
Article

Towards a social pedagogic approach for social care

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Abstract

The term 'social care' has come to be applied in England to a variety of policies and services for children and adults deemed, for a variety of reasons, in need of support and assistance. The field to which it is applied is widely recognised to be in crisis, as demand grows, funding lags and a poorly qualified, low-paid workforce shows increasing signs of strain. The article argues that a further dimension to the crisis is the very term 'social care'. It has little substance and is of limited value in addressing the practice involved in working with children, young people and adults, while its continued use has encouraged a simplified and commodified understanding of what this work entails. The article introduces an alternative concept – social pedagogy – long established and well developed in continental Europe, which, it is argued, could provide a more substantial basis for everyday practice, and a strong foundation for future policy, including reforming the workforce. The conclusion questions whether 'social care' can play any useful role in the evolution of policy and practice, discussing some issues that a turn to a social pedagogic approach might raise.

Keywords social care; social pedagogue; social pedagogy; workforce

Introduction

'Social care' has rarely been out of the news in England in recent years.¹ Among politicians, the media, academics and the general public, there is widespread agreement that 'social care' is in crisis, with calls and proposals for its reform frequently made. Since 1997, 'social care' has been the subject of five independent commissions, four government White Papers and two Green Papers (The Health Foundation, 2019). And in 2018 the English Department for Health, although already responsible for social care, was renamed the Department for Health and Social Care as a sign of its heightened importance and the need for closer integration of the department's dual responsibilities.

This article starts with the social care crisis, and the problems commonly said to constitute it. But our main purpose is to go deeper: to question the meaning and adequacy of the concept of social care. We argue that it has little substance and is of limited value. In particular, when addressing the practice involved in working with adults and children, its continued use is, we contend, part of the crisis. We introduce instead a concept long established and well developed in continental Europe: social pedagogy, which, we propose, could provide a more substantial basis for practice, and a strong foundation for future policy, including reforming the workforce. We conclude by asking whether social care can play any useful role in the evolution of policy and practice, discussing some issues that a turn to a social pedagogic approach might raise.

The crisis of social care

The term social care has come to apply to a variety of policies and services for children and adults deemed, for a variety of reasons, in need of support and assistance. While the largest group involved are elderly people with additional needs, social care also provides for working-age adults with mental and physical disabilities, and children and adolescents unable to live with birth parents ('looked after' under the Children Act 1989), or assessed as 'in need' or subject to child protection measures. Demand for social care has been growing across all these groups and is expected to continue (Institute for Government, 2019a, 2019b).

Alongside mounting demand, the questions of who should pay for social care and how remain unresolved. The costs of social care for children and younger adults are entirely borne by the state. But, for older people, the division of responsibility between private persons and the state has been unresolved; elderly people having to sell their homes to pay for care has been a particularly emotive issue. The situation has been exacerbated since 2010 by years of austerity in public funding. This has fallen particularly heavily on the budgets of local authorities, the main public funders of social care services, obliging them to reduce their support, targeting it increasingly on those in greatest need. Despite an increasing demand, in 2018/19, total local authority spending on adult social care was £22.2 billion, £300 million below where it was in 2010/11: just under half for working-age adults, mostly with learning disabilities, the remainder for people aged 65 years or over (King's Fund, 2019). By contrast, spending on children's social care, which is demand-led, has increased steadily (Institute for Government, 2019a).

In addition to rising demand and falling public spending, the crisis in social care has been further exacerbated by increasing strains in the large and growing social care workforce. In 2019, an estimated 1.49 million people in 1.62 million jobs worked in adult social care, with 800,000 more jobs needed by 2035 based on population forecasts. Around three-quarters of current jobs (76 per cent) involve direct care work (Skills for Care, 2019). However, there is 'a growing problem with both recruitment and retention ... [turnover] is far higher than in other public services, while vacancies have also increased over the past half decade' (Institute for Government, 2019b, n.p.).

The root of this workforce problem is a reliance on a highly gendered workforce that suffers poor working conditions and low levels of qualification, pay and public esteem (Public Accounts Committee, 2018). The adult social care workforce is 83 per cent female (though the proportion is substantially lower in senior management); many are from Black, Asian and minority ethnic backgrounds, especially in London, and 16 per cent are non-British. Pay is low, the mean hourly pay for care workers in the predominant independent sector in 2018/19 being £8.30, just above the national minimum wage but

below the real living wage. One-quarter are on zero-hours contracts, rising to 58 per cent for domiciliary care workers. Amongst direct care workers, half have no relevant qualification and a further 26 per cent are qualified at only levels 1 or 2 (Skills for Care, 2019).

While there is a substantial public responsibility for social care, services themselves have been largely privatised. For example, 97 per cent of home care services for elderly people are delivered by independent providers (Age UK, 2019); 84 per cent of care home beds for older people are provided by private businesses (Blakeley and Quilter-Pinner, 2019); and three-quarters of children's homes and most foster care agencies are owned by private companies, with 'hedge funds and private equity increasingly [dominating], as they do in the wider social care sector' (*The Guardian*, 2018). The crisis in social care, therefore, is at the interface of public responsibility and private provision.

The onslaught of COVID-19 has once again brought the crisis to public attention, especially that part of social care working with elderly people. The contrast between the importance of the work and its low standing has been heightened by domiciliary and residential workers being placed at mortal risk by an initial failure to supply sufficient testing or personal protective equipment. The call for 'something to be done' about the social care crisis has resounded.

What is social care?

Social care is a term both widely used and taken for granted today. Yet its provenance is recent and its meaning unclear, for 'it could be argued that social care is a composite of indeterminate concepts' (Smith, Lloyd, Cameron, Johnson and Willis, 2019, p. 45). The term 'began to appear towards the end of the twentieth century in policy documents on the responsibilities of local authorities for the commissioning of social services and collaboration/joint working between health and social services' (Smith et al., 2019, p. 47). Its policy precursors were terms such as 'community care', 'long-term care' and 'personal care'. The term 'social care workforce' appeared in a 1998 White Paper, while a General Social Care Council, to regulate social care professions, started work in 2001, as did a Social Care Institute for Excellence; this was followed a year later by a government-funded Social Care Workforce Research Unit at King's College London. In the meantime, the 1999 Health Act created a Joint Health and Social Care Unit within the Department of Health.

The term social care appears somewhat earlier in the academic field, from the 1980s onwards. A journal, *Health and Social Care in the Community*, was first published in 1993, though only 3 out of 118 articles in its first four years had 'social care' in their title (Smith et al., 2019). According to Kröger (2001), the '1990s saw social care becoming generally understood as an essential object for sociological and social policy research' (p. 4). The work of Mary Daly and Jane Lewis (1998, 2000), at the turn of the twenty-first century, emphasised the importance of social care in the comparative analysis of welfare states.

The divisions within – and the boundaries of – social care have fluctuated. The 1968 Seeböhm Report led to the amalgamation of various children's and adults' services within unitary social services departments; but 'from the mid-1980s to the early 1990s children's and adults' services departments gradually separated ...reversing the Seeböhm ideals of a single authority and genericism' (Rapoport, 2009). Similarly, though the generic term social care originally applied to policies and services for both children and adults, the separate terms 'adult social care' and 'children's social care' emerged in the mid-2000s, with a government guidance document issued in 2003 – 'Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care'. But it was the 'Children Act 2004 that transformed the usage "adult social care" and "adult social services"' (Smith et al., 2019, p. 48). This legislation 'completed the disaggregation of children's and adult services in most instances' (Rapoport, 2009), requiring local authorities to appoint a director of adult social services. Today, responsibility for adult social care resides with the Department of Health and Social Care, while children's social care lies with the Department for Education; service inspection is similarly divided, between the Care Quality Commission and the Office for Standards in Education, Children's Services and Skills (Ofsted) respectively.

Which groups, occupations and services are included under social care? Daly and Lewis (2000) conceptualise social care as including care for children and for adults, both seen as domains of welfare state activity. They include a large segment of 'early childhood services' within social care, including those often referred to as 'childcare' or 'day care services'. However, in policy discussions in England, these services are not normally included as part of 'children's social care', which is confined to services for children defined by the Children Act 1989 as 'in need', 'looked after' or disabled.

Social work's relationship to social care has also been equivocal. Social workers have been included in some discussions of social care, for example in studies and statistics of the social care workforce (for example, Skills for Care, 2019; NHS Digital, 2019). In 2003, when first regulated, social work was part of the General Social Care Council; in 2012, it transferred to the Health and Care Professions Council and thence, in December 2019, to Social Work England, emphasising the profession's separateness.

In addition to services for children and adolescents in need or looked after, social care covers a diverse group of adults and services. For example, the Law Commission report on Adult Social Care (Law Commission, 2011, para. 1.5) defines this field as services for adults who need extra support, including 'older people, people with learning disabilities, physically disabled people, people with mental health problems, drug and alcohol misusers and carers'. What binds these services together is that they are not universal but targeted, with eligibility dependent on criteria of need; and some assumption of public responsibility, the extent and nature of which varies from group to group.

As for what social care does, recurrent reference is made to nebulous terms such as 'care', 'assistance' and 'support', often related to daily life and enabling recipients to live more independently, exemplified in this extended definition:

Adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe. It can include 'personal care', such as support for washing, dressing and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities. Social care includes support in people's own homes (home care or 'domiciliary care'); support in day centres; care provided by care homes and nursing homes ('residential care'); 'reablement' services to help people regain independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers.

King's Fund (2019, n.p.)

Under the influence of neoliberalism and New Public Management, with their commodification of care and the importance they attach to measurement, social care is often discussed in functional and calculable terms, as discrete activities that can be bundled into timed and costed 'care packages' to meet assessed needs.

But apart from a label applied in official publications and elsewhere to a bundle of policies, services and occupations for a diverse range of client groups, what exactly does 'social care' mean? The term itself, as we have seen, is a recent invention, with no deep roots and uncertain derivation; there is no long-established disciplinary tradition or distinctive theoretical underpinning. It is a thin concept.

Daly and Lewis (2000), however, delve more deeply into the meaning of social care, defining it as 'the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children' (p. 285). This implies that behind the label of social care is a relational practice that needs to engage holistically with the recipient, a practice that is complex and requires attentiveness and responsiveness, and that may not be so readily timed and costed. It involves, as a study of bathing puts it, 'the negotiation of intimacy and the management of the body, and as such entails aspects of being and of social exchange that have not traditionally been part of the standard, rather rationalistic and disembodied account of social policy' (Twigg, 1997, p. 211).

That work labelled social care is more complex than often assumed is further borne out in a study of 'care work' across six European countries, which identified a number of common requirements for the work. These included supporting development and/or autonomy; relating through skills such as listening and empathy; sustaining integrative relationships between the individual, family and friends and wider communities; and networking and team working. These requirements, and the capacities needed to meet them, call for:

the ability to develop and apply knowledge and understanding in particular circumstances and contexts, and to be able to reflect, discuss and evaluate critically. It envisages a worker who is a co-constructor of knowledge, a critical thinker, and a reflective and democratic practitioner, rather than one who is viewed primarily as a technician trained to apply pre-determined processes.

Cameron and Moss (2007, p. 143)

The term social care may or may not be a convenient and useful label for a disparate group of services and policies; but it has little if anything to say about such complex and demanding relational practices or about the workforce best suited to undertake them. Its use has encouraged a simplified and commodified understanding of what work with children, young people and adults entails, which contributes to its being devalued and assigned to a workforce that is poorly qualified and badly paid. 'Care work' has been equated with 'women's work', essentialised labour requiring only limited training and minimum wages:

work conceptualised and explicitly termed 'care work' is of lower quality overall than equivalent work conceptualised and termed in other ways, perhaps because 'care work' is bound up with the idea of domestic activity for which women are assumed to be 'essentially' qualified.

Cameron and Moss (2007, p. 150)

Central to the crisis of social care, therefore, is not only rising demand, inadequate funding and poor workforce conditions, but the inadequacy of the concept itself to do justice to the work and the workforce to undertake it.

We turn now to consider another concept that might be better able to do justice to the complex relational practice that is required in work currently labelled social care and the profession to which it has given rise: social pedagogy and the social pedagogue. Do they, we ask, provide a sounder basis for resolving the social care crisis and for policy development?

Social pedagogy: a brief introduction to an alternative approach

Social pedagogues often work in occupations associated with social care in the UK. Theirs is a discipline and practice widespread in continental Europe, the basis for a variety of services for children, young people and adults, and the work of the professional social pedagogue. Yet both discipline and profession remain little known in the English-speaking world, their meanings often lost in translation. The term 'pedagogy' is sometimes understood in English as the 'science of teaching and learning' and certainly focused on educational practices in formal education. An English speaker may assume, therefore, that 'social pedagogy' refers to this didactic science and practice or they may be offered, unhelpfully, a simple and unqualified translation such as 'education' or 'social education'. *Socialpädagoger* and *Socialpädagogin*, the German terms (masculine and feminine) for social pedagogues may, accordingly, be mistranslated as 'teachers'.

Social pedagogy emerged out of enlightenment thinking and reactions to adverse social conditions brought about by the industrial revolution. Thinkers who influenced its development include Jean-Jacques Rousseau and Johann Heinrich Pestalozzi. Hämäläinen (2012) suggests that, over time, social pedagogy has developed in two ways: the prevention and alleviation of social exclusion; and, more generally, the promotion of the welfare, community life and social development of individuals and of the population. In both cases, an educational orientation has been central to social pedagogy. It was first named in 1844 by Karl Mager (cited in Winkler, 1988), a German educationalist, to describe the 'theory of all the personal, social and moral education in a given society, including the description of what has happened in practice' (p. 41). From its beginning, 'the social pedagogical perspective was based on attempts to find educational solutions to social problems' (Hämäläinen, 2003, p. 71).

Social pedagogy has an understanding of 'education' as in its broadest sense, with learning taking place in many settings and situations, as relevant in old age as in childhood for all 'periods are propitious for developing and updating competences, and learning processes can be considered, maybe even more than in other life periods, as necessary to optimize life management in old age' (Kern, 2012, p. 99). This approach to education and learning is not purely individualistic, but based on a belief that 'the recovery or reconstruction of the social may be the answer to many of the situations and issues that our societies now live' (Úcar, 2012, p. 167). Accordingly, association, community and society are keywords in the development of social pedagogy: 'becoming human' takes place via relationships with other human beings in small and large social groups and institutions. Paul Natorp (cited in Rothuizen, 2008), an influential nineteenth-century philosopher and social pedagogic thinker, wrote that 'it is only because of the human community that man can become human. The single individual is only an abstraction, just as the physician's atom ... without a community man could not be man' (n.p.).

With this focus on the individual as a member of a human community (*Gemeinschaft*), Natorp proposed that:

A social pedagogy, which aims to encourage a strong sense of community, educates both children and adults to ensure positive relations between the individual and society, and fights to close the gap between rich and poor. All of these aims are significant for societal well-being and people's sense of responsibility for each other.

Cited in Eichsteller and Holthoff (2011, p. 40; original emphasis)

Social pedagogy, therefore, has a wide remit, both in terms of its broad goals and where it can be applied: to children and adults in domiciliary, residential and community settings.

Social pedagogues: qualifications and practice

Despite the centrality of education to their discipline, social pedagogues do not see themselves as teachers. Key to their professional understanding is the centrality of informal learning arising from their professional relationships, including the ongoing learning that they themselves experience. They are graduate professionals, who have usually undertaken vocational degrees of three to four years or a master's degree, supplemented by continuing professional education. Degree courses include theoretical fields such as psychology and sociology, as well as specifically social pedagogic theories such as *Lebensweltorientierung* and the 'common third'. The former holds that the actions and communications of others arise from particular 'life-worlds', meaning that a person's history, their significant relationships and the political and cultural contexts in which they have lived, underlie their perspectives. The common third refers to one way in which social pedagogues build relationships: sharing on an equal footing activities that range from creative experiences and outings to everyday domestic tasks.

Social pedagogue students choose specialist options and often follow courses in outdoor pursuits, sport or the arts. They attach great importance to creativity and creative activities. These can provide opportunities for common-third shared experiences; they are also an important means of engaging the feelings and the senses, of enhancing self-esteem and a sense of achievement, of opening up to some of the good things in life and of generating a feeling of wider possibilities and identity (Petrie and Chambers, 2009).

Social pedagogues are qualified to work in a wide range of child and adult services. While there are considerable national variations in the policy, administration and organisation of social pedagogy (Kornbeck and Jensen, 2009), research into children's and adults services (for example, Kornbeck and Jensen, 2011, 2012; Petrie, 2007; Petrie, Boddy, Cameron, Simon and Wigfall 2006; Statham and Chase, 2010), study visits and exchanges with colleagues in continental Europe reveal consistent principles in its practice, based on shared theoretical underpinnings and values.

- Social pedagogues value associative life, team work and co-operation. They acknowledge that they are not onlookers, nor do they occupy a separate hierarchical domain from those they work with and learn alongside; they inhabit the same 'life space' and so affect the group dynamic. These understandings underlie the importance of careful listening and joint decision making, whether between agencies, among staff teams or between staff and service users. They are based in social equality and grasping the legitimacy and richness of 'realities' that stem from different life experience and perspectives.
- There is a focus on the whole person and their overall development: 'What has most distinguished and differentiated social pedagogy from other pedagogies has been its tendency to understand the person as a whole ... body, mind, emotions, and spirit are integrated in each person's relationship with the rest of the living world' (Úcar, 2012, p. 132). Given this holistic perspective, social pedagogues bring themselves – 'head, heart and hands' – to the work, and see themselves in a personal as well as professional relationship with those they work with. As professionals, they bring professional knowledge, skills and values to their tasks. At the same time, they see themselves as persons not afraid to express feelings or talk about their lives, or to share humour and fun and, importantly, to walk alongside people who are experiencing life's difficulties. They also judge which of their own personal matters should remain private, deciding what is and what is not appropriate for sharing.

- The holistic approach recognises the strengths of other people. Practitioners promote an image of the strong and competent human being, with a range of unknown possibilities (potentials), to be realised in the moment as well as over time. Realising potential through learning is transformative. It may be that an elderly person comes to understand that they are 'comfortable' with their caregiver and that the relationship on offer is trustworthy – which can be a small but significant transformation. Central to the social pedagogue's practice, therefore, is an understanding that people are capable of social agency and ongoing self-realisation.
- Social pedagogy is an avowedly relational practice. Whatever the setting, social pedagogues build and work with relationships that are trusting and democratic. The aim is to create situations in which human beings learn, informally, about themselves and their world. This entails some risk, as a person moves from the comfort of the status quo towards new activities and new ways of encountering others, of seeing the world and of being oneself in the world. Risk should be assessed and managed, not evaded, so social pedagogues support the other person in encountering risk; they are on a learning journey together in which listening is as important as speaking. As a Danish pedagogue in a residential home said, 'We can only move things together and we can only do so when they [the children] believe in us, they dare listen to us and only then is what we say useful for them' (Petrie et al., 2006, p. 81).

Social pedagogy in the UK

Gaining a foothold

In that it addresses social issues by broadly educational means, the term social pedagogy has been applied retrospectively to a number of British thinkers and reformers (Petrie, 2002). Robert Owen (1771–1858), who was influenced by Pestalozzi in creating his model village with school, adult education and factory at New Lanark, is one such example. Another is Emmeline Pethick-Lawrence (1867–1954), a women's rights activist who started a girls' club at the end of the nineteenth century, in which she 'hoped to build up ... human relationships that would influence and uplift the rest of their lives' (Pethick, 1898, p. 104).

However, social pedagogy, as named, has only begun to gain a foothold in England recently, initially with a few academics who saw the benefits of a social pedagogic approach for social work (for example, Davies Jones, 1994; Education Trust, 2001). Research and development work followed, first Crimmens (1998) comparing training for childcare workers in the Netherlands, Ireland and the UK, then a sustained programme funded by the English government and other bodies at the Thomas Coram Research Unit (TCRU) at UCL Institute of Education (for example, Cameron, McQuail and Petrie, 2007; Cameron, Petrie, Wigfall, Kleipoedszus and Jasper, 2011; Petrie, 2007; Petrie et al., 2006; Petrie and Knight, 2011; Statham, 2013). Comparative studies have been important, for example for comparing the experiences and outcomes of children in care in England in social care settings, with their peers in countries such as Denmark, the Netherlands, Sweden, Belgium, France and Germany, in social pedagogic settings. A doctoral student conducted an important study into differences in social pedagogy in Denmark, Germany and France (Kornbeck, 2014). Such work has contributed to a growing body of English-language literature on social pedagogy, which apart from research papers has also included textbooks (for example, Hatton, 2013; Petrie, 2011; Stephens, 2013; Storo, 2013); edited volumes (for example, Cameron and Moss, 2007; Kornbeck and Jensen, 2009, 2011, 2012), and the initiation of the current journal, the *International Journal of Social Pedagogy*.

Encouraged by the publication of a government Green Paper that positioned social pedagogy as a possible approach and occupational model for residential care and other services for 'at risk' children (DfES, 2007), practitioners and policymakers across the UK have also been investigating social pedagogy as a means to enhance outcomes for children and young people and, latterly, among older people. This spreading interest in social pedagogy, especially in England and Scotland (for example, Smith, 2009), has been accompanied by the initial stages of capacity building. A variety of degree courses and modules, at bachelor's and master's level, have been established (for example, University of Central Lancashire, University of Salford, Robert Gordon University, Kingston University, YMCA George Williams College); and vocational qualifications at English Levels 3 and 5 have been accredited and delivered. There has been a commitment to working with social pedagogy by some local authority children's services departments and non-governmental organisations and the approach

has been endorsed by the Association of Directors of Children's Services (ADCS, 2013). Some hundreds of social pedagogues, qualified in Europe and officially recognised in the UK, have been appointed as social workers or actually as social pedagogues. Various in-service training initiatives have been undertaken, including social pedagogues working alongside and offering external support to residential care staff to model social pedagogy; training programmes for whole staff groups and for foster carers (McDermid et al., 2016) combined with ongoing monitoring and support; and training combined with the appointment of 'change agents' to sustain change and spread learning through professions and agencies (Cameron, 2016). There is a Social Pedagogy Development Network, a grassroots organisation that provides opportunities for familiarisation and exchange around social pedagogy; and a Social Pedagogy Professional Association, a membership-based organisation that endorses social pedagogy qualifications accredited by other organisations, defines social pedagogy values and principles through a Charter, runs a newsletter and arranges conferences and other events to exchange theory and practice.

Initial evaluations

A review of localised evaluations of social pedagogic capacity-building initiatives in children's social care services across the UK has identified varied impacts (Cameron, 2016). Impacts on training were largely positive. Participants incorporated theory into their practice, often for the first time, for example leading to thinking 'quite consciously about what you are doing ...what can the children learn from the experience [of doing something together]' (Cameron, 2016, pp. 210–11). Training as an organisation enabled teams to develop a common language and a greater sense of shared purpose. With theoretical knowledge and experientially based training, participants were 'encouraged to develop more authentic relationships' and gained in confidence in their practice; managers in children's homes observed that social pedagogy input demonstrated to staff how to 'think laterally ...rather than ...letting other professionals make the decisions' (Cameron, 2016, p. 212). Social pedagogy training promoted thoughtful and purposeful reflection on daily events and the role of the staff themselves in shaping incidents, creating a 'better understanding of myself and ...how I approach care' (Cameron, 2016, p. 213). The role of the keyworker often became more dynamic and focused on young people's outcomes and how to reach them, and in doing so legitimised relationship building (Cameron, 2016). Critically, social pedagogy training, including the social pedagogic concept of the common third, inspired staff to make daily life more enjoyable, challenging and communicative for young people who previously had often experienced multiple disadvantages excluding their participation in, for example, expressive arts, nature and sport.

A more detailed case example of the impact of bringing a social pedagogic approach to what is termed a social care setting comes from a local authority children's home, whose manager has invested in social pedagogy training. Of 13 full-time team members (including the manager), eight have completed three days of training in social pedagogy and six have done a further five days' training. Three have completed a SPPA-endorsed Level 3 Social Pedagogy Diploma and one is currently working towards a SPPA-endorsed Level 5 Diploma.

One result has been that policies have been reviewed and updated to include the social pedagogic idea of 'risk competence' (such that children learn about risk and become resilient through taking risks, and so risks cannot be written out of practice); and young people's participation in designing and organising their own statutory reviews. Further evidence of the impact of adopting a social pedagogic approach comes from analysis of two Regulation 45 Reports for 2019, where the manager completes a six-monthly 'quality of care review'. Using the dimensions of social pedagogy identified by Petrie et al. (2006), the following improvements were discerned.

- An active learning environment for all staff.
- Teamwork and mutuality as part of the structure.
- Commitment to the workplace, reflected in low staff turnover.
- Young people's participation embedded in practice.
- Staff support for each young person's hobbies and interests, as well as group activities and holidays.
- Staff commitment to young people's schooling.
- Improved relationships, with staff using the language of love for and commitment to young people and intent on creating stability in their lives.
- Staff viewing the children's home as embedded in family, community and professional networks, all needing active collaboration and nurturing.

These examples suggest that the impact of social pedagogy on practice in this children's home is following similar lines to that seen in earlier evaluations: practitioners report they are more confident; they utilise theory to inform decision making; daily life is full, purposeful and offers challenges to children and staff; children are intentionally supported to take charge of certain aspects of their lives; and staff act as advocates for children where needed.

Beyond children's social care

Most examples to date of work with social pedagogy in the UK are found in children's social care services. But, as already noted, social pedagogy is not confined to such services, and a social pedagogic approach has been adopted elsewhere, for example by Community Circles, an organisation that supports people of all ages to make changes in their lives by creating a volunteer hub around them and facilitating a change process (H. Sanderson, personal communication, n.d.) and by Wellbeing Teams, a social care service delivering care and support to older people based on principles of self-management and co-production (Petrie et al., 2006). A third example involves a partnership including Leicester Ageing Together, East Midlands Workers' Education Association (WEA), Treehouse Associates and UCL Institute of Education. The partnership actively promotes social pedagogy with older people, treating them not as passive recipients but as each having 'a past, a present and a future who, with support, have much to offer to family, each other and the community' (R. Hunter, personal communication, n.d.). Rob Hunter, the chair of Leicester Ageing Together, describes the activities of the partnership's Pop Up Café, which are clearly congruent with social pedagogy's principle of 'reflexive practice' and the value it gives to associative life:

The WEA's Pop Up Café, located in a very disadvantaged area, initially attracted small numbers of older people experiencing social and emotional loneliness. There they were well listened to, encouraged to talk about their lives and how they wanted these to be better. Gradually they co-produced what happened in the café, shared their skills and enthusiasms, giving and receiving support. Some led sessions and even travelled to groups in other parts of the city to do so. As numbers grew, some took on more organising responsibility. The café is now self-organising and increasingly participants are looking outward, not only to meet the needs of themselves and their peers but also of other groups in the community.

(personal communication (n.d.))

Social care and social pedagogy: what future relationship?

Social pedagogy has a rich history, and theoretical approaches that have evolved across many countries and have been translated into practical tools for 'living alongside' people of all ages in many settings. Its recent introduction into the UK has coincided with an increasing social care crisis. Given that social pedagogy in continental Europe has a strong presence in what in the UK is termed social care, what might be the future relationship between the two? In many discussions the authors have had since the mid-2000s about how the relationship between social pedagogy and social care should develop, two positions have emerged: a social care system informed by social pedagogy; or moving from a social care system to a range of social pedagogic services.

Under the first position, social pedagogy should form the theoretical basis for much care-related 'people' work, including that subsumed within current social care, but also potentially community work, youth work, housing support and so on. In this scenario, social care might remain the overall and wide-ranging policy label, but cross-agency coherence and other improvements would be underpinned by social pedagogy, informing the workforce and its practice. This has the advantage of fitting in with existing national and local organisation of departments and specialisms, and would mean that a social pedagogic approach, introduced through initial and continuing professional education and other measures, would guide the development of social care policies and practices.

For example, a social pedagogic approach to social care with older people would value carer-cared-for relationships and allow time in the working day for relational encounters, at a pace that suits the cared-for person, such as conversations when brushing hair or changing bedclothes. Likewise, for looked-after children in children's homes, participation in everyday decision making would be embedded practice, allowing young people to have more control over their lives and including some

risk taking, where practitioners judge there is worthwhile learning to be acquired through developing new skills or demonstrating competencies. It might indeed be argued that some thinking about social care work is already close to a social pedagogic approach. For example, a blog about the future of social care states that

genuinely personalised care and support means honouring personhood & identity and doing that therefore requires recognition that who we are and what matters to us is anchored in our relationships with other people, in places and things – the ‘scaffolding of the self’. It demands respect for and action to maintain, repair or develop this ‘scaffolding’.

Crowther (2020, n.p.)

In this scenario, however, the structure of social care work is not fundamentally changed, even if pay and conditions were to be somewhat improved. Critically, the occupation of social pedagogue is not the core practitioner.

The second position goes further: England joins much of the rest of Europe in investing in social pedagogy and the social pedagogue as the basis for a range of services across the life course that currently come under the social care label. In this scenario, social care disappears as a concept and umbrella term, leaving a range of services across which social pedagogy and the social pedagogue as core practitioner provide a common approach to policy, professional development and practice, so affording overall coherence to the field.

Denmark provides the clearest example of this position. Here, the core practitioner is the social pedagogue, who, in parallel with social workers and teachers, is educated to bachelor degree level. This education, highly popular in Denmark, equips the graduate to work in a range of services and settings, such as residential care for children, early childhood education and care, youth work, play services and work with homeless people, older people and those with mental health problems. As a core worker, social pedagogues might comprise around half of the workforce in a setting, and be complemented by assistants either with a shorter training or unqualified, but ‘trying out’ social pedagogy prior to professional education. In a UK context, the infrastructure to scale up social pedagogy professional education is in place, with diplomas at Levels 3 (deemed suitable for those working without supervision in England) and 5 (designed for those in specialist and leadership positions)² and some degree programmes, plus a professional association (SPPA) with a remit around continuing professional education and quality assurance.

Both positions, and especially the second, raise many issues over and above the challenges of scaling up social pedagogy from its current scattered presence in England. The shift to a social pedagogic approach to services for young and old requires a reorientation of policy and practice. It calls for a change of understanding in what the work is, from the task-based and procedural to the relational and reflective, from the functional to the educative. This, in turn, would undermine the neoliberal, commodified business model on which much of current social care is based; social pedagogic work is much harder to time, cost and reduce to ‘packages’. It raises, too, the question of the relationship between social pedagogy and social work. Is the latter a quite separate discipline and profession or can it be subsumed within a social pedagogic approach?

The second position, with the disappearance of social care and the emergence of social pedagogy in its place, might suggest the marginalisation or removal altogether of the concept of care from policy and provision, a concept that many find meaningful and valuable, an important part of relationships, life and, indeed, the welfare state. But to do away with social care does not mean eradicating ‘care’. Indeed, social care arguably does care a disservice, implying that care is only required for certain social care services and settings, thus setting up false dichotomies, between health and care or between education and care. But if care is understood as an ethic, an ethic of care involving particular acts of caring and a general habit of mind that should inform all aspects of life and which includes attentiveness, responsibility, competence and responsiveness (Tronto, 1993), then it can and should be an integral part of health, education and many other services and settings, and indeed can provide an ethical bearing for social pedagogy. In this way, the significance and place of care in social policy, indeed throughout the welfare state and the wider society, is asserted and extended, at the same time as the ill-defined concept of social care is phased out (see Moss, 2018).

But perhaps the biggest issue raised by a social pedagogic turn arises from the reconceptualising and revaluing of work that has, so far, been weakly conceptualised and strongly devalued. Developments

based on a European concept and profession may face resistance in a post-Brexit England, despite the substantial appeal we have seen so far in the UK; social pedagogy provides a framework for practitioners to renew interest in and commitment to 'people work' underpinned by humanistic values, and those in training often comment that these values align well with their original motivation for entering practice. Social pedagogy also aligns with national policies supporting wellbeing (Petrie, 2020). Equally important, the fragmented state of so much social care work means that there is not a large, entrenched professional workforce that might resist change.

A bigger objection is likely to be the increased costs involved, generated by improved education, higher qualifications and commensurate working conditions, with social pedagogues achieving parity with teachers and social workers. There is a general acknowledgement that social care requires substantially more funding, and that social care workers are underpaid and undervalued; this is likely to be enhanced by the experience of the COVID-19 pandemic and the greater awareness it has brought of the importance of such workers (alongside others in low-paid but essential jobs) and the risks to which they have been exposed. But to move to a more social pedagogic approach, especially reconfiguring a wide range of services towards a workforce of social pedagogues, would increase costs further. Such an increase, however, should be viewed not only in terms of improving services but as part of a strategy to create additional good-quality employment, along the lines advocated by John Goldthorpe for advancing social mobility: 'governments should develop an industrial strategy that creates more good management jobs and also upgrade welfare services such as old people's care which, instead of providing mostly unskilled and low-paid jobs, could be turned into a profession' (Wilby, 2020, n.p.).

Social care in England is undoubtedly a policy area in crisis, with unresolved issues of demand, funding and workforce that have become more pressing over time. We have argued that a further underlying issue needs addressing. Whether to reform the broad field that is currently conceptualised as social care or to reconceptualise that field as social pedagogy, thus introducing a new direction for social policy.

Notes

¹Although there are many similarities with respect to social care across all four nations of the United Kingdom, and the arguments made in this article are generally applicable, our main focus is England.

²Some adaptation of the diplomas to different educational contexts in Scotland, Wales and Northern Ireland would be required.

Declarations and conflict of interests

Claire Cameron and Pat Petrie are the journal's Editors, in which this article is included; all efforts to sufficiently blind the authors during peer review of this article have been made. The authors declare no further conflicts with this article.

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