs left their homes prematurely, mainly by their instigation and mostly due to disagreements with senior staff in homes or dissatisfaction with their role and responsibilities.

Factors associated with recruitment may be relevant to the potential success of the Pilot. SPs who are prepared to move abroad for a two-year contract are likely to be young, mobile and still at the stage of developing their careers. Many were inexperienced, especially in residential care itself: this applied

particularly to Group 2 SPs. As with any staff group, some were more knowledgeable, skilled and effective than others.

### ***The role of SPs and social pedagogy***

In all of the Group 1 and 2 homes in the *Intensive Sample*, heads of homes stated that the role of the SPs was the same as other residential workers rather than having a specific role as SPs. The three Group 3 homes had a wider development role. Many staff and SPs were concerned about SPs' limited influence when employed in the role of residential worker. Employing SPs in a supervisory or supernumerary role was considered to be preferable. SPs sometimes experienced confusion over their roles, especially in Group 3 homes.

Although employed in a residential worker role in the Group 1 and 2 homes, heads of homes reported that SPs often undertook different tasks and took on specific responsibilities compared with other staff. Residential workers frequently held the view that SPs' approaches were similar to their own but some felt there were differences: in the nature of their engagement in activities with young people; in their use of theory; and in their manner of reflection on practice. The SPs themselves emphasised their specialist contributions, frequently referring to child development approaches and broader theoretical understanding in their work. In contrast, English colleagues sometimes relied on their often lengthy experience of residential child care and on more 'commonsense' approaches.

The young people interviewed generally considered the SPs to have a similar role to other residential staff in the homes. Occasionally, however, young people commented that SPs differed from other staff: for example, in their sometimes uncompromising response to anti-social behaviour, or their enthusiasm for physical exercise.

We observed the extent to which SPs worked differently during our visits to *Intensive Sample* homes. In about half the homes with SPs we could observe no major difference in the role they were attempting to perform and how they spent their time compared with other staff. However, in some homes SPs were more assertive in their interactions with young people and their work was particularly purposeful. Some SPs were more physically demonstrative with young people than were their English colleagues. Compared with other staff, SPs individually did not appear to respond differently to anti-social behaviour, nor was their outlook any more or less inter-professional.

During our observer participation visits to the Pilot homes, and confirmed in our heads of homes' interviews, only two of the nine homes with SPs indicated that they had fully adopted social pedagogy as an overarching principle in their approach to working with young people. However, heads emphasised that the SPs had influenced the homes by stimulating discussion and offering new

perspectives, thus helping to reinvigorate staff teams. There was little explicit reference to social pedagogy in the homes during our stay, unless we raised the topic.

### ***Changes in the homes***

Most heads of homes were able to identify some changes in practice in the Pilot homes. Approaches to behaviour management and reflection on practice were most frequently mentioned. The majority of SPs felt they had helped to improve elements of practice in their Pilot homes, specifically referring to the involvement of young people and communication within the team. Residential workers identified some changes in practice but some considered that the presence of SPs had reinforced their existing good practice. Most of the social workers interviewed had limited knowledge of social pedagogy and were often unaware that the Pilot was taking place; they were unable to judge whether changes they had observed in certain homes were attributable to the homes' involvement in the Pilot or to other factors.

### ***Quality of care***

Observation visits to 12 homes revealed unevenness in the quality of care provided. Half of the homes appeared to provide a consistently warm and caring environment, but examples of insensitive practice were observed in some Pilot and comparison homes (although not in Group 3 homes). Homes varied in the degree to which they prioritised young people's educational experiences and no one group of homes stood out in this respect. There were also no observable differences in the degree to which Pilot and comparison homes were 'risk-averse'.

During our periods of observation there was some evidence that a more consistent quality of care was offered across the three Group 3 homes, whereas there was one weaker home in each of the other three groups. There were fewer examples of less sensitive practice in Group 3 homes and staff tended to be less office-based. These homes also responded more consistently to anti-social behaviour. However numbers were small and we cannot be sure that these differences were due to the different roles of the SPs in these homes, the greater experience of the SPs employed in this group of homes or to aspects of the homes and staff. There was some indication that homes offering better quality care were more able to focus on longer term care rather than short-stay and emergencies but this is also tentative.

Young people held mixed but mainly positive views about the SPs. Those who spoke favourably about the SPs in their home mentioned examples of them organising trips and activities; their readiness to listen and understand; their firm responses to young people; and sometimes (appropriate) physical contact between young people and SPs, which was found to be comforting and supportive. There were

no clear differences in young people's perspectives across the four study groups and most felt able to identify workers to whom they could turn for support.

### ***Outcomes for young people***

Young people in the Pilot homes were slightly older (with an average [mean] age of 16 years) than those in the comparison homes (average age 15.2 years). They were more likely to have become looked after as adolescents, often as a result of family dysfunction or stress, and were more likely to be placed for preparation for 'independence', assessment or because they needed an emergency placement. In contrast, residents in the comparison homes were more likely to have become looked after before the age of 11 years, to have entered for reasons of abuse and neglect and to be placed for the purpose of long-term care and upbringing. Over half of the sample demonstrated clinically significant emotional and behavioural difficulties and there was no difference between the groups in this respect.

Seven months, on average, after our baseline survey, we found no statistically significant differences in behavioural, emotional or educational outcomes or in the quality of family contact between the 62 young people who had remained in the Pilot or comparison homes, nor in patterns of change between the four groups. The lack of observable differences in outcomes for young people in the different groups may possibly be due to the small numbers in each group at follow-up, as this small overall sample size would make detection of any significant difference more difficult. However, our descriptive data shows that in most respects there was little visible difference in the proportion of residents with different outcomes at our point of follow-up, which suggests that there was indeed no difference between the groups during the follow-up period feasible within the time-frame for the evaluation. Overall, therefore, homes that employed SPs did no better or worse than those which did not.

The group of 44 young people who had left the homes by follow up tended to be older (average age 16.8 years) and to have been placed for short-term purposes at baseline. Many had returned home or moved to 'independent' accommodation. Although most moves were planned, one third of those who left did so because the placement had disrupted, often due to concerns about the impact of their aggressive behaviour on other residents. Disruptions were as likely to occur in the Pilot homes as in the comparison group.

Aggregate data on *all* residents covering an 18-month period associated with the arrival of the SPs found generally no significant change over time in young people's outcomes between Pilot and comparison homes: this included school exclusion, going missing and offending. The one significant change in outcomes over time occurred in relation to placement disruption in the Pilot homes, which decreased significantly from the rate during the six months before the SPs joined homes to the rate a

year later. There was a considerable turnover in the population of residents of the homes, with 43-66 per cent of residents making (planned or unplanned) moves. The high turnover of residents makes it difficult to be sure whether changes over time were due to the introduction of social pedagogy or to the substantial changes in the populations of the homes. It is also not possible to tell whether the lack of significant change over time in relation to school exclusion and involvement in criminal behaviour was due to the small numbers involved or because there was indeed no difference in patterns for the Pilot and comparison groups.

## **Implications for policy and practice**

- The quality of care in the homes was variable. Most homes provided a warm and caring environment but standards of care were uneven. Residents often have serious emotional and behavioural difficulties and high levels of need, as other studies have also found, yet are cared for by staff who have low status and limited professional training. Children's residential care in England is under-professionalised compared with many other European countries.
- Most managers and staff who participated in the Pilot were generally positive about social pedagogy, said that it had some impact on practice in residential care and thought that it should be introduced more widely into English residential homes. The need for a higher status, more professionally equipped workforce was recognised. However, staff and managers felt that for this to occur, wider system changes would be required.
- On measurable outcomes over a short follow-up period, there was no evidence that homes which employed SPs did any better or worse than those which did not. Similarly, over a longer 18-month period starting six months before SPs arrived, homes employing SPs overall generally did no better with their residents across a range of outcomes than did comparison homes. It is difficult for homes offering good quality care, therefore, to translate this into improved outcomes for young people. Features of the Pilot may have influenced its potential success, including its duration, agency responsibilities, the number and characteristics of SPs, and the roles they were expected to fulfil.
- Social pedagogy as a discipline and professional field has a number of positive features often absent in residential care in England. Though a diverse body of ideas and practices, it provides some coherence and an overall framework for services. It draws on a range of child development and other theories, which help staff understand children's difficulties and frame responses. Social pedagogy values children and emphasises, wherever possible, working alongside them to help approach life's challenges through social education and responsibility rather than externalised control. It values a *reflective* approach, encouraged through much of social work. There is emphasis on engaging with young people through shared interests and activities. SPs draw on their personal (*not private*) experiences and recognise the importance of modest progress ('small steps'). Overall, SPs as European professionals have status, expertise

and professional autonomy. Each of these features is desirable whether under the guise of social pedagogy or any other model.

- The literature emphasises the relationship between social pedagogy, the society in which it is located and wider social policy. For social pedagogy or other therapeutic approaches to develop in England, it is likely that wider changes will also be required. Move to a higher status, professionally qualified workforce has major social and financial implications. Residential care in England caters mainly for a troubled and troublesome core of older teenagers. There is often restricted choice of residential homes with little specialism and residents tend not to stay long. Homes are affected by the level of bureaucracy and risk-aversion: though interestingly some managers and homes are more preoccupied with this than others. This context is very different to many other countries and there are questions of what professional approaches are required faced with these challenges.

The report from the Thomas Coram Research Unit on the development and implementation of the Pilot initiative can be found at:

[http://www.socialpedagogyuk.com/images/pdf/final\\_report\\_of\\_the\\_social\\_pedagogy\\_pilot\\_programme\\_4\\_may.pdf](http://www.socialpedagogyuk.com/images/pdf/final_report_of_the_social_pedagogy_pilot_programme_4_may.pdf)

### **Additional Information**

The full report can be accessed at <http://www.education.gov.uk/publications/>

Further information about this research can be obtained from  
Helen Jones, Sanctuary Buildings, Great Smith Street, London, SW1P 3BT  
[Helen1.JONES@education.gsi.gov.uk](mailto:Helen1.JONES@education.gsi.gov.uk)

This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.