EEVA TIMONEN-KALLIO

This study engages a complex and as of yet unresolved research issue pursuant to the nature and context of residential care work (RCC), with a focus on Finland but a frame of reference consisting international literature. The publication straddles the ambiguities and tensions between the home-like informal conceptualizing of institutional life and the professionalized intentional RCC work. The social pedagogy informed RCC’s actions and intentions are conceptualized into RCC Competence Fan.
PROFESSIONAL RESIDENTIAL
CHILD CARE PRACTICE

EMPIRICAL INVESTIGATIONS AND THEORETICAL CONCEPTUALIZATION
AS SOCIAL PEDAGOGY INFORMED EXPERTISE
Eeva Timonen-Kallio

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Publications of the University of Eastern Finland
Dissertations in Social Sciences and Business Studies
No 207

University of Eastern Finland
Kuopio
2019
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ABSTRACT

This dissertation examines what competencies are considered relevant for residential child care (RCC). The focus is on the relationship between the ‘home-like care’ and ‘institutional education’ working orientations in RCC practice, to construct the competence areas that RCC workers should master as professionals with own expertise and know-how. The first question in the study is what the ingredients of the RCC practice in a duality of home-like and institutional orientations are. The second question is related to the question of what the components of the professional practice implemented in the RCC context are. The third question reflects on what social pedagogy as a theoretical framework of educational work can offer to strengthen the knowledge base of the RCC practice. The theoretical aim is to develop the social pedagogy theory and social pedagogy-informed RCC expertise. The overall practical objective of the study is to strengthen professionalism in RCC by emphasizing RCC as a unique context for delivering care and upbringing, as well as a key model of intervention in the provision of the child welfare system.

The dissertation consists of three empirical sub-studies exploring the components of professional residential child care and one conceptual article for modelling the social pedagogy framework for RCC. The three sub-studies are based on their own, unique datasets. The data consists of 1) a survey for RCC workers (n = 122), 2) focus group interviews conducted in Finland (n = 17), and 3) a set of interviews consisting of individual interviews, focus group interviews and joined focus group interviews (n = 61) conducted by an international research group. The questionnaire and the collected interview material are analyzed as professional interventions, professional know-how and interprofessional collaboration. The fourth sub-study is a conceptual analysis, which complements empirical studies on the theory-based conceptualized model of RCC expertise.

The main result of this dissertation is, firstly, the conceptualization of duality in the aspirations of RCC practice in ‘home-like parenting’ and ‘institutional education’ orientations, and secondly, the construction of these aspirations further as a professional entity; a social pedagogy-informed competence profile, the RCC Competence Fan, that captures and identifies the competencies for the RCC work function. The competence profile is an attempt to facilitate analyses and interpretations of RCC as a profession with its own expertise. The study suggests that the RCC Competence Fan may bridge the diversity of possible approaches in RCCs as an integrated framework, so that a similar understanding of professional intentions can be shared across
a diverse workforce with different disciplinary traditions. Thirdly, three dimensions of a complex RCC context were found: 1. social pedagogy-related – interdisciplinary know-how; 2. home-like – institutional context, and 3. care – upbringing and education orientations. Together with the empirical results, the theoretical models provide a comprehensive framework for assessing and evaluating RCC workers’ professional competencies. The findings of this study are used to make suggestions for using the RCC Competence Fan in training practitioners for residential child protection institutions. Indeed, the theory-based competence profile can be promoted and transmitted through HEI training for strengthening the educational foundation and the interdisciplinary expertise in RCC.

**Key words:** residential child care, social pedagogy, upbringing, education, professional methods, RCC intervention, state care, institutional services
TIIVISTELMÄ


2) Suomessa toteutetuista fokusryhmähaastatteluista (n = 17) ja 3) haastatteluaineistosta, joka on koottu yksilöhaastatteluista, fokusryhmähaastatteluista ja moniammatillisista fokusryhmähaastatteluista (n = 61), jotka kansainvälinen tutkimusryhmä toteutti. Kysymyslomake ja kerätty haastatteluaineisto on analysoitu ammatillisina työmenetelmäosaamisenä, ammatillisena tietotaitona ja moniammatillisena yhteisyyönä. Neljäs osatutkimus on käsitteellinen analyysi, joka kokoo yhteen empiriset osatutkimukset ja käsitteellistää niiden tulokset ammatillisen laitoskasvatusosaamisen teoreettiseksi malliksi.


**Avainsanat:** laitosmuotoinen sijaishuolto, sosiaalipedagogiikka, kasvatus, laitoskasvatus, ammatillinen menetelmä, interventio, ammatillinen vanhemmuus
ACKNOWLEDGMENTS

My journey of completing this doctoral thesis is an excellent example of lifelong learning. The research process has evolved as I have, study by study, discovered other interesting and little researched perspectives to the RCC field. Therefore, my PhD can be described in a way as a (rewarding and exciting) side product of continuous learning. During this process, I have enjoyed support and encouragement from many fellow researchers and colleagues, who have provided me a source of inspiration to learn more and to develop my scholarship in residential child care (RCC). I would like to express my warmest thanks to everyone. Moreover, my experience from teaching RCC practitioners for two decades has given me an opportunity to reflect on the challenges in institutional RCC and cultivate the definite need for research to strengthen the competencies and skills of residential child care staff. Teaching has given me a natural monitoring and observing position and the ability to share inspiring stories about RCC practice with bachelor’s and master’s level social educator and social work students. Teaching, learning as well as researching and developing have been very much linked in my pathway to the doctoral dissertation. Thank you students for keeping my research grounded in practice and real life. All the best to you in your professional development.

I owe my deepest gratitude for many reasons to my first supervisor, Professor Juha Hämäläinen, who guided me through this process, led me in an academic thinking and accuracy as well as supported my research efforts in an international context. I would like to thank him for inspiring philosophical discussions and showing me a direction in my times of despair. I would like to acknowledge also the contribution of my second supervisor, Professor Elina Laukkanen. Your proficient insight on the conflicts and ambiguities between child welfare and psychiatric systems provided me invaluable help to work with my manuscript. You have given useful guidance and kind mentorship for one of the key topics of my dissertation.

My appreciation also goes to the pre-examiners of my dissertation manuscript. Thank you Associate Professor Kieras Garabaghi, Ryerson University, Canada and Docent Jan Storø, Oslo Metropolitan University, Norway. Your response and meticulous remarks to manuscript is invaluable and has helped and enriched significantly my work. Many people helped me to understand the meaning of the subject matter of this dissertation. I owe my gratitude to University Lecturer Elina Nivala in University of Eastern Finland (UEF), one of the main contributors in developing social pedagogy theory and practice in Finland. Thank you Elina for the encouragement and enthusiasm as a fellow researcher. We have shared the desire to strengthen the Finnish social pedagogy research and higher education training, which has taken us also to open new international territories for collaboration, recently in Japan. I’d also like to thank RCC researchers Riitta Laakso, PhD, Tuija Eronen, PhD and Elina Pekkarinen, PhD for our fruitful discussions and debates on mutual research interests in RCC.

Special thanks goes to Laura Yliruka, PhD and psychiatrist Pekka Närhi, who contributed in significant ways to reflect the educational, therapeutic, rehabilitative and mental care approaches and their interconnectedness, but also obstacles and borders in providing multiprofessional institutional care. Thank you to my nearest colleagues Heikki Ellilä, PhD, Mari Lahti, PhD and Tiina Pelander, PhD at Turku University of
Applied Sciences for familiarizing me in mental care issues and for your friendship as well as.

I want to express my sincere thanks to the organizations as well as nurses, practitioners in RCCs and social workers who participated in my study. Without your valuable opinions and remarks, my study would not have been completed.

It is a great pleasure to also acknowledge the international interdisciplinary research groups with highly respected professors and researchers. I like to express my warmest gratitude to you for your comments and for the exciting process of exploring and sharing together. Thank you Amaia Bravo, PhD, Spain, Denise Carroll, PhD, UK, Laura Formenti, PhD, Italy; Gunter Groen, PhD, Germany; Eigil Kristiansen Strandbygaard, Denmark; Sigrid James, PhD, Germany; Astrid Jörns-Presentati, PhD student, Germany; Rajan Mathew, PhD, Swaziland; Tadeo Matsuda, PhD, Japan; Alina Petrauskiene, PhD, Lithuania; Jolanta Pivorienė, PhD, Lithuania; Jan Jaap Rothuizen, PhD, Denmark; Mark Smith, PhD, UK and Jorge F. Del Valle, PhD, Spain. Thank you all again for your support.

Additionally I want to thank my friends, the dear group of ‘five ladies’, who have gave me lots of warmth and support in a golden circle of friendship. I also like to thank my mother-in-law ‘Mimmi’ for your kindness. You have at all times been interested in my efforts in my doctoral studies.

Finally, I owe my deepest and most heartfelt gratitude to my husband Timo. You have made all this possible by loving me and giving me space for this selfish project. You have been patient and supportive also on holidays when I haven’t been there physically or not available mentally. You have sat with me in this roller coaster in moments of joy, success and pain. You have always had time to listen and spur me on, showing that your love is unconditional. I dedicate my dissertation to my dearest boys Aleksi and Ilmari. Thank you for your admiration for your mother’s work and your supportive, weird comments. You are the most important in my life.

Acknowledgments: This research was supported by the EU-Lifelong Learning Programme (grant number: 2012-3154/001-001).
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1 INTRODUCTION

Despite critical discussions about the role and function of residential child care (RCC) and efforts by some countries to reduce its utilization, RCC continues to be an important setting and form of intervention for children and youth with multiple and complex needs. The starting point for the present study is a concern about the differences in the way in which resources for RCCs are distributed, and in the level of worker expertise and training in RCCs required across countries and welfare systems. In the current era of appreciated expertise, the care in RCCs is delivered by several different professional groups, bearing different names according to the country and the type of services they work in or the qualifications they have, also by paraprofessionals with limited training. As a result, with the fragmentation of the work framework, RCC work with the most vulnerable children may be seen as an unprofessional field. This situation has, however, been noticed. In recent years, there has been an increasing recognition of the need for upgrading the quality in RCCs by professionalizing the RCC practice. In spite of this development, there are still mixed opinions in research on the influence of professionalization of the RCC on workers’ tasks and responsibilities as well as on their professional identity.

1.1 WHY STUDY RCC?

Residential child care (RCC) is a complex intervention provided to children in vulnerable life situations and has a demanding task given to it by the state and society. Residential care is an umbrella term encapsulating all practices that provide professional, group-based services that take place outside the home environment of the child. The efficiency and effectiveness of costly RCC services with inferior treatment effects are constantly questioned. The very idea of residential group care is under attack in almost every OECD jurisdiction, with the prevailing preferences for family-based care related in particular to the fragmentation of the work framework and to the weakness of employee expertise (Gharabagi, 2013a, ix, xiii). Interestingly, in the current era of appreciated expertise, care in RCCs is delivered by several different professional groups, bearing different names according to the country and the type of services they work in or the qualifications they have. Within this varied workforce, RCC has different kinds of work frameworks and tends to adopt a broad education and learning approach (Cameron, 2016). The ‘home-like’ ‘everydayness’ ideological ethos in RCC is a widely accepted principle.

In addition to the challenge of reaching the shared professional intentions among workers in RCC institutions, this situation complicates interprofessional collaboration that aims to advance the whole welfare service system, which is essential in helping children and youths with multiple needs. RCC has various treatment philosophies and tends to adopt a ‘generalist’ knowledge, a ‘milieu-based’ orientation and a variety of pedagogical approaches. For example, the content of RCC work is defined as ordinary home-like (Laakso, 2009; Shealy, 2002; Ward, 2006; Whitaker et al., 1998), therapeutic care (Whittaker et al., 2016), as a form of home education (Heim, 2002; Gruner, 2011), ‘homealike collective with shared parenthood’ (Törrönen, 1999, 105–106) featuring parenting skills (Gallagher and Green, 2013) and using methods of RCC workers’
own choosing (Fyhr, 2001). This constitutes a broad education and learning approach (Cameron, 2016) in which daily life is seen as the most important context of care and change (Grietens, 2015). Presumably, such approaches do not offer a clear explanation of the intentions and contents of the practice; these attitudes presume (with little to no empirical evidence) that the pedagogical environment of residential care settings and their home-like milieu will automatically have a therapeutic effect that will also extend to adolescents’ mental health problems (Ward, 2006). For instance, attempts to integrate young people living in RCCs into society (the core aim of RCC) are not formulated among RCC workers as a professional task that entails the responsibility to teach citizenship skills as competencies for taking part in society. Instead, the focus is on individual children’s deficiencies, histories and problems (Bryderup and Frørup, 2011, 94).

Particularly in the UK, RCC practitioners are treated essentially as technicians whose task is to follow prescriptive procedures to produce predetermined outcomes (Cameron, 2016; Cameron and Moss, 2011a; Smith and Whyte, 2008). In other countries there is also evidence that RCC staff members are unable to specify their agency’s theoretical approach and identify the methods used in the facility; in Germany a significant percentage could not relate their utilized practices to residential care literature (Gunder, 2011). Furthermore, it is indicated that ‘pedagogical language draws on metaphors and implicit language’ (Kristensen, 2011, 243). In particular, staff lack knowledge about relevant interventions developed for and in the RCC context (Nunno, Sellers, and Holden, 2015). Interestingly, recent academic discussion in Norway concerning the professional approach taken in RCCs has identified the existence of ‘love’, an idea rather at odds with most conceptions of professional expertise, is raised into academic discussion featuring the professional approach in RCCs (Lausten and Frederiksen, 2016; Thrana, 2016; Vincent, 2016). Similarly, in Finland, the ‘home-like’ approach is a dominant ideology; constructing a confidential relationship between children and staff is seen as the main professional task (Laakso, 2009). Social pedagogical care practice is defined vaguely as ‘the art of being with children – an opportunity to create something special’ (Eichsteller and Holthoff, 2012, 43).

When staff lack knowledge about relevant interventions and have an attitude that interventions and evidence-based practice are too far away from ‘real’ practice (James, Alemi and Zepeda, 2013; Timonen-Kallio, 2012), practices may turn out to be quasi-clinical instead of professional educating and helping sessions; workers ‘are left to improvise methods of care and treatment themselves’ (Ward, 2006, 343). Interestingly, ten years ago, only 60 % of RCC workers in the UK defined their work practices as pedagogical (Bengtsson, Chamberlain, Crimmens and Stanley, 2008). Furthermore, it is indicated that adaptiveness is too great while implementing social pedagogy perspectives. In RCCs, this pedagogy is indicated as being an overly adaptive approach to implementing a social pedagogy theoretical frame in RCCs; it has lost its distinctive appeal and its impact has weakened; and social pedagogy is taken for granted as everyday upbringing, like the sort that parents do (Cameron & Petrie, 2009). This ‘everydayness’ and ‘substitute parenting’ have inhibited wider theorizing about upbringing. Workers act more like ‘technicians’ than autonomous professionals (Cameron et al., 2016). Furthermore, less-trained RCC workers incorporate some elements of social pedagogy at random, implying that social pedagogy could be used alongside other approaches (Bengtsson et al., 2008). What these ‘other approaches’ are is unclear. Understanding social pedagogy is ‘applied’ in UK concepts such as the 3Ps (professional, personal and private) and the Common Third (using activities to
develop relationships, Eichsteller and Holthoff, 2012). In relation to professionalism, it is questioned that ‘the unproblematized requirement that workers must provide children with parent-like love might show a tendency towards de-professionalization of care work’ (Neumann, 2016, 116). The concept of keyworking (e.g. Holt and Kirwan, 2012) also gives an impression of semi-professional actions and intentions grounded in common sense. All in all, a lack of clear RCC intentions might have a deteriorating influence on professional identity among RCC workers and a negative impact on expectations about their professional competencies when collaborating with other welfare professionals and services (e.g. Timonen-Kallio et al., 2016; Timonen-Kallio, 2019).

Internationally, the focus on developing residential child care (RCC) and its practices has increased; the positive impact of RCC is also increasingly indicated in current research (e.g. Francis, Kendrick and Pösö, 2007; Ward, 2006; Gharabaghi and Groskleg, 2010; Cameron and Moss, 2011b; Smith, Fulher and Doran 2013). Furthermore, the usefulness of social pedagogy and its contribution to improving care for children and young people in RCC is reflected by many authors (Gharabaghi and Groskleg, 2010; Cameron and Moss, 2011b; Storø, 2013; Grietens, 2015; Janer and Ucar, 2017) and it seems that the tradition of social pedagogical work is well recognized. However, while multiple countries are embracing the concept of social pedagogy, the specific features of such a model and how to implement it are subjects for discussion. In international literature, the concept of therapeutic residential care (TRC) has recently been introduced, offering a starting point for developing a cross-national definition for all forms of RCC (Whittaker et al., 2016). However, this international consensus statement contains few references to social pedagogy and needs to be supplemented by social pedagogy-oriented RCC practices. Moreover, the debate about the currently dominant interpretations of attachment theory or the idea of psychotherapy as the primary agent of change in RCC (Gallagher & Green 2013; Cameron et al., 2016, 164) have challenged RCC expertise to develop tools for identification of children’s social and educational needs besides developing encountering pedagogical tools to work with children (Cameron et al. 2016). Newer evidence-based approaches are also offered as a response or alternative to RCC to work with troubled youth (Whittaker et al. 2015). There has, however, been ‘scientific neglect of the RCC area of practice’; thus, for instance, the implementation of EBP interventions into residential care settings is a relatively new territory for research (James et al., 2013). There is a lack of a cohesive theoretical framework for RCC.

The overall idea and main objective for this study is to study the process of RCC instead of the outcomes – to conduct a theoretical analysis of tensions of the RCC work practices and professional competencies. Hence, making the ‘hidden’ RCC practices conceptualized and concretized to promote the educational foundation of RCC training. The practical interest is in strengthening the capability and professional identity of RCC practitioners who are working in this demanding field with children and young people who have experienced the greatest level of trauma and who, therefore, require the most expert care and support. One major problem facing child welfare is the availability of mental health services for children in need and the fuzzy boundary between child protection and mental care/psychiatric systems. A theoretical understanding of RCC work will allow workers to make the best use of their potential and eventually develop satisfactory and permanent relationships for children.
1.2 RRC AS A PROFESSIONAL FIELD

The public recognition of RCC care as a profession varies between countries. The variability of RCC argues for increasing precision and specificity as well as protocols for staff training and development (Whittaker et al., 2015, 329). There has not been a system requiring RCC staff to have specified training before entering their careers and the pattern of preparation for RCC working still varies from country to country (e.g. Harder & Knorth 2015; Timonen-Kallio et al., 2015). Residential workers have been subsumed in different countries into different professional groups, such as residential social workers, social educators, nurses, guards, youth workers, counsellors, child care workers and social care workers, as well as paraprofessionals with limited training. For example, in Canada, the United States and Australia, there are no legislated or even regulated requirements for preservice qualifications of residential workers (Gharabaghi, 2013b). This is why RCC expertise is questioned with a comparably slim evidence base in general and an unclear relationship between treatment and practice relevant to effective RCC work (James, 2015a; Sallnäs, 2009). There are significant differences in the professional boundaries, titles and tasks of different professionals. Thus, it is important to operationalise and conceptualize the actions and intentions in residential settings, and to illustrate the competence areas that RCC workers should master as professionals when delivering care for the most vulnerable and challenging youths.

However, in the diverse realities and contexts of RCC and with the variation in training between countries, it is difficult to bring this diversity under one roof. It is increasingly difficult to perceive the mutually shared and agreed goal of upbringing and care as a common professional territory and duty. There are also mixed opinions in research on the influence of the professionalization of RCC on workers’ tasks and responsibilities as well as on their identities as care workers (Gharabaghi, 2013). The contradiction between workers with different orientations is raised critically as ‘spending time with children or spending time in duty office comparing the outcomes achieved and supervising children’ (Smith et al., 2013, 85). Other experts argue that it is important that professional theory and the knowledge base determine how a worker interprets and responds to the child’s behavior, and how behavior is treated as a valuable opportunity to incorporate pedagogical interventions into the upbringing processes (Kleipoedszus, 2011; Storø, 2013). The question of the needed ‘level of professionalism’ is present in many countries. There is some evidence that many RCC staff members are unable to specify their agency’s theoretical approach and identify the methods used in the facility. In Germany, a significant share of professionals could not relate their utilized practices to residential care literature (Gunder, 2011). Furthermore, it is indicated that ‘pedagogical language draws on metaphors and implicit language’ (Kristensen, 2011, 243), and that staff lack knowledge about relevant interventions developed for and in the RCC context (Nunno et al., 2015). For the professionalization project, it is essential to investigate what constitutes core knowledge and theoretical grounding in RCC work, as well as to promote RCC competence to ‘be more professionally empowered and reframe the relationship with other professionals’ (Hatton, 2013, 63).

Residential child care institutions are heavily dependent on professionals and their competence, ethical sensitivity, and the ability to carry out responsibilities on behalf of ‘upbringers’ of society. By focusing on the debate on social pedagogy-related professional competencies in RCC, this study provides an insight into its potential to
improve professional practice in RCC work. There is a need to develop a theoretically more solid foundation for professional expertise in residential child care institutions. And yet, in relation to the importance of the interprofessional nature of child protection work and the necessity for different organizations and professionals to work together (e.g. Gilbert, et al. 2011, 250; Holmes & McDermid, 2012), international literature on collaboration and practical everyday activities between RCC services and mental care services is scarce: only eight studies were found in a systematic literature review related to acute psychiatric services targeted at residential child care (Lahti, Linno, Pael & Timonen-Kallio, 2018). With regard to public recognition of professional status, it must be admitted that the public is largely unaware of what RCC is as a service and what do RCC workers do.

1.3 QUESTIONING AND THE STUDY CONTEXT

In this summary part of the dissertation, I address the following three research questions:

1. What are the ingredients of RCC practice in home-like and institutional orientations?
2. How are the components of professional practice implemented in the RCC context?
3. What can social pedagogy offer to strengthen the knowledge base of RCC practice?

Care work and developing its competence-based practice has been the purpose of this study from the very beginning. The research questions have evolved as I have examined RCC work, and step by step I have discovered other perspectives to RCC work. I explored the use of methods and reflected on the ‘methodology orientation’ in RCC practice in the Finnish RCC context (sub-study I’). The discrepancy in using the methods in ‘home-like’ RCC came up and led to a second question on the knowledge base and work practices of workers (sub-study II). I noted that it is challenging for RCC workers to define and conceptualize RCC work as professional tasks and responsibilities in flexible and spontaneous everyday life. In the third phase of the study, I wanted to investigate whether these professional challenges in providing an RCC service is a current issue across Europe. I also wanted to explore the level of RCC ‘professionalism’ in other countries. I became aware that the RCC situations in Denmark, Germany, Spain, Lithuania and the UK were parallel. Furthermore, I understood that collaboration with the mental health care sector was crucial to high-quality residential care, but to some extent professionally disempowering, because RCC workers were not always treated as equal co-workers. Therefore, sub-study IV transfers the results from the first three empirical studies into reflecting on the contribution of social pedagogy to professional know-how in the RCC field to concretize the competencies of

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the workers. The practical aim was to better understand the entity and variety of the ‘ingredients’ of RCC work.

In this summary part of the dissertation, the findings of the sub-studies are evaluated and the analysis updated (Chapter 5) to find additional professional layers and elements to RCC work practices. It is important to discuss these in order to identify common professional features. During the research process the major theoretical guiding concepts have been in social pedagogy. These entail empowering RCC workers’ professional identity formation ‘as a social profession whose core expertise is to actualize social educative practices that are unique to social pedagogy’ (Storø, 2013). Thus the fundamental question for the dissertation is how social pedagogy provides the RCC field with necessary professional know-how, skills and competencies, and how it relates as a discipline to different professionals backgrounds. In particular, the attempt to implement social pedagogy principles into practice are especially important, since some critics opine that, although ‘social pedagogy is said to be a practically oriented expertise, the practice is not sufficiently present in its theoretical foundation’ (Storø, 2013, 23; Nivala & Rynnänen, 2019, 20), theory and practice are not particularly in ‘stimulating’ dialog to strengthen the work practices and RCC interventions. This dissertation attempts to contribute to social pedagogy theory-building; to reflect on the semantic ambiguity around social pedagogy in order to gain a more in-depth understanding of social pedagogy and field-specific RCC practice.

1.4 STUDY DESIGN

The aim of this dissertation is to examine the components of residential child care (RCC) practice as a context, and its orientations, methods and knowledge base to conceptualize the actions and intentions in RCC, with the ultimate final aim of proposing an RCC competence profile grounded in social pedagogy theory to explore RCC as a profession.

Despite it being a significant field of practice with a longstanding history, residential child care (RCC) research to date has been limited in its scope and impact. There is hardly any empirical evidence showing how residential care programs actually work (Harder & Knorth, 2015) and, on the other hand, recent RCC research has been influenced by social work, psychology and medicine (Nunno et al. 2014). More research on residential program models and their active ingredients, standards, practices and methods is encouraged (Knorth et al., 2002; Storø, 2013; James, 2015a; Nunno et al., 2014; Cameron, 2016). To contribute to the RCC research field, this dissertation offers an overview of the components (ingredients) of RCC practice as well as of the knowledge base behind the actions and intentions. The dissertation is practice-focused research, enabling knowledge creation from professional RCC practice. Theory building is regarded here as an activity essential to both RCC respondents’ continued professional development and the improvement of service. The quality of RCC service will improve as members of a profession increase their level of understanding and skills; furthermore, understanding, in turn, will increase not only as the members accumulate experience, but also as they draw upon and contribute to the development of an expanding body of theory (see Weiss-Gal & Welbourne, 2008).

The fundamental aim of the study is to provide an understanding of the possible competencies in RCC; to reflect how social pedagogy’s theoretical foundation is present in RCC practice. The study intends to construct a social pedagogy-informed model
of RCC work that reflects the scholarly debate on possible social pedagogy-related professional competencies. Attempts to put social pedagogy principles into practice are especially important, since there are some critics who opine that although ‘social pedagogy is said to be a practically oriented expertise, the practice is not sufficiently present in its theoretical foundation’ (Storø, 2013, 23); theory and practice are not in dialog. The practical interest was to make an attempt to combine the results of the sub-studies and concept analyses into a social pedagogy-informed profile of RCC competencies; or to professionalize the RCC practice. The theoretical interest of knowledge production is to develop social pedagogy theory towards an integrated approach for the RCC workforce with different professional groups and training backgrounds. In this summary, in addition to summarizing the findings of the sub-studies and updating the analysis, I expand on the published information by adding the theoretical fundamentals to reflect in more detail on how to achieve a balance between ordinary home-like parenting (care) and special institutional upbringing orientations while delivering RCC care.

The recognition of RCC practice is seen as informed actions in a special context that are guided by values and grounded in theory. Social pedagogy is offered as a distinctive knowledge base as well as values and professional ethics that guide RCC practitioners in how to implement methods and interventions appropriately, how to develop knowledge-based work orientations, as well as how to create an educative upbringing in an RCC context. Ekeland and colleagues (Ekeland et al. 2019) emphasize that social work (including residential practice) should be informed by research and evidence, and not only be based on values and ethics. The research design with interconnected components of professional RCC practice is described in Figure 1.

![Image of Figure 1: Research design with interconnected components of professional RCC practice.]

The empirical part of the dissertation consists of three empirical sub-studies, which have been reported in articles (Timonen-Kallio, 2012; Timonen-Kallio, Laukkanen & Hämäläinen, 2016; Timonen-Kallio, 2019) and a social pedagogy analysis of RCC work (Timonen-Kallio & Hämäläinen, 2019). The sub-studies’ contributions to the core research aim are presented in Table 1 below.
Table 1. The contribution of to the sub-studies for the core research aim to examine the RCC competencies.

<table>
<thead>
<tr>
<th>Research aim</th>
<th>Theoretical starting points</th>
<th>Data and approach to RCC</th>
<th>Title</th>
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<tbody>
<tr>
<td>To examine RCC practice by investigating RCC workers using the method developed by themselves and by locating the &quot;methodology orientation&quot; in RCC practice.</td>
<td>Methodology of RCC practice methods and interventions in RCC theories on methods</td>
<td>Empirical research, a questionnaire for RCC workers (n = 122), data collected 2004</td>
<td>Timonen-Kallio, E. (2012). Residential child care work – professional knowledge, orientations and methods. European Journal of Social Education.</td>
</tr>
<tr>
<td>To investigate how practitioners with different professional backgrounds in two different systems reflect the chances for working together and how RCC workers demonstrate their expertise to other professional groups.</td>
<td>Interprofessional work; incorporating expertise in multi-agency collaboration, homelike orientation</td>
<td>Empirical research, focus group interviews n = 17, data collected 2012 and 2013</td>
<td>Timonen-Kallio, E., Hämäläinen, J., &amp; Laukkanen, E. (2016). Interprofessional collaboration in Finnish RCC; challenges in incorporating and sharing expertise between the child protection and health care systems. Child Care in Practice</td>
</tr>
<tr>
<td>To compare in six European countries the local needs for integrated RCC care plans and developed good practices between RCC and mental care.</td>
<td>Interprofessional practice: the status of RCC in a complexity of welfare services and systems across local contexts</td>
<td>Comparative empirical research, individual interviews, focus group interviews and joint focus group interviews in interprofessional sessions, n = 60, international research group data collected 2014</td>
<td>Timonen-Kallio, E. (2019) Interprofessional Collaboration between Residential Child Care and Mental Care Practitioners: A Cross-Country Study in six European Countries. European Journal of Social Work</td>
</tr>
</tbody>
</table>

All three empirical sub-studies were needed in order to investigate the complex RCC practice with the fragmentation of the work framework and the suspense of the expertise level of employee. Sub-study I explored the ‘methodology orientation’ among RCC workers, and their use of practical methods and tools. Sub-studies II and III were needed to investigate RCC workers’ knowledge base, professional status and autonomy. In turn, sub-study III explored the contexts of interprofessional work and skills and the attitude of RCC workers towards delivering an integrated RCC service. These findings (sub-studies I, II and III) constituted a source for an overall social pedagogy analysis of the knowledge and competencies that are considered relevant for RCC and to subsequently model competencies that accomplish RCC expertise (sub-study IV). This study presents the social pedagogy research area, where the interest
is in empirical studies on practical work and developmental work research (Nivala & Ryynänen, 2019, 323). In this study the interest is to investigate the interprofessional RCC process and work methods in order to develop the educative practices in child protection institutions.

This summary proceeds in the following way: in Chapter 2, I present the conceptual structure to investigate the components of professional RCC practice. In Chapter 3 the focus is on the theoretical foundations of the study to reflect the professional knowledge base and expertise in RCC in light of the recent social pedagogy-related debate. In Chapter 4, I present the methods of gathering and analyzing the data, as well as reflect on the ethical questions related to the study. The findings, interpretations and implications of the sub-studies can be found in Chapter 5, and Chapter 6 returns to the RCC expertise and provides a competence profile of the potential skills requirements for RCC practitioners derived from the present sub-studies. In Chapter 7, I discuss the empirical findings of the dissertation as a whole and draw conclusions for providing a high-quality RCC intervention as an eventual separate profession of its own, and finally in Chapter 8, the study and its implications for RRC research, practice and education are evaluated.
2 PROFESSIONAL RCC PRACTICE

In the diverse realities and contexts of RCC, and because the pattern of staff preparation for delivering RCC varies from country to country, it is difficult to bring this diversity under one roof. It is increasingly difficult to perceive the mutually shared and agreed goal of upbringing and care as a common professional territory and duty. For the professionalization project, however, it is essential to investigate what constitutes the core knowledge and theoretical grounding in RCC work. As questioned already over a decade ago, the challenge to maintain professional and high-quality RCC services is still current: ‘If this is failing, it could lead back from professionalism to an amateur humanitarian mission in residential child and youth care’ (Grupper, 2002, 70).

RCC is a complex institutional and organizational terrain within which established and emergent professional groups act and interact. In this chapter, the nature of the RCC profession and the prerequisites for professionalization of the RCC are reflected.

2.1 INVESTIGATIONS ON PROFESSIONAL RCC PRACTICE

Generally, it can be noted that at the very core of professional competence is the desire to have ‘an efficient performance in labour situations with skills that are necessary or sufficient to reach a specific goal’, which means the constant proficiency to connect the dimensions of knowledge, practice and values through critical reflection. Moreover, residential care encompasses several own institutional logics and thus may be subject to additional professional awareness and competencies. First, residential care is in theory based on a professional logic, which means that professionals make situation-based decisions based on professional judgment, i.e. professional experience, research or client preferences. Second, as residential care consists of many for-profit providers, a market logic is widespread. This may, for example, entail making a profit, which in turn may influence decisions and orient actions. Third, organizations must more or less follow binding standards and rules that concern the organization and not the individual professional (Pålsson, 2018, 28).

Within these contradicting demands, there are three main causes for increasing the level of interest in professionalizing RCC. One is a greater interest in reflecting the ‘ingredients’ of RCC practice (Whittaker et al. 2015; Whittaker et al., 2016) and to develop education and professional standards ‘to be more professionally empowered and reframe the relationship with other professionals’ (Hatton, 2013, 63; see also van den Berg, 2002; Knorth et al; 2002). The second interest is linked to the research on the general ‘principles’ of the profession of a social pedagogue (Cameron & Moss, 2011b) and particularly the social pedagogy RCC practice (Storo, 2013). Thirdly, the push towards marketing and privatizing RCC services in terms of reducing costs and lowering qualifications of the workforce (see Smith et al., 2013, 159; Pålsson, 2018) has caused a pressure to advocate for the purpose of RCC profession.

The professional expertise to meet these challenges varies significantly in RCCs. In relation to work orientation and how the care is delivered, there is a debate between family-oriented and institution-oriented approaches. Eronen and Laakso (2016) found three orientations in child protection substitute care: close supported family care as an alternative to institutional care, therapeutic institutional care and social pedagogic
institutional education. RCC work is defined as ordinary home-like care where daily life is the most important context of change (Laakso, 2009; Smith, 2009; Ward, 2006; Whitaker et al. 1998), as a therapeutic home parent model (Shealy, 2002), and as a ‘home education’ approach (Gruner, 2011, Heim, 2002) with parenting skills grounded on parents’ life experience (Boddy, 2011; Fyhr, 2001; Gallagher & Green, 2013). From the profession-oriented point of view, the RCC approach is defined as upbringing on behalf of society (Cameron et al., 2016), or re-upbringing (Storo, 2013, 93) where practices and culture are constituted in an ‘extra-familiar’ (Anglin, 2002) or ‘specialized everyday care’ (Ward, 2006) context. Discussions on the impact of these orientations on RCC practices, culture and atmosphere is lively (Heim, 2002; Lindsay, 2002; Shealy, 2002) as well as that on workers’ identity as care workers (e.g. Smith et al., 2013).

Furthermore, more intensive treatment options and the ‘manualized’ evidence-based EBP interventions\(^2\) are challenging the ‘generalist’ RCC (James, 2016). There are concerted efforts to move the RCC field towards a stronger empirical evidence base, which includes the development and evaluation of evidence-based program models and empirically supported interventions for RCC (James, 2017; Whitaker et al., 2016). On the other hand, there is a sign of some RCC experts questioning the benefit of using evidence-based practices as strange in everyday life, as well as it being too clinical with requirements and strict regulations for reporting and documenting (Garabaghi, 2013a; Smith et al. 2013; Cameron, 2016). Thus, there is simultaneously a dire need to develop interventions and methods that are targeted particularly at the RCC context and for RCC (Nunno et al., 2014).

As an alternative to EBPs, there are several intervention models available to illuminate what the ‘ingredients’ of professional RCC practice should be. For instance, the CARE program model (Holden et al., 2015, 304–308) offers an ‘evidence-informed’ platform with six basic practice principles: developmentally focused, family involvement, competency-centered, relationship-based, trauma-informed and ecologically oriented to evaluate the RCC practices’ quality. Ward (2006, 341–344) presents five approaches which constitute the RCC practice: 1) living alongside: being ordinary, 2) living alongside: modelling alternatives, 3) planned environments: group living, 4) planned help: individualized support with daily living and 5) opportunity-led work (Ward, 2006). Hatton (2013, 36–37) sketches an inclusive RCC service with the concept of ‘Common Third’, which combines creative activities and social pedagogy to empower youths as service users. Smith et al. (2013, 27–32) present the compelling conceptual framework ‘core of care’ from Henry Maier (1979) to see how the sense of relational safety and well-being can be developed through everyday life: bodily comfort, differences in interaction, rhythmic interactions, predictability, dependability desire, personalized behavioral training and care for the care workers. Storo (2013, 96–97), in turn, emphasizes RCC as re-upbringing work in the particular social pedagogy RCC context, which resonates with Maier’s core of care in everydayness (see Maier 1978).

Elisabeth Fyhr (2001) has analyzed the professional RCC culture in relation to staff members’ needs for supervision, i.e. care for care workers. In artificial family institutions (developed out of family ideas and enjoying family privileges), psychological

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\(^2\)EBP interventions are based on a carefully developed research protocol, which is grounded in sound theory; their results are supported by controlled treatment studies, which implies a comparison group and/or random assignment to different treatment conditions. In addition, they have guidelines and procedures for their implementation, which means that they are manualized and clearly specified in their treatment procedures and elements (James, 2014, 144).
supervision is needed, over the reparation needs of children, to avoid transformation into non-professional institutions that fail to carry out their official task. Instead, in a professional institution (with professionally trained staff), when the institution’s basic needs are analyzed and secured, regular supervision strengthens treatment and care. The author’s conclusion is that supervision is not a way to compensate staff members’ education or personal suitability (Fyhr, 2001), and that the professional institution is primarily hypothetical; the RCC institutions are mostly non-professional, based on an insufficient educational foundation. It seems that residential practice appears to be rooted in the value of ‘ordinary everyday experiences’, sometimes with a reluctance to use a notion of treatment component in residential care (Ward, 2006, 338; also Storø, 2013). Hence, it is essential to examine the relationship between ordinary and professional RCC.

2.2 PROFESSIONALIZING RCC WORK

There has been some interest in the condition of RCC as a profession. Effective RCC interventions and programs have the following principles. First, the treatment modality principle: interventions should be aimed at different aspects of the client’s problems (multimodal) and therefore should apply different methods. Second, the program integrity principle: effective programs are those in which the stated aims are linked to the methods being used, including the availability of adequate resources to achieve these aims, appropriate training and support of staff, and an agreed-upon plan for program monitoring and evaluation (MacCuire, 1999; Harder & Knorth, 2015, 224). Furthermore, a professional RCC institution is defined as ‘planned in accordance with professional knowledge and it enjoys professional privileges; the main operative instrument is the personalities of the professionally trained staff and the professional methods required by the official task, along with an institutional structure intended to support and protect performing this task. The staff members are selected on the basis of both personality and educational criteria, workers are better capable to independent professional control but needs supervision to support professional work and to be alert for any destructive processes’ (Fyhr 2001, 64). Professionalization refers primarily to the extent to which professionals express skilful and respectful care practice at the individual and organizational level (Knorth et al., 2002). The components of professional practice are defined as values, orientation, methods and theory, which have to be ‘in dialog’ and logically connected to each other to constitute professional practice (Knorth, 2002; Storø, 2013).

In particular, residential care is in theory based on a professional logic, which means that professionals make situation-based decisions based on professional judgment, i.e. professional experience, research or client preferences (Cameron & Moss, 2011, 21; Pålsson, 2018, 28). However, some experts fear that attempts to ‘professionalize’ care lead to overly procedural approaches to everyday practice where practitioners spend more time writing about children than being with them (e.g. Gharabaghi ,2013b; Smith et al. 2013). Other experts note that the knowledge base determines how the worker interprets and responds to the child’s behavior; a qualified practitioner has the capability to see ‘bad’ behavior as a valuable opportunity to incorporate pedagogic interventions into the upbringing processes (Kleipoedszus, 2011; Storø, 2013). There have been some attempts to qualify the professional standard in the UK (Social Pedagogy Standards), Australia (Minimum Qualification Strategy for Residential Care
Workers …2017), and the USA with a comprehensive list of ‘task statements’ (60) for RCC practitioners (Shealy, 2002), along with the ten principles of residential child care from Canada (Garabaghi, 2009). These standards can be seen as value-based commitments that adhere to a diverse workforce and as tools for reflecting on everyday practice rather than a theory-based conception of skills and competencies that are required of a competent worker.

The attempt to professionalize RCC has similarities with the process of professionalizing social work (see Weiss-Gal & Welbourne, 2008). It is argued that the extent to which social work can assert itself as a profession depends largely on its relationship with the state: the power to make independent decisions about issues such as professional standards; training for professional employment; dealing with competence and malpractice issues, or engaging with the policy-making process (Welbourne, 2009, 28). This is also the case with RCC. Thus, there is a need to understand how RCC professionals and RCC institutions work to get information on how successful policy initiatives and the changes they presuppose are likely to be (see Bresnen, 2013, 736). A key aspect of professional autonomy is the right of workers to make work-related decisions without being subject to the directives of those outside the profession, or to constraints that are inconsistent with the knowledge base and values. In this study, ‘competence’ is defined as a comprehensive ability of a person that allows them to perform efficiently in RCC labour situations, with a roughly specialized system of abilities, proficiencies or skills that are necessary or sufficient to reach a specific goal (e.g. Weinert, 2001, 45). Competencies are associated with the extent to which practitioners can exercise autonomy and make situated judgements at work, which in turn enables them to enjoy their professional privileges (Fyhr, 2011). In addition to the generic learning needs, field-specific competence in the RCC field will form the core of their learning needs with regard to skills for working and making situation-based decisions in this unique context. The questions for this study are: what changes might be needed for RCC practices and institutions, education and knowledge to strengthen RCC work as a profession? In child protection an often referred standard is an ambiguity term “good enough” parenting or minimal parenting competence. For this study the core interest is to explore how do you define standard of ‘good enough’ RCC professional parenting competences.

2.3 COMPONENTS OF RCC PRACTICE

The interconnected components of professional practice are defined as theory, values, orientations, methods and context (see Figure 1). The aim is to identify how these components appear in RCC practice to subsequently interpret and translate these findings into field-specific competencies for qualified RCC practitioners.

RCC context

Residential child care (RCC) has a long history in the provision of services to vulnerable children who have been maltreated or have significant emotional and behavioral problems. When we think of residential child care today, we typically think of professional organizations operating within the public or private sectors. RCC is tasked with providing a safe environment for children, addressing their developmental and
(mental) health needs through a range of therapeutic and pedagogical interventions, in which relationship-building and purposeful activity come together to give children and young people optimism about their future life chances while working towards the transition to adulthood. Unfortunately, in real (RCC) life, research draws a picture of loneliness marked by frustration and lack of confidence, as well as having the experience of being pervasively sidelined (Pösö, 2004).

However, RCC programs vary considerably in size, structure, organization, treatment approach, staff expertise and the population served; all may vary from one country to another, even regionally or within the same municipality. ‘Residential child care’ or ‘residential services’ tell us little about the setting and it is difficult to develop a sensible typology of different RCCs. RCC is an umbrella term, capturing various forms of residentially-based living arrangements, from small group homes to large institutions, across three service systems – child welfare, mental health and juvenile justice. RCC provides therapeutically planned behavioral interventions to unrelated youth with a wide range of problems in a 24-hour, structured and multidisciplinary care environment. To match the child’s needs and professional upbringing, it is important to understand the variety represented by RCC’s professional culture and staff members’ skills to help and support children and their families. Small children are usually accommodated in home-like settings with a certain atmosphere. Instead, youth needs for care are better met in institutions with certain facilities. Is RCC a last resort for troubled youth or is it a place the child is temporarily accommodated in for help, support and supporting the reunion of the family? The special needs of the children and the repertoire of service responses and different facilities as well as the professional expertise of institutions, however, challenge the realistic expectations to deliver a smooth and empowering growing environment, particularly when programs vary considerably in size, structure, organization, treatment approach and the population served. As a matter of fact, it is difficult to develop a sensible typology of different types of RCC; there is a ‘conceptual imprecision about RCC’ (James et al. 2013).

For RCC workers, the professional task of living together in an institution, generated from ordinary home-like orientation, does not establish coherent aims for care practices or competencies to put these aims into action. If residential care is truly to be a professional practice, an environment supporting the professional practice must be created. According to Ward (2007), for instance, ‘workers have a responsibility to cultivate and sustain an atmosphere in which open communication can take place, and in which residents will be encouraged to express their views and exert their rights during everyday interactions.’ The professional task for practitioners is to plan how to build and sustain such a living context for children and working environment for themselves. This is a challenging task, because everyday life can be quite chaotic, and thus prioritizing and making reasoned decisions can be difficult with varying views of point and assessments of co-workers (Whitaker et al., 1998; Størø, 2013). Actually, a home-like approach cannot be the central purpose of the care; instead, residential homes need to be appreciated for their strengths as extra-familiar developmental and therapeutic environments and ought not to be denigrated for not being ‘natural’ or ‘real’ families (Anglin, 2002, 105). As Ward (2006) suggests, children in residential care settings who have a high likelihood of being affected by one or more emotional disorders will find great difficulty in achieving this sense of healthy normality, until their special needs are properly addressed, through interventions that go beyond those of normalization and ordinary life experiences, since often their own experiences are very different from ordinary ones.
It is an inevitable fact that RCC is an institutional ‘public’ home with certain (sometimes resource-poor) organizational arrangements, and a professional culture and facilities. Turnover of adults, multiple combinations of relationships during the day, and the level of control over children’s lives as well as that from other co-professionals in their lives are the elements that speak more about an institution than a home. From a child’s point of view, they do not have control over when workers (or a particular worker) approach them and they have to comply with the fact that this happens according to workers’ own schedules; children are present with each other night and day (Törrönen, 1999, 126). Furthermore, because RCCs are often seen as a last resort, children tend to be sent there when they are older and have already been damaged by years of difficult experiences. Thus, institutions are in many ways ‘structure-heavy’ and it takes a lot of effort on behalf of workers to learn and understand all the written and unwritten rules and routines to cope with everyday life in an institution (Storø, 2013, 89). Despite ‘institutional rules’ and instability in their lives, living in a residential setting can have a positive impact on children’s and youths’ lives.

Furthermore, RCC is a cross-system setting, serving youth from multiple service systems, e.g. child welfare, (mental) health care and juvenile justice. Many children taken into care tend to need mental care and psychiatric treatment as well as child protection services; thus the professional expertise of both systems must be coordinated in their care. All in all, RCC is a necessary part of an organized system of mental care and vice versa. Nevertheless, for instance in Finland, the fragmented nature of the system has weakened the capabilities of child welfare employees – they have neither the time nor the competence to take careful account of their clients’ needs to evaluate the points brought up by other professionals (Alhanen, 2014). In Sweden, the RCC service is extensively delivered by private providers, a fact that has caused difficulties in demonstrating clearly positive treatment effects and improved service quality (Pålsson, 2018).

Apart from mental health partner professionals, there are other agencies (education, social services, leisure, youth justice) as resources that will all potentially have a role to play in supporting RCC workers in their upbringing work. As a matter of fact, interagency work is rewarding and has many outcomes for professionals (e.g. in terms of improved understanding of each other’s roles, greater willingness to share information, better insights into how a wider range of services can be mobilized to support children, and greater job satisfaction), and there are outcomes for agencies (e.g. reduction in duplication, achievement of economies of scale, better connection to local communities) (Statham, 2011). In relation to the outcomes for a child, RCC workers are supposed to have the capacity to advocate as a ‘navigator’ to find the best suitable help and support for a child among the service systems (Ungar, Liedenberg & Ikeda, 2014). Moreover, networking competence with theoretical know-how is important, because it seems that ‘less-trained workers are more likely to suggest seeking external help and advice or to refer the child to an external agency’ (Petrie et al., 2006). The responsibility of RCC workers is to perceive the breadth of the RCC service and the totality of the child welfare system to be capable of helping and supporting the ‘whole’ child. An RCC practitioner’s skill is to present upbringing in guidance, discipline and learning approaches (Smith et al., 2013).

**RCC interventions**

RCC has a unique context as a public home, with certain characteristics and the nature of RCC work being to educate and integrate vulnerable children, which invite certain
kinds of interventions and methods to be implemented. Experts agree that having a stable and competent RCC workforce is key to the delivery of effective interventions; intervention is the main term used to illustrate what an RCC worker does (Storø, 2013, 53). However, when considering the professional expertise of RCC, it is indicated that there is a lack of clarity about the theories, methods and practice models relevant for effective work (James et al., 2014) and some resistance among managers and workers to implement these new methods because it is too costly and too far away from ‘real’ practice (Erath 2008). In spite of this lack of knowledge and resource, there are currently concerted efforts to move the RCC field towards a stronger empirical evidence base, which includes the development and evaluation of evidence-based program models and empirically supported interventions for RCC (James, 2017; Whittaker et al., 2016). Practitioners are increasingly experimenting with the implementation of a range of interventions, especially behaviorally- and trauma-focused interventions (James et al., 2015). Several publications during the past five years have addressed the need for effective practices for RCC, have reviewed available evidence-based interventions, and discussed barriers to their implementation into RCC settings (e.g. Blau et al., 2014; James et al., 2015; Pecora & English, 2016; Whittaker, del Valle & Holmes, 2015). Evidence-based practice is criticized as ‘expert-driven interventions’ that override the contributions of young people and their families and exclude young people’s voices (Gharabaghi 2012, xii).

The use of the terms ‘tool’ ‘method’ and ‘intervention’ in RCC is very diverse. There are two main tendencies. One is to use them in a very broad sense for all methodological models as case management, crisis intervention, group work, community work, etc. The other is to restrict the terms to those ‘methods’ which are developed within psychology, sociology or education to help RCC workers reach a specific goal of identity work, systemic counselling, coaching, training or networking, for instance. In this sense, methods can be understood as structured diagnostic and intervention procedures and strategies planned to generate change in accordance with the aims of RCC. And, related to this understanding, ‘tools’ (cards, questionnaires, maps, plan sheets, forms, etc.) could be described as ‘parts of methods’ that we use inside the orientation. For the ‘effective’ residential worker, Shealy (2002, 96) offers a whole variety of practical tools and methods for conducting RCC work: individual and group use of educating materials, sociograms, counsellor handbooks, new games books, ropes courses, brochures, interviews, group therapy meetings, role planning, tests and measurements in order to find the residents’ strengths and weaknesses, modifying behavior, facilitating growth and development and increasing children’s interpersonal skills, life skills, and self-awareness. These kinds of methods assist the residential worker to sketch and assess, to explain, to reflect and understand, and to document and report on their work (e.g. Shealy, 2002). In turn, Storø (2013, 103, 113) argues that in the social constructionist interpretation, the most important tool is the worker themselves, with language and concepts that are used to create language-based interventions; everything the staff do must be understood as an intervention. This broad interpretation of what an intervention is challenges the ‘methodological’ work and may lead to a conception that ‘methods are rigid and not appropriate or applicable in a home-like RCC frame of reference’ (Laakso 2009). On the other hand, it is argued that RCC workers wrestle with how to integrate an individualized and client-based approach with the use of manualized treatment protocols, i.e. how to apply them and work accordingly (James et al., 2015).
Nevertheless, it is suggested for RCC workers to better benefit from evidence-based interventions\(^3\) in their work (Gilbert et al., 2011, 256; Grietens, 2015, 298; Harder & Knorth, 2015, 227; Nunno et al., 2014; James, 2015a). In particular, EBPs\(^4\) are offered to make RCC work more systematized and as a response or alternative to the ‘general RCC approach’ (James, 2016). In turn, Smith et al., (2012) prioritize the experience of being with young people over the specific nature of the interventions and treatment approaches. Moreover, it is indicated that both theory and research have been lagging behind and can provide little guidance to RCC practice on how to successfully implement new methods and interventions (Bright et al., 2010; James, 2015a). For instance, for the Finnish child protection system there is no institutional accreditation system to approve new methods and interventions (Kajanoja & Ruuskanen, 2019, 59). That is presumably the situation in other countries too. Many professionals resist EBPs as cookbook practices that ignore the complexity of social work, while on the other hand it has almost become a political demand to be evidence-based (see Ekeland, Bergeman and Myklebust, 2019).

Because both theory and research have been lagging behind, and at this point can provide little guidance to the practice field regarding how to successfully implement an evidence-based practice into residential care and achieve the type of positive results that have been found in more controlled settings (Bright et al., 2010; James, 2014), there is a certain concern that when staff lack knowledge about relevant interventions (Nunno et al., 2015; James, 2014), workers ‘are left to improvise methods of care and treatment’ (Ward, 2006, 337). It is also indicated that practitioners sometimes have an attitude that interventions and evidence-based practice are too ‘professional’ and theoretical approach for RCC. An important question is to investigate how RCC practitioners and practices are making use of various methods and tools: what are their own professional actions? The relationship between the concepts, tool, method and intervention as professional components needs to be reflected.

**RCC orientations**

RCC workers are in charge of implementing the upbringing and care processes of children and spend the majority of their time with children and youth who often have severe emotional and behavioral disorders. When reflecting on RCC care and treatment in this context, it is important to raise a question: to what extent is residential child care parenting? It is argued that theories on parenting and parent–child relationships have relevance for an understanding of what RCC sets out to achieve (Petrie et al. 2006, 11). On the other hand, Anglin (2002, 105) describes the residential home as an artificial living environment where a home-like approach cannot be the central

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\(^3\) EBP interventions are based on a carefully developed research protocol, which is steeped in sound theory; their results are supported by controlled treatment studies, which implies a comparison group and/or random assignment to different treatment conditions; and they have guidelines and procedures for their implementation, which means that they are manualised and clearly specified in their treatment procedures and elements (James, 2015a, 144).

\(^4\) List of EBPs which have been tested within the RCC context: Adolescent Community Reinforcement Approach, Aggression Replacement Training, Dialectical Behavioral Therapy, Ecologically-Based Family Therapy, Eye Movement and Desensitization Therapy, Functional Family Therapy, Multimodal Substance Abuse Prevention, Residential Student Assistance Program, Solution-Focused Brief Therapy, and Trauma Intervention Program for Adjudicated and At-Risk Youth (James, et al. 2013).
purpose of the care. When underlying the ordinary ‘everydayness’, the consequence might be that residential workers prefer to cling on to the idea of ordinariness rather than face the need for special care (Ward 2006, 339). Furthermore, it is indicated that in residential care institutions, the pedagogical aims draw heavily on metaphors and implicit language (Kristensen, 2011, 243). According to Sallnäs (2009, 199), this idea of a home-like RCC is just an ideological ethos, with no clear conceptual and theory-based connection to professional education and care. ‘Ordinary’ sounds positive but is inadequate to gather the entity of the professional RCC work. The concept of ‘orientation’ is chosen in this study to emphasize the professionally more obliged intentions than merely ‘guiding principles’ or ‘working styles’ (see Jakobsen, 2015, 93).

The severe mental health problems of many of the young people living in residential settings pose a great demand for positive attitudes towards mental care collaboration. Multi-agency collaboration is a necessary element of delivering RCC. The desire for the collaboration is linked to professional competencies in networking and an awareness of knowledge. The orientation towards collaboration with social work is essential.

**RCC knowledge base**

Traditionally, residential care settings have tended to rely on ‘generalist’ knowledge and ‘milieu-based’ care approaches. Even the existence of ‘love’, which sounds far from professional expertise, has recently been raised in academic discussion featuring the professional approach in RCCs (Lausten & Frederiksen, 2016; Thrana, 2016; Vincent, 2016). Such orientations presume (with little to no empirical evidence) that the pedagogical environment of residential care settings and their home-like milieu will have a therapeutic effect that will also extend to children’s mental health problems (Ward 2006). Laakso (2009, 248) categorizes one part of RCC work as ‘troublesome issues’ which are linked to ‘unexpected episodes and weak professionalism’. Perhaps these ‘troublesome issues’ are excluded from the ‘generalist’ knowledge because they are to some extent challenging to conceptualize and analyze in this perspective. It seems that RCC workers rely mostly on ‘common sense’ and personal experience; they prefer to cling to the idea and aim of ordinariness. Many practitioners tend to think that theories are often too abstract and detached from practice. There is a danger that in this ordinary approach, the practices may sometimes turn out to be ‘quasi-clinical’ instead of professional, educating and helping sessions (Ward, 2006, 343; also Gharabaghi, 2013).

However, there is a need for RCC practitioners to know and demonstrate mastery of relevant knowledge. This is essential because in collaborative work ‘on the borders’, professionals also need to understand perspectives and approaches from ‘associated’ discipline(s) to interpret the problems young people might have. Davidson et al. (2012) have identified inadequate training and a lack of knowledge of partner professionals’ respective disciplines as one major obstacle to collaboration. Boundary work is related to professional excellence and differences in the distribution of tasks (Abbott 2010): how experts understand their competencies, responsibilities and authority in a particular field in relation to other professionals (Hall et al. 2005). RCC practitioners need a strong professional knowledge base, and their own language and concept to collaborate with other professions in order to find adequate help and support for a child, but also for themselves. As a matter of fact, theoretical knowledge makes ‘hidden’ (home-like) practices visible, so that they are possible to evaluate and develop further.
3 SOCIAL PEDAGOGY CONTRIBUTING TO RCC

Social pedagogy is well established in many European countries as a holistic, relationship-based way of working with children and young people in educational and care settings in foster care, youth justice and residential child care. As such, social pedagogy and its contribution to RCCs is launched mostly as a general positive concept grounded in good, reliable relationships between a child and their RCC worker. Therefore, it is recommended that social pedagogy offers a consistent and holistic approach to underpin the commissioning and provision of support for children and young people living in RCC. Analyzing its ‘social’ intentions and interventions in RCC has received less attention. This chapter adds a theoretical review to the previous views on RCC practice in order to reflect on what social pedagogy might offer to distinguish RCC work from associated professions and how to incorporate social pedagogy to integrate RCC as a multidisciplinary approach. The purpose is to stimulate and enable reflections about different kinds of expertise and shared responsibilities, towards developing an integrated framework for RCCs. There is also an attempt to contribute to social pedagogy theory-building; to reflect on multidimensional social pedagogy (Nivala & Ryynänen, 2019) in order to gain in-depth understanding of applying social pedagogy know-how to RCC practice – to comprehend when you work social pedagogically. Moreover, it is about exploring the criteria for social pedagogy to be counted as a knowledge base for delivering RCC and predicting that this know-how will give ‘best practice’. Indeed, an analysis of the foundation concepts ‘social’ and ‘pedagogy’ are explored and applied in the RCC context.

3.1 SOCIAL PEDAGOGY APPROACH

Social pedagogy, defined on a very general level, is about looking at and pedagogically supporting the relationship between an individual and their living communities and society. Furthermore, ‘social pedagogy is a holistic term reflecting ethical principles and humanist values’ that may refer, for example, to a tradition in educational philosophy, a framework of community development activities, and an orientation in social and educational work’. The basic idea of social pedagogy is to promote people’s social functioning, inclusion, participation, social identity and social competence as members of society, dealing ‘with the process of human growth that ties people to the systems, institutions and communities that are important to their well-being and life management’ (Hämäläinen, 2003b, 76).

The understanding of social pedagogy in relation to different professions embody national policies and professional systems shaped by country-specific social, cultural and political factors (Lorenz, 2008; Berridge, 2013). This fact has also been considered in the debate on social pedagogy-informed professional competencies in the RCC context (Cameron & Moss, 2011). Except for national paradigms, policies and regulations of professional practices, the practice procedures express prevailing conceptions of the nature of social pedagogy-related professional expertise. There are reasons to consider how social pedagogy, as a branch of educational philosophy, may contribute to professional activities (Hämäläinen, 2003a). Social pedagogy is described as a form
of social work that uses education (Walther, 2012) or more precisely: ‘social pedagogy provides a way of thinking in which social and educational perspectives and interests meet’ (Hämäläinen & Nivala, 2015). This perspective is also relevant in speculations concerning social pedagogy-related expertise in a professional domain of educational and welfare work in RCCs. In particular, with a dialogical relationship with practice and theory, social pedagogy is oriented towards professionalization; the practice models are often ‘invented’ by experienced professionals and incrementally brought into a structure which is then subject to research and training (Eriksson 2013; Janer & Ugar, 2017, 212). Therefore, it makes sense to strive towards clarifying the possible empowerment that social pedagogy might offer for the RCC.

In a consensus paper of international researchers, the concept of ‘therapeutic residential care’ (TRC) is launched to identify critical elements in RCC, to update the approach in RCC, and to offer a cross-national definition for all forms of residential child care (Whittaker et al., 2016). Nevertheless, the consensus statement (18 pages) has only a small reference to the analysis of social pedagogy and its usefulness to RCC. This is rather surprising, as social pedagogy and its contribution to the improvement of care for children and young people in RCC is shown by many authors (Eichställer & Holthoff 2012; Smith et al., 2013; Storø, 2013; Grietens, 2015; Janer & Ucar, 2017). It seems that the tradition of social pedagogical working is strongly recognized in RCCs but, in spite of this practical tradition, more theorizing is needed about social pedagogical practice in the RCC context for developing the professional knowledge base of RCC. An important question is, what is the content of the concepts ‘social’ and ‘pedagogy’ in terms of professional practice, orientations, intervention and methods? How may social pedagogy serve therapeutic residential care (TRC) and how should it be implemented? What is the usefulness of social pedagogy for the improvement of the ingredients of the care of children and young people living in residential institutions?

It is argued that there is a particular social pedagogical working style suitable for education and care work in different kinds of working contexts (e.g. Cameron & Moss, 2011), even for the RCC context in particular (e.g. Eichställer & Holthoff, 2012; Storø, 2013; Grietens, 2015). Social pedagogy is introduced as a practical approach in terms of pedagogic methods and techniques emphasizing certain working principles, such as dialog-based interaction and relation-oriented encounters. Social pedagogy offers ideas and concepts for the development of education-related methods, by providing a special orientation in which people’s social needs are met from an educational perspective (Cameron 2013; Petrie, 2011). Social pedagogy is about the relationship of the individual with society and a pedagogic method of working is about how to achieve the integration of disadvantaged young people into the wider society in which they live.

On the other hand, social pedagogical care practice is defined vaguely as ‘the art of being with children – an opportunity to create something special with a dynamic, creative, and process-orientated approach’ (Eichstaller and Holthoff, 2012, 43), also as a ‘conception of the art of education’ (Ucar, 2013, 12). This multi-dimensional view and said difficulty to define social pedagogy education may lead to ‘pessimism hindering or preventing developing good practice’ (Storø, 2012, 22). Because of this ambiguity, it is also possible that although social pedagogy is in many countries a profession that represents a sizeable workforce, very little has been written about it from a European perspective; comparative literature tends to look at social work, whereby social pedagogy is obscured (Kornbeck, 2014). It is also argued, from another point of view, that the challenge for social pedagogy is the quest for evidence-based methods that overrides the specificity of the social pedagogical approach (Rothuizen & Harbo, 2017; also Storø, 2013).
3.2 DELIVERING ‘SPECIAL’ SOCIAL EDUCATION IN RCC

In this chapter the social pedagogical theoretical framework is applied in reflecting on RCC as unique context for delivering educative help and support. Social pedagogy gives the theoretical grounding to contemplate the fundamental educative and societal aims of the RCC intervention; the concepts ‘social’ and ‘pedagogy’ are reflected in the RCC context. It is important to be aware of the significance of culture and welfare systems while applying social pedagogy. There are different traditions and approaches in implementing social pedagogy across countries and RCC systems. In Finland, social pedagogy has been developed as an academic discipline and a multi-professional field, with a general idea that social pedagogy can form the theoretical foundation for work in several professions in educational and social fields. Even though social pedagogy is practiced and researched, social pedagogy has remained quite unknown to the wider public, because it is not visible as a professional title (Nivala 2019).

Particularly in the UK the social pedagogy tradition is a new idea in terms of developing RCC practice (Bengtsson et al., 2008; Smith and Whyte, 2008; Cameron and Petrie, 2009; Cameron and Moss, 2011b; Berridge, 2013; Hatton, 2013; Cameron, 2016). Nevertheless, it is emphasized that while applying the term ‘social pedagogy’ in the debate on professional competencies and corresponding study programs, it is essential to understand the nature of social pedagogy as an academic discipline (Hämmäläinen, 2003a). Furthermore, because of the multifaceted nature of the concept of social pedagogy, it is important to specify in which sense the term is used in each case. In the debate on social pedagogy related to RCC, this has not necessarily been done; the role of the social pedagogical perspective in RCCs and its theoretical concepts should be deepened and models should be enriched (Grietens, 2015; Storø, 2013; Wolf, 2016). Theoretical knowledge and analytic skills are necessary: field-specific competence empowers workers to engage in institutional reflection and assessment with colleagues and co-workers (see Storø, 2013, 112).

Accordingly, two main developmental lines of social pedagogy can be distinguished: a ‘general line’ of education and a ‘specialized’ line of social education, such as in foster care where the residential workers and corporate parents are seen primarily as educators with an educative relationship with a child (Nivala & Ryunänen, 2019, 231, 291). To build and maintain the educative relationship, social pedagogy offers ideas and concepts for developing specialized education-related methods relevant to the RCC context. However, it is important to understand that social pedagogical theory building can’t be reduced only to a set of specific educational methods and techniques; social pedagogical practice is primarily an expression of a social pedagogical way of thinking based on social pedagogical questioning. It is about a theoretical view that springs up from the idea of the interconnectedness of ‘social’ and ‘educational’ issues in social and individual life spheres, and about putting this into educational practice (Hämmäläinen 2012). And yet, when social pedagogy is oriented towards professionalization as a dialogical relationship between practice and theory, the new practice models and methods are put into practice and invented by experienced professionals. The fundamental question is how social pedagogy provides the RCC field with the necessary professional know-how, skills and methods.

Social pedagogy has been developed as an individual profession or a particular professional field grounded in designated professional know-how and, on the other hand, it has been introduced as a particular form of professional expertise relevant for many professions in different contexts of welfare and educational work contexts.
Social pedagogy has an idea of multiprofessionalism; expertise relevant in several educational and social professions (Hämäläinen and Nivala, 2015). As a particular tradition of educational thinking and theory-building, the term refers both to a general theory of education and to a theoretical framework of professional practice. In the RCC context, it may make sense to see social pedagogy informed expertise as relevant across the entire composition of RCCs, which consist of different professional groups, instead of limiting its presumed applicability to one profession. However, there is evidence of both perspectives being focused on, for example in terms of communication skills (Petrie, 2011), conceptual foundations (Eichsteller and Holthoff, 2011) and the theory-practice relationship in social pedagogical expertise, values and methods included (Madsen, 2006; Storø, 2013).

As a tradition within educational philosophy, social pedagogy is about an educational thought affecting all of society by considering the position and role of education from ethical, political and pedagogical points of view, ‘as preconditions of social and cultural development’ (Hämäläinen 2018, 168). This has not emphatically been the perspective in which the term has been used in the debate around the professional competencies needed in RCC, thus a deeper analysis of the concepts ‘social’ and ‘pedagogy’ is needed to reflect on the usefulness of social pedagogy, particularly in the RCC context (Timonen-Kallio & Hämäläinen, 2019). Social pedagogy is about the relationship between the individual and society, and a pedagogic method of working in residential care is about how to achieve the integration of disadvantaged young people into the wider society in which they live. Social pedagogy approaches as popular education, education for democracy, environmental education and peace education (Schugurensky 2016, 245–246) provides forums for engagement and equipping youths with citizenship skills and supports a relevant mission and fundamental principle for RCC care and education. In social pedagogy-informed institutional education the main principles are to build and maintain a pedagogical relationship, to support the institution as an educative community as well as to guide the process of growing into a citizenship of society (Hämäläinen (2012). The practitioners of the institution are primarily perceived as educators and their relationship with each child and adolescent is seen as a pedagogical relationship rather than an emphasis on attachment (Garabaghi & Groskleg, 2010; Nivala & Ryynänen, 2019, 291).

As an approach, social pedagogy is considered to broaden perspectives to the ‘whole child’, which includes the integration of the individual in society and the promotion of social functioning, inclusion, participation, identity and competencies as members of society with shared responsibilities to that society (Smith and Whyte, 2008, 24; Smith, 2009). Particularly in the RCC context, some authors emphasize that all RCC treatment programs should have therapeutic characteristics, but the overarching focus in social pedagogic care is primarily on the social-emotional and developmental learning needs of young people (Garabaghi & Groskleg, 2010; Anglin, 2015; Jakobsen, 2015). The social pedagogic task of bringing up a child means preferably re-upbringing (Storø, 2013, 93), not (only) care, rehabilitating or therapy. It is an orientation towards a pedagogy for sociality – one that involves engagement with societal life, civic society and the local social system: ‘A social pedagogical approach may normalize the lives of children with identified mental health or behavioral needs, reconnecting them with themselves, their environment and society’ (Grietens, 2015, 293). For example, the sentence ‘RCC work means not just being with them, but working with them in every day practice’ (Smith, 2009, 171) could be translated into social pedagogy-informed practice, meaning ‘upbringing and identity work with certain aims and tasks to respond
constructively to children’s challenging behavior as creative working moments with a repertoire of responses with appropriate pedagogical upbringing/educational interventions and methods, which are in line with values and social pedagogy principles.

In North America, social pedagogy is used in the sense of a multiprofessional discipline that is unlikely to become a coherent system with a unified theoretical framework. It is merely a holistic approach attempting to develop new and creative ways to combine social and educational perspectives and practices. The aim is to contribute to improving people’s wellbeing, which is linked to three larger educational projects through lifelong educational and social interventions; education for democracy, environmental education and peace education (Schugurensky, 2016, 245–246). In Canada, with limited training as in the UK, the theoretical framework of social pedagogy is introduced to the provision of residential care as an important occupational context for the development of the concept (Garabaghi & Groskleg, 2010; Garabaghi, 2019). In recent years, social pedagogy thinking has started to take shape in countries where there was no previous tradition of it. In Latin America it is an emerging field of theorizing and intervention that connects with the experiences and practices of popular education developed in that context (Janer & Ucar, 2017, 204).

Given these considerations, it is so that social pedagogical know-how in RCC is desired, and its potential in developing RCC quality is recognized. Focusing on the debate on social pedagogy-related professional competencies in RCC, this study attempts to provide insight into its multidimensional content to improve the professional practice in RCC. The fundamental question of this mission is how social pedagogy, as a tradition of educational philosophy and a framework, provides the RCC field with the necessary professional know-how, skills and methods. Social pedagogy provides the debate on social and educational activities in RCCs with scientific reflection, knowledge production and theory-building. It connects the professional development of RCCs to the tradition of social pedagogy, including key concepts, approaches, readings and policies to implement interventions and methods as one necessary competency of social pedagogical professionalism. Perceiving education as an instrument of social interests, this study takes advantage of the idea, regarding RCC as an educational environment with the potential to provide opportunities for educational dialog, cooperation and participation and to see RCC as a formal educative community (Hämäläinen, 2012), mirroring the famous concept of a ‘total institution’ from Erwin Goffman, with a high degree of structure and strict rules and at worst separated from wider society by distance, etc. RCC is an institutional environment with the potential to provide opportunities for educational countering and dialog, social activities and participation and engagement.

3.3 CURRENT TRENDS IN SOCIAL PEDAGOGY DEVELOPMENT

While social pedagogy is considered a concept for a particular profession separate from social work, there is a tendency to outline particular approaches and define professional competencies and working methods that are unique to social pedagogues. One main difference lies in social pedagogy’s focus on learning, formation and upbringing and therefore on children and young people (Storø, 2013). This is designed to show professional difference and originality. When social pedagogy is viewed both as a science and a profession, there are reasons for suggesting that it is not a science for a
particular profession (Niemeyer, 2003). In the field of social work there are reasons to consider how social pedagogy, as a branch of educational philosophy, may contribute to professional activities (Hämäläinen, 2003a).

Some authors assert that social pedagogy is a generic approach to social work and not a particular profession (Coussée, Bradt, Roose and Bouverne-De Bie, 2010). In turn it is argued that although both share the ideal of encountering and empowering, social work is not always pedagogical in its content and purpose (Nivala & Ryynänen, 2019, 192; Storø, 2013, 39). It is argued that social work is more concerned with compensation and is somehow ‘deficit-oriented’ (Lorenz, 2008, 636), focusing on proceduralism and managerialism (Hatton 2013, 99), while social pedagogy is directed towards the facilitation of learning experiences, being more open to engaging with others (and less inclined to assume an expert role) and drawing its knowledge and values from education (pedagogy), philosophy, the humanities, but also various creative disciplines (Kornbeck, 2008, 2012). Social pedagogy is also described simply as a form of social work that uses education (Walther, 2012).

Social pedagogy has been characterized by heterogeneity and ambiguity (Hämäläinen, 2015; Niemeyer, Schröer & Böhnisch, 1999) because the term has been developed amid different traditions, policies and practices and in different contexts. The recent development in the field of social pedagogy can be explained in part by the publication of an unprecedented volume of books and articles in the English language. This has given an opportunity to academics of different origin to share experiences and develop social pedagogy theory-building. However, there still are several different interpretations, partly without common denominators, and consequently, the concept of social pedagogy is largely ‘a semantic mess and the theoretical self-conception of social pedagogy is incoherent’ (Hämäläinen, 2012). Therefore, ongoing debate in the academic and professional literature from different countries has shown some disagreement on whether social pedagogy is a specific area of knowledge, a professional field or research field, or all of these at once (e.g. Ucar, 2016, 203). Elina Nivala and Sanna Ryynänen (2019, 408 pages) have made a significant contribution to social pedagogy development with their current publication Sosiaalipedagogiikka. Kohti ihmillisempää yhteiskuntaa [Social Pedagogy. Towards a More Humane Society] where this disagreement is discussed and thoroughly argued, but in addition, the authors offer many insights into different working fields to show how to implement social pedagogy ideas into practice.

As a result, the question of professional titles in relation to social pedagogy is considered differently in different countries. For instance, in the Nordic countries, social pedagogy has not been built up as a distinct profession with the associated professional title of social pedagogue, though social pedagogy is a subject in HEI training (Nivala & Ryynänen, 2019). In Finland, social pedagogy is introduced as an academic discipline based on a range of theoretical underpinnings and consisting of different focus areas, such as citizenship education, activity and community pedagogy, socio-cultural animation, and pedagogical methods related to the different contexts and needs of various target groups, including age groups covering the whole lifespan (e.g. Hämäläinen, 2014).

In spite of this lack of unified title as a profession, the professionals in the Nordic child welfare system are in many ways involved in social pedagogical activities and social pedagogical programs. According to Eriksson (2005), however, in the Nordic countries social pedagogy practice does not seem to participate to a great extent in the reflection of social pedagogy theory. So far, there is very little information about the
understanding of social pedagogical expertise in the Nordic countries based on systematic comparative studies. Some significant similarities and differences have been found, for example between Finland and Sweden (Hämäläinen & Eriksson, 2016), and different paradigmatic frameworks have been identified (Eriksson, 2010; 2013), but there is no considerable drive to reflect on the nature of social pedagogical expertise in light of the common Nordic welfare context. Interestingly, recent academic discussion in Norway concerning the professional approach in RCCs has identified the existence of ‘love’, an idea rather at odds with most conceptions of professional expertise, which has been raised to academic discussion featuring the professional approach in RCCs (Lausten and Frederiksen, 2016; Thrana, 2016; Vincent, 2016).

Most interest and effort for social pedagogy theory-building today is taking place in the UK. The last decade or so has witnessed an explosion of interest in social pedagogy and its applications in developing RCC practice (Bengtsson et al., 2008; Smith and Whyte, 2008; Cameron and Petrie, 2009; Cameron and Moss, 2011b; Berridge, 2013; Hatton, 2013; Cameron, 2016). The practice of developing RCC towards a social pedagogy profession is termed in the UK as applying the ‘European model’ of social pedagogy (Hatton, 2013, VI; Cameron, 2016). Implementing social pedagogy as a broad education and learning approach has met some challenges. This problem and the need for a theoretical foundation are indicated in British research. In order to develop the quality of RCCs in the UK, social pedagogy standards have recently been summarized as a threshold level of practice ‘that should be held in a person’s heart and guide their way of living and working’ (Social Pedagogy Standards, 2016 Year). These standards represent an attempt to conceptualize the educational philosophy underpinning social pedagogy, but can be seen more as value-based commitments applied to a diverse workforce, rather than a social pedagogy-based conception of skills and competencies. There are attempts to ‘practice’ understanding of social pedagogy in the UK (training) context, with concepts such as the 3Ps (the professional, personal and private) and the Common Third (using practical or creative activity to develop relationships) (Eichsteller and Holthoff, 2012). It seems that while applying the ‘European model’, there are still educational challenges and systemic and cultural barriers to applying the social pedagogy approach in the UK (Cameron 2016). In the UK situation, one pivotal difference in implementing social pedagogy is the extent to which individualized or social, community-based solutions are sought for children and families; the concern for social cohesion and solidarity that characterized the origins of social pedagogy is less apparent in the UK tradition of social work and child welfare (Cameron 2016).

It is noteworthy that the lack of current research literature from the ‘mainland’ Germany in the English language restricts building a congruent picture of the theoretical development of social pedagogy. For example, the reflections of the ‘heimerziehun’ [home upbringing] approach in RCCs are based in this study on secondary references and resources. It is, on the other hand, claimed that there is a need for Germany to reclaim its heritage in educational thought and practice, including social pedagogy in their ‘social work-only’ model (Kornbeck, 2013).
4  DESIGN OF THE EMPIRICAL INVESTIGATIONS

The data in this study was collected using three different research designs, with 1) a survey for Finnish RCC workers, 2) focus group interviews in Finland, and 3) an international research design with a variety of interviews: individual interviews, focus group interviews and joint focus group interviews. This methodological approach with a variety of focus group interviews was chosen in knowledge production to create dialog between RCC and mental care practitioners to elicit perceptions of and remarks on the characteristics of shared expertise and to search for an integrated approach to residential care work. In particular, joint interviews offer the opportunity to explore partner professionals’ reasoning, opinions and attitudes. The interest in data collection was emphatically on RCC workers’ descriptions of their work practices. Each empirical sub-study is based on its own dataset within RCC expertise and is analyzed using both qualitative and quantitative analysing methods.

4.1 RESEARCH PROCESS

In this dissertation, a survey and a variety of interviews constitute the central data source that recurs in all three empirical sub-studies, which have been reported in the articles. The sub-studies are based on their own unique datasets. The data consists of 1) a survey for RCC workers (n = 122), 2) focus group interviews in Finland (n = 17) and 3) individual interviews, focus group interviews and joint focus group interviews (n = 60) conducted in an international research group. All the interviews were ‘semi-structured’. The questionnaire responses and the interview material were analyzed using methods and interventions, substance knowledge base and home-like, institutional and interprofessional orientations. The fourth paper is a conceptual analysis of the results of the three sub-studies, based on social pedagogy debate.

The data collection process and empirical material is delineated with analyzing methods and divided into the four papers as described in table 2 below.
Table 2. Empirical material underpinning the dissertation divided into three papers.

<table>
<thead>
<tr>
<th>Data collected</th>
<th>Data collection method</th>
<th>Participants</th>
<th>Analysis method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 2004</td>
<td>A questionnaire for RCC workers in 13 RCC settings in Finland</td>
<td>RCC workers n = 122</td>
<td>Quantitative, principal component analysis (PCA)</td>
</tr>
<tr>
<td>2. 2012 and 2013 Finland</td>
<td>Two sessions of three (3) interprofessional joint focus groups</td>
<td>n = 17, 7 MH, 7 CP, 3 SW</td>
<td>Qualitative, Frame analysis and content analysis</td>
</tr>
<tr>
<td>3. 2013 in Denmark, Finland, Germany, Lithuania, Spain, UK</td>
<td>Variety of national sets of interviews, Individual interviews (II), focus group interviews (FG) and joint focus group interviews (JFG), Secondary data from national documents and statistics</td>
<td>n = 60, Denmark: 5 II 1 FG (8), Finland: 1 RCC FG (6), 1 MH FG (6), 2 JFG (12), Germany: 12 II, 3 FG (19), Lithuania: 5 II, UK: 8 II, Spain: 8 II</td>
<td>Qualitative, Profession-oriented comparative approach, Reflective discussions in the international research group compiled in a contentanalytic summary table</td>
</tr>
</tbody>
</table>

* CP = child protection (open/institutional care), MH = mental health, (out-patient clinic), SW = social worker  
**II = individual interview, FG = focus group, JFG = joint focus group

4.2 METHODOLOGICAL APPROACH OF EACH SUB-STUDY

Survey

Sub-study I investigated the ‘methodology orientation’ in RCC practice and how the Umbrella workbook ‘Skills for Life’ method, which was developed by RCC workers themselves, meets the needs for facilitating and systematizing RCC work. Thus, the study dealt with the theories of the methodology in social work and have some implications for evidence-based practice (EBP). Based on this, the workbook was evaluated as a professional working method and its appropriateness and usefulness for supporting and guiding RCC process and practice was examined.

Data was collected using a 2004 survey for RCC workers (n = 122) in residential settings in Finland. The methodological starting point of the sub-study was the view that it is possible to study the implementation of a new method by a survey. A quantitative approach was relevant because the aim of the research was to gain knowledge about how the whole RCC workforce of two service providers benefit and put into practice the method developed to systematize its work. I also analyzed and read the content and sections of the ‘Skills for life’ workbook to reflect what it tells us about RCC context and practice. I chose a questionnaire as a means of collecting data, because I thought it was a better method for providing information about the ideas of all RCC workers than interviews, for instance, and to gain exact information about numerous users. I visited 14 department meetings at the two RCC service providers to provide a short overview of the study’s purposes. Then I delivered the questionnaires and waited to collect the completed forms right away to gain as much data as possible, and to ensure the active participation and trustworthiness of the data. Two
departments sent the questionnaires later by post. One department withdrew from the study because the workers did not use the workbook.

Filling the questionnaire took approximately 35 minutes. The questionnaire was designed for the present study’s purposes and was pre-tested by the RCC who did not participate in the study. In this way it was ensured that the questions and propositions were understandable, unambiguous and appropriate for the study. The questionnaire was divided into sections: propositions (Likert scale) on sections in the workbook, propositions on the content of the worker’s handbook, propositions on a child’s portfolio, and propositions on the workbook as a professional method and the skills needed to use it. There was also a list of seven RCC methods (work with family of origin, community work, activating methods, intensive care, therapy, role map of parenthood and Umbrella) to be put in order of priority. In addition, there were opportunities in the questionnaire to provide free-form remarks and comments (24 remarks were provided). Furthermore, respondents were asked to complete a sentence in the form: ‘The workbook is worth using because…’. This qualitative remark was completed in 33 forms.

Focus group interview

Sub-study II investigated how practitioners in Finland with different training and professional backgrounds in two different systems, RCC and mental health care, reflect on the possibilities for working together and how RCC workers demonstrate their professional actions and intentions to the other professional group. A simple definition of the focus group interview is that it is a group of people who are gathered together to discuss a certain focused issue, and that the course of the interview is steered and followed by the interviewer (Merton, 2001). A strong point of the method is linked with the group dynamics – the interview facilitates learning and establishes professional networking (Morgan, 1996). In the first phase, a brief orientation survey was conducted to ask the personal assumptions and perceptions of the social professionals (social workers and social educators) in child welfare about current challenges in the collaboration between mental care and psychiatry. In addition to gathering preliminary knowledge, the purpose of this orientation was to guide the interviewees towards the themes in the mixed focus group discussions. In this first group session the RCC workers held a discussion in their own professional reference group. In the second phase, to multiply the data, mixed focus groups were made up of practitioners with shared experience in terms of working with mutual child clients. Joint focus group interviews were conducted in multi-disciplinary sessions, where these two professional groupings, RCC and mental care (MC), met each other to reflect on the collaboration practices between professions and the systems. In the mixed focus group, there were professionals from two sectors: ten (10) practitioners from child protection and seven (7) from the mental care sector. The four group sessions were conducted in two phases in 2012 and 2013; altogether eight focus group sessions were conducted and 17 practitioners interviewed. Both groups met four times every other week. Each session lasted approximately two hours. All the interviews were recorded and were transcribed verbatim by myself and a research assistant. The transcribed material amounted to 154 printed pages. When transcribing interviews, it was advised not to pay particular attention to emotions (if this was not obviously relevant), but the focus was rather on the contents of statements.
In a semi-structured interview, the researcher has a predefined set of themes to cover based on the research aim and prior research/theory. In practice, this means that the interview questions are guidelines to make sure that the relevant research questions will be covered. This methodological approach with mixed focus group interviews was chosen in knowledge production to create dialog between RCC and MC practitioners, in order to elicit perceptions of and remarks about the characteristics of shared expertise and to promote an integrated approach to residential care work. Especially in this model of interview there was a possibility for exploring others’ reasoning, opinions and attitudes. Furthermore, in focus group interviews the participants gave supplementary knowledge with notions generated together. I did not know the respondents in advance.

**International interviews, variety of the national sets of interviews**

To investigate the level of RCC ‘professionalism’ in other countries further and to compare the similarities and differences in collaboration practices between RCC and MC, the joint focus group methodology from sub-study II was applied and implemented in the international research context in 2014. The comparative research sub-study III dealt with the local implementation practices for promoting interprofessional collaboration between RCCs and the mental health sector in six European countries (Denmark, Finland, Germany, Lithuania, the UK and Spain). While much comparative research has focused on macro comparisons (Hearn, 2004 et al., 29), our approach in the international research group was informed more by reflective discussions, where regional findings were analyzed and a final summary was made in a group of researchers. The hypothesis was that when representing different welfare regimes, this would significantly differentiate the care and treatment practices in RCC.

Regarding the validity in knowledge production and considering the cultural differences in reaching and getting professionals together, different sets of interviews were all accepted to meet the research aim to elicit perceptions of and remarks about the characteristics of working together ‘on the borders’. Ultimately, a variety of the national sets of interviews were applied to take the local contexts and situations into consideration; to do the interviews in a familiar child welfare and residential care culture and professional language. Individual interviews were conducted to gather personal presumptions in relation to the ‘other’ profession.

As a first step, the secondary data from systems was organized, reflected and compared in an international research group via a video conference, to make the sub-research as coherent as possible for further comparison and to achieve the international approach and context. In these reflective discussions, the topics for the coming interviews and the need for supplementary knowledge of the systems were agreed upon. In the second video conference, which took place six months later, an initial analysis of the obstacles for interprofessional collaboration and the perspectives of other countries’ RCC systems’ impact on interprofessional practices was accomplished.

After this preparatory work to familiarize the research group with the current situation in RCC in the European context, the national interviews were conducted. The interview data was processed through qualitative content analysis. The purpose was to look for national differences in collaboration models between residential child care (RCC) and mental care (MC) services. A guiding principle for the data analysis was to gather descriptions of the collaborative practices that are presented and perhaps
invented by experienced professionals during the interviews. The findings of the national interviews were shared and reflected in a face-to-face workshop.

The international research group met regularly to discuss themes and patterns, to confirm inter-coder reliability and to triangulate data. To obtain qualitatively comparable empirical data, the dataset was designed and agreed in an international research group in which every country has two or three representatives. Also in the cross-cultural study, secondary data from national documents and statistics of the RCC context were gathered and reflected on. The study utilizes both quantitative and qualitative content analysis summarized into a content-analytic summary matrix (Miles & Huberman & Saldan, 2014, 147).

Theoretical analysis

Sub-study IV explores how the theory of social pedagogy is present in RCC practice; the professional expertise needed in RCCs has been discussed in the light of recent social pedagogy-related debate. These reflections and the results of the sub-studies (I, II and III) are conceptualized into a social pedagogy-informed profile of possible professional competencies, as a potential framework for upbringing and education-related RCC work and for the integrated RCC practice. The analysis is developed into a composition of the social pedagogy-informed competence profile called RCC FAN.

4.3 DATA ANALYSIS

Principal component analysis (PCA)

The data of sub-study I has been analyzed by principal component analysis (PCA). PCA is a statistical procedure that uses orthogonal transformation to convert a set of observations of possibly correlated variables (entities, each of which takes on various numerical values) into a set of values of linearly uncorrelated variables called principal components (e.g. Ervasti 2003). In this study, correlated variables were summarized as five principal components to illustrate the elements of the RCC practice. The weaknesses of the study are related to the possibilities of analyzing statistical instruments in this relatively narrow quantitative material.

Content analysis

The data from the interviews of sub-studies II and III have been analyzed following the principles of qualitative content analysis. In the international interview data, the purpose was to look for national differences in collaboration models between residential child care (RCC) and mental care (MC) services. Local Finnish and international interviews constitute one central data source that was reported in two sub-studies and papers. The interviews have been conducted in different settings and with different informants. A guiding principle for the data analysis was to gather descriptions of the collaborative practices that are presented and perhaps ‘invented’ by experienced professionals during the interviews (Erath, 2008). Qualitative content analysis with a
A directed approach was used for searching patterns, contrasts, paradoxes and irregularities in borderline work practice.

Content-analytic summary matrix

As in other cross-national studies, this study was based on analyses prepared by country experts. In the international analysis process, the practice-oriented comparison was used to reflect ‘inventions’, obstacles and prerequisites for interprofessional collaboration practice, and a profession-oriented comparative approach was used to view the profession-specific criteria for comparisons of RCC work in different countries (see Meeuwisse & Swärd, 2007). During the analysis process, the data from the systems and interviews was analyzed in parallel and in relation to each other. The summary of the general and country-specific findings of the interprofessional collaboration practices between residential child care (RCC) and mental care (MC) has been organized as a matrix. A checklist matrix is effective for the systematic collection of a particularly significant chunk of related data. During the data collection and analysis, there were first rough formats of the current issues in borderline work, qualifications of the RCC workers and typology of RCCs. This data was revised into a more concise format closer to the end of the data collection period. In this study the content-analytic summary table (Miles & Huberman & Saldan, 147) was used firstly to further understand the data and secondly to bring together all related and pertinent data from multiple collaborating RCC systems in the six countries into a single form for exploratory analysis. The content-analytical summary matrix was organized into two dimensions: the general and country-specific findings in interprofessional collaboration. Dimensions are clustered into five domains: professional role and distribution of tasks, obstacles to working together, expectations from the ‘other’ service provider, working ‘on the border’, and professional contribution. For accurate explanatory work, relevant commentaries and sets of comparisons during data collection and data analysis were listed as ‘remarks’ in separate research documents. The comparable knowledge was produced by reflective discussions: the national data analysis and remarks in sub-reports were reflected and analyzed in the international research group, and the main findings and recommendations were summarized. Finally, the international research group has commented on the drafts of the study report (sub-study III). In a cross-cultural comparative study, certain techniques such as the vignette technique are recommended (e.g. Soydan & Ståhl, 1994; Meeuwisse & Swärd, 2007; Berrick et al., 2017). This was an option, but applied very generally in the discussions in the international research group.

While there is a relatively modest number of available publications in social work research that have been based on systematic comparisons of two or more countries grounded in empirical study, the contribution of this dissertation is to international comparative research methodology in social work. It offers some promising methodological developments for a systematic comparison of local, Nordic and European contexts in an international research group with an analytical process, and reflections of national professional cultures that enable a deeper and more versatile comparison than with a pair of researchers.
Frame Analysis

Finally, the findings from the sub-studies (I, II and III) are analyzed as overall analysis in this dissertation in home-like ‘ordinary’ parenting (care) and professional RCC upbringing/education frames. Frame analysis is the frame for analysis of ‘culturally determined definitions of reality that allow people to make sense of objects and events, a social construction of reality’. Frames give sense and meaning to things, situations and activities. Furthermore, the frames analyze interaction situations, actors’ identities and versions of the reality; frames also predict and direct the actions. In this study the action alongside these two frames produces and maintains different identities for staff and children (e.g. Peräkylä, 1997; Hurtig, 2006). The workers’ descriptions of the RCC practice have been mirrored and constructed in home-like ‘ordinary’ parenting (care) and ‘institutional’ RCC upbringing frames to contemplate the two founded orientations in RCC. This analysis is presented in section 5.4.

4.4 TRUSTWORTHINESS AND RESEARCH ETHICS

Irrespective of whether research is conducted in a quantitative or qualitative tradition, trustworthiness is essential to evaluating empirical findings. Of overall importance is that readers can appraise the findings and, in this respect, a transparent and detailed description of the data collection procedure is of the greatest importance. This is particularly critical in the type of qualitative research conducted in the present dissertation since the methods, for instance, in the international study entail a low degree of standardization when the responsibility of trustworthiness was confirmed in reflective discussions in the international research group. The international study has some further limitations in the analysis that should be taken into consideration. It is obvious that when comparing interprofessional practices in six countries, historical, social and cultural issues matter (Hearn et al., 2004). A very important part of sub-study III was dealing with different concepts, such as ‘professional autonomy’, ‘orientations’ and ‘approaches’, what should be included in a ‘child welfare system’, and how should they be interpreted? The qualitative analysis was based on data gathered from different professional and organizational sources in different institutional frameworks.

Ensuring comparability was a challenge; thus, the analysis is to some extent simplified and has no regard for the complexity of welfare systems (see Meeuwisse & Swärd, 2007). Therefore, any decisive conclusions about interprofessional collaboration in different RCC systems are not possible. Secondly, the study is based on a small amount of data from different forms of interviews for each country, which means that data is to some extent inconsistent for comparable analysis. There is another reservation in the analysis with many phases and with different individuals reflecting and analyzing. For these reasons, the representativeness can be questioned, the study does not offer a comprehensive analysis and it should be considered a comparable overview reduced to interprofessional collaboration practices between RCC and mental care practitioners in six countries. It does not reflect the impact of the different welfare regimes, although some allusive results about the prerequisites and obstacles for residential workers and mental health staff working together is possible. To examine these practices more systematically, we could use the vignette method, which is considered well suited to comparative studies (Meeuwisse & Swärd, 2007).
When it came to the research question of investigating how the theory of social pedagogy is present in RCC practice, it was a challenge to avoid leading the respondents' conversations. To strengthen the reliability, the interviews in sub-study II were recorded and transcribed verbatim, and observations were written down soon after the events. When analyzing the material, following the principles of the frame analysis and content analysis, the interpretations of data were assayed with my supervisors. The analysis was conducted by paying attention to expressions about how the RCC workers demonstrate their professional actions and intentions to the other professional group and how practitioners incorporate both groups’ expertise for better collaboration.

A quantitative survey to gain knowledge about how the entire RCC staff of two service providers benefit and implement the method developed by the practitioners themselves into practice is reasoned methodology. However, in relation to the used methodology, the empirical data from examining the use of the Umbrella method offers information only about workers’ usage. Instead, choosing the implementation research design would have included more aspects of the process than only a survey and a questionnaire. It could have been scientifically justified to investigate how RCC methods be put into operation by using implementation science frameworks that better integrate the intervention and the service context; implementation strategies should be considered from the very beginning, as early as the program development stage (Shlonsky et al., 2014, 191). For instance, the institutional climate has a profound impact on the success rate for implementation (e.g. Morehouse & Tobler, 2000). Thus, in addition to investigating the staff receptivity, a full scientific rationale for interventions to translate research findings into practice also requires an organizational level: service providers and an exploration of theories of organizational change (Aarons et al., 2012). It is also important to consider that other child welfare services should be measured somehow when investigating the Umbrella method/program. Many youths were on medication and received therapeutic services beyond the ‘skills for life’ program. In the implementation research design, ‘treatment fidelity’ (James, 2015a) is one of the key concepts. Some reservations for analysing the data by Principal component analysis (PCA) can be made.

All respondents have a higher level (BA or MA) of education and competencies. All interviewees were highly experienced; everyone had at least five years of work experience in child protection or/and mental care systems. Participation in the study was voluntary. All participants were chosen by the employers to guarantee the expertise in inter-professional and multi-agency collaboration with the ‘other’ sector.

When it comes to validity, the overriding question can be formulated as whether the findings of each sub-study reflect the phenomenon being researched. It has been noted that practice-oriented comparison can only be obtained by investigating what actually happens in workers’ practical exercise of their professions. Through its empirical studies, this dissertation provides a look to the professional RCC practices as context, interventions and knowledge base, and offers a reflective mirror to examine the complexity of the RCC setting. There are reasons to hypothesize that from other service providers (even from other countries), the same kinds of RCC contexts and personnel with a variety of training backgrounds could be found.

Sub-studies I and II followed the basic principles of the research ethics of the Academy of Finland. The study protocol was approved by the ethics committee of the Hospital District of Southwest Finland, and permission for data collection was obtained from the organizations’ authorities. The participants received oral and writ-
Consent was obtained from all the interviewees. In the international sub-study (III), ethical issues were considered alongside each country’s regulations.

My experience from teaching RCC practitioners for two decades has given me an opportunity to reflect on the challenges in institutional RCC and cultivate the definite need for research to strengthen the competencies and skills of residential child care staff. Teaching has given me a natural monitoring and observing position and the ability to share inspiring stories about RCC practice with bachelor’s- and master’s-level social educator and social work students. I am conscious of the impact the connections may have to my interpretations and analysis. I have tried to be neutral with respect to the interviewees and the various stages of data collection, as well as the conclusions of the results.
5 FINDINGS FROM THE EMPIRICAL INVESTIGATIONS – WHAT DO RCC WORKERS DO?

In this chapter, the findings of the sub-studies will again be analyzed and evaluated, and their interpretations and implications will be summarized to see how the components of the professional practice in RCCs are reflected and described among RCC practitioners. When questioning during the interviews what care workers actually do, respondents talked about a ‘generalist’ orientation to their work. These general descriptions and compendiums will be conceptualized as workers’ views of methods and tools, their views on professional know-how, and perceptions of interprofessional collaboration and multiagency work. Finally, I expand the published information by adding the theoretical fundamentals to reflect in more detail on how to integrate the ‘generalist’ home-like parenting (care) and special institutional educative orientations in RCC.

5.1 SUB-STUDY I: RCC WORKERS’ VIEWS ON PRACTICING METHODS

Practice models are usually a mix of theory and practice, which are often ‘invented’ by experienced professionals and incrementally brought into a structure of an intervention (Erath, 2008; Storø, 2013). Furthermore, practices are constantly made and remade (Koivisto et al., 2014) and therefore developing practice requires competency of reflective thinking – to respond to changing RCC program requirements. Professional practice developed together with suitable methods, at its best, could build integrated treatment/upbringing/care orientation for workers (see Heino et al.).

The question for this chapter is whether the method developed by the RCC workers themselves meets the needs it was originally targeted for, and what the Umbrella method particularly tells about RCC practice. Another more general question is whether using various methods have any connection to a better structured RCC practice and high-quality residential care. Research on the Umbrella method is one of a few examples of investigating methods that resonate with the social pedagogy approach; educating, activating and engaging the child in the everyday life context to learn everyday skills for their future lives. The results show that RCC workers’ attitudes for using the methods is primarily based on personal interests and a personal way of working. Even the method developed by the workers themselves did not get the status of ‘intraprofessional’ – a method which is well known, approved and used among workers. The study also indicates that implementing new methods is in many ways challenging and that it is difficult to indicate the evidence base of a particular method that ‘works’.

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5 Umbrella – Skills for life was originally developed in the Leonardo da Vinci EU project (1997–2000) with partners from Finland, Germany, the Netherlands, Sweden and the UK. Umbrella was updated in 2010. The Finnish version is available at http://julkaisut.turkuamk.fi/umbrella_esimmateriaali.pdf.
The Umbrella method is developed by the RCC workers themselves to facilitate and systematize their educative work in all domains of a child’s life. Umbrella consists of three different parts: a workbook, the child’s portfolio and a manual for the user. Umbrella is a toolkit (170 pages) consisting of assignments, questionnaires, maps, planning sheets and forms to deal with issues that are current in the child’s life. In the workbook there are six sections: about myself, social life, school, training & work, at home, and money. The workbook is meant to offer an instrument for equipping children with skills for everyday life, material for discussing and reflecting on the child’s life situation, and to build positive self-esteem. It is a method for viewing future goals; an educative pathway process of leaving care. The manual (40 pages) offers guidance for workers to apply the workbook in a social pedagogy framework. The purpose of the child’s portfolio is to record the process, progress and achievements, and function as material for an official care plan.

While Umbrella is developed by workers themselves, it is supposed to support the ‘methodological’ practice and the intentions of the RCC setting. The findings indicate that overall, respondents had a positive view of the Umbrella method. The skills for life package is easy to understand as a target for RCC work. Each RCC worker undergoes a thorough process of learning in which they develop their own personal style in employing techniques and methods for encountering and meeting every child’s needs. In spite of this positive view, however, only 65 % of the respondents said that they use the workbook, citing lack of time as the biggest obstacle. It was merely taken as a beneficial checklist of the issues that need to be gone through and reflected on with a child. RCC workers’ attitudes for using the methods are primarily based on personal interests and personal ways of working. In that sense, the Umbrella workbook is not institutionalized. It is used accidently at random. The methods are not systematically used in the meaning of ‘programming’.

Apparently, there was quite a lot of discrepancy in the use of Umbrella. The results showed that there were differences among workers in terms of how they implement Umbrella in their work practices. Some respondents considered Umbrella as ‘just a workbook’ or a ‘coloring book’, not having the status of a professional method or program. Some workers were of the opinion that the workbook material is constraining and does not give enough space for a personal way of working – it is too strict and rigid. One interesting argument for not using the workbook was that children’s problems are much too difficult to handle with the workbook. Some practitioners reported a reluctance to work with a child’s family situation and circumstances that they considered to be outside their task or responsibilities. Another reason for not using the workbook reflects the nature of the RCC work and context. The majority (83 %) of respondents felt that it is difficult to find space and time for workbook sessions, the second main reason for not using it was that the child is not interested in doing the workbook (69 %), and the third main reason was the lack of training (37 %).

When asked to rate the seven different RCC methods (Umbrella, work with family of origin, community work, activating methods, intensive care, therapy, and role map of parenthood), Umbrella was chosen as the least usable. The most preferred method was a ‘community/milieu’ method. This method sounds very much like living together in virtue of life rather than a structured and regulated intervention with a certain way of acting, documenting and reporting. This is supported by earlier research on Finnish RCC work: ‘working is actualized in a home-like orientation where methods in general are regarded as rigid and not suitable for RCC’ (Laakso, 2009, 167). In relation to structured ‘methodological’ working, it is interesting that no other methods
beyond those on the list were mentioned. This indicates that skills for using a variety of methods are not apparently regarded as a competence of the RCC worker. It might also be a reference to workers’ understanding of each ‘method’ differently.

Adapting the agreed methods among practitioners that are stated as ‘inner professional’ can at best be structured and transferable as well as sensitive and responsive to their needs and, at worst, without clear intentions, chaotic and impossible to be established as a systematic way of working (Heino et al., 2000). Umbrella can be interpreted as an attempt to systematize RCC practice and to catch the ‘ordinary’ as professional upbringing tasks and transform the work into ‘special’ as new (evidence based) practices (see Cameron 2016; James 2014; Nunno et al., 2014).

One respondent described how Umbrella was used in an educative and systematic way:

‘When working with the Umbrella workbook, a keyworker has to be aware of its targets in order to manage to be consistent and demanding. Sometimes children’s/young people’s situations may be so complicated that even a key worker doesn’t know how to approach them. In that case skimming the exercise book’s pages together and discussing its themes may feel neutral enough. By starting to act and do together, a dialogical and reciprocal relationship will be created. Little by little the problems and matters on a child’s mind may turn into names, words and concepts.

The study indicates that implementing new methods and interventions in RCCs is in many ways challenging; even a method developed by the workers themselves is not getting an ‘intraprofessional’ status, which is well known, approved and used among workers. It is difficult to show the evidence base of a particular method works. The study also raises a question as to whether in the richness and multidimensional nature of RCC context there is space for any methods and procedures. To be successfully implemented, the process needs a good level of staff qualification, support from (work-based) training, and firm commitment from management. From coherent RCC practice and equal care for children and youths, this study also raises a question regarding how methodology-orientated ‘users’ and ‘non-users’ meet and what influence this means for the RCC culture and quality of care? Is it possible for these two orientations to exist in the same RCC setting? In any case, RCC practitioners make strategic and moral decisions about whether and when to use the methods and how to do so. It is based on assessments of their accountabilities, their level of competence and their RCC knowledge, and in this way has a connection with consistent quality of care.

Methods and procedures that are grounded in theory are the key issue if the ‘professionization’ of RCC is to develop (Fyhr, 2001). The workbook was developed to systematize the educative work in all domains of a child’s life. It was developed because of the practical need. It seems, however, that the final professional aim for workbook working remained unclear. According to the survey results 72 % of respondents did not use the manual as guidance for procedures or how to use the workbook. This shows some differences in practitioners’ perceptions on the importance of reading professional literature, which in line with the study of Ekeland et al., (2019)

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*6 53 % of the practitioners were bachelor-level social counsellors and 8 % nurses, 13 % care assistants and 26 % ‘other’.*
about social workers’ attitudes towards academic and professional reading when implementing EBPs.

There seems to be many obstacles for implementing new methods in RCCs. However, it is noteworthy that there were no extra resources reserved for implementing the Umbrella method. Regarding the connection to a better structured RCC practice and high-quality residential care, there was no substantial evidence. Only 6% of the workers encounter their ‘key child’ regularly once a week, and 16% of the respondents did not have individually planned ‘key worker hour’ at all. It is also noteworthy that workers did not mention a preparatory discussion with a child before the care plan meeting with a social worker. In that sense, Umbrella has not met its original purpose to increase the regular individual encounters between child and key worker. Thus, it is assumed that there are lots of encounters and chats with children, but a reluctance to engage in systematic ‘formal’ counselling to handle children’s issues. On the other hand, it may indicate the resistance of the undue ‘pedagogization’ or ‘schooling’ of everyday life (Coussée et al. 2010). Criticism and opposition to workbook working arises from doubts about the professionalism of a workbook and its ability to reach children’s and youths’ multiple needs in terms of care and education. On the other hand, the result can be interpreted as workers’ attempts to promote a home-like frame of reference to make children feeling at home, as Laakso (2019) and Törrönen (1999) have described in their ethnography studies. It may implicate that the Umbrella workbook’s (and that of other methods) systematic way of working with documenting and reporting disturbs ‘ordinary’ encounters and everyday life.

However, sub-study I showed that in Finnish residential settings there are dedicated and skilled workers who are able to develop methods and interventions to improve their work practices; the experiences and needs from RCC practice have been reflected and developed as a workbook for the skills for life method. Five principle components of workbook working were found in the data, which get different personal interpretations and practices: 1) child centeredness, 2) continuity in care, 3) the workbook is a method; two orientations to apply the workbook, 4) criticism of the workbook, and 5) adherence to the workbook. These personal interpretations may indicate some evidence that programs and methods (EBPs) would be either an institutionally facilitated option or a demand to obey regulations and procedures for someone (Ekeland et al. 2019). In my interpretation, the adherence and loyalty to workbooks, for instance, says something about the competency of productivity to modify the working practices by applying a variety of methods and tools into practice (see Madsen 2006). On the other hand, there are non-users who criticize the workbook, which indicates practitioners’ reluctance to apply the workbook and shows mistrust of methods and EBPs in general. For the Finnish child protection system, there is no institutional accreditation system to approve new methods and interventions (Kajanoja & Ruuskanen 2019, 59). Simultaneously, it seems that there is strong trust in qualified practitioners who are capable of autonomously benefiting and implementing tools and methods in their work. Nevertheless, the study supports the earlier findings that RCC workers’ methodological skills are based on personality, personal interests and a generalist model of working (Cameron, 2016; Rothuizen & Harbo, 2017; Smith et al., 2013; Storø, 2013; Ward, 2006).
5.2 SUB-STUDY II: RCC WORKERS’ VIEWS ON THEIR PROFESSIONAL KNOW-HOW

Many children taken into care tend to be in need of psychiatric treatment as well as child protection services, and thus the professional expertise of both systems must be coordinated in their care. Hence, workers need to constantly develop integrated care plans, interventions and co-working practices in multi-agency collaboration. Sub-study II investigates how practitioners in Finland with different training and professional backgrounds in two different systems, RCC and mental health care, reflect the opportunities for working together and to distribute tasks and responsibilities. The aim of this chapter is to reflect on how RCC practitioners demonstrate their work and professional intentions to partner professionals and what impact this has on their multi-agency collaboration. The analysis of the interviews shows that collaboration is attractive to practitioners because of an increased demand for better integrated RCC services. There are, however, some epistemological and practical pitfalls to overcome.

The findings indicate that it is challenging to define and conceptualize RCC work as professional expertise in everyday spontaneous contexts. With regard to the question of what care workers actually do, a repeated general comment from the residential practitioner’s side was the ‘totality of the work’, ‘we do everything’. They spoke about everyday life, home routines, preparing young people to become citizens and needing support, but expressing what it means in terms of actions and professional tasks was harder. Some of RCC practitioners felt that this reality can make them appear less assured in their position when engaging with mental health care staff. In particular, while the mental health care staff had a clear idea of the tasks and limits of their role, the residential workers’ job is far more diffuse, and workers can feel that they are expected to do everything related to children.

Mental health workers suggest that everyday life with children can allow access to observe and gain information about them, as well as many possibilities to work with them. Mental health workers value residential work and express their concern that workers’ expertise is not appreciated enough. A psychiatric nurse underlined the differences in working: ‘It should be remembered that these children live in institutions under your eyes and supervision – we see them for only 45 minutes per week … there is a big difference in terms of what you can really do (in a psychiatric out-patient clinic)’. In spite of this recognition, residential workers are somehow irritated that mental health care staff expect them to ‘just’ take care of routines, set clear limits, create a safe growing environment and give love. RCC workers desire concrete patterns and guidance, but not ‘simplified, very general and useless comments about a healing and rehabilitative environment’. The main task according to the psychiatric sector’s expectations for residential work is to motivate the child to visit the clinic at a given time and take care of the daily routines.

As a general obstacle for collaboration, residential staff commented that they feel that mental health care professionals do not understand what kind of (work) place a residential setting is. On the other hand, when comparing their work to care in psychiatric inpatient clinics, residential workers find more similarities rather than differences in terms of care actions and professional tasks. One significant difference that has a clear impact on delivering care is that a hospital has more nurses per child in a shift. In relation to the child welfare system, there were some doubts that the privatization and transition from municipal residential institutions to private institutions in Finland may have some impact on staffing and could be a risk in terms of ensuring quality
of care. Residential workers suggest that mental care relies too much on the facilities it assumes there are available for care and treatment in the different forms of child protection institutions. From the RCC point of view, residential workers experienced a badly prepared and hasty return to the institution from an assessment period in a psychiatric ward. RCC workers wished for a greater clarity and practical advice on how to care for and treat children back at the (residential) home.

In turn, the mental care staff reported that the variety forms of the RCC settings challenge the realistic expectations for collaboration to handle the special needs of the children. This led to a situation described by one respondent: ‘There is constantly some kind of confusion about and impediments how we should act within child protection’. Therefore, psychiatric workers wanted more knowledge about the procedures in child protection and educating practices, as well as the facilities in children’s homes to be able more efficient collaboration. As a start, residential practitioners are expected to act as parents with some competence. ‘It is confusing to accept the distress of the professional parents [residential workers]… We are expecting more … like reflecting and better tolerance’. Psychiatric staff, however, criticized the psychiatric system for just waiting in outpatient offices for patients – they could do more outreach work in RCCs to support partner professionals with limited resources. It is obvious that professionals do not know other professionals’ work circumstances. Thus, child welfare personnel desire more knowledge about psychiatry and its treatment practices and models, and vice versa. Nevertheless, specialization and clinical contributions were criticized in interviews from both sides as stigmatizing and contrary to the educational model.

Child welfare procedures that are required by law are not well known. In this blurred situation when work practices and procedures are not clear, there is some tension between the sectors in terms of who conducts the care plan meetings. The truth is that there are unrealistic expectations and perceptions of the other professional grouping and its facilities to provide support. One frustration among residential care workers emerged around the discussion on the professional contribution to the care plan. ‘Mental health care staff don’t take our worries and concerns seriously … They do not count on you during the process.’ On the other hand, the mental health workers have experienced that these consulting meetings sometimes shift towards supervising sessions when the agenda is not necessary about the child’s issues but perhaps more about the residential worker’s distress and anxiety. Another way of thinking is helping a child through residential worker’s confidence, and not particularly about the wishes of RCC practitioners contributing to the treatment and therapy order. There is a tension to take ‘ownership’ of the care plan from RCC to psychiatry. Furthermore, during the interviews, a psychiatrist commented on the need for RCC workers to be trained in mental health issues, but there was no recognition of a need for mental care workers to gain more knowledge about child care issues and the practices of residential child care. This confrontation between RCC and mental health care services is partly due to the obligation to maintain secrecy that applies to both professionals groups. It is not fully clear to practitioners as to how it should be applied and how this statute obliges and urges them to collaborate. In particular, the therapeutic relationship in out-patient clinics was said to be more trustworthy because of the workers’ obligations to maintain secrecy in therapy sessions with a child.

It seems that divergent knowledge does not yet merge in line with the principles of interprofessional collaboration as a mutually understood, shared framework for working together. In terms of respecting the contribution of others, it seems that mental care practitioners’ attitudes focus on delivering psychiatric knowledge and
expertise in RCC, rather than on the sharing of professional responsibility and creating integrated care plans. This supports previous studies which suggest that to some extent, delivering psychiatric knowledge and expertise in child protection services is in focus (Sloper, 2004; Darlington et al., 2005a; Darlington & Feeney, 2008; Janssens et al., 2010; Kiuru & Metteri, 2014). In situations where support from social work is distant or un-available, RCC staff are forced to negotiate the diagnosis and care order, medication and therapy with psychiatrists and mental health care nurses. Residential care workers therefore regularly feel let down by mental health professionals, which seemed to reflect a power imbalance, yet ignored everyday experiences. Moreover, the matching process of selecting the substitute home (quite often with necessary mental health care) includes a high degree of navigation, as well as the decision-making balances between professional discretion, legal norms and principles, subjective views of the children and their parents, and the economic and bureaucratic conditions of the service provision administration in the municipality (Pösö & Laakso, 2014). The navigation is overshadowed by uncertainty and compromises; residential workers experienced the medical-therapeutic language as difficult to understand, irrelevant to everyday life, and excluding them from care planning. This is challenging and might cause some uncertainty of RCC practitioners’ expertise and know-how, and their authority to make accurate and clear contributions in care plan meetings. Sharing everyday life with children can afford privileged access to observe them and to gain better knowledge for working towards change. This everyday knowledge, and the community-based, open care approach, however, needs to be interpreted, translated and conceptualized for the network meetings.

In this situation, social workers were mentioned from the mental health care side as potential mediators and co-workers to clarify the ‘unknown’ social protection and social work objectives and procedures, particularly to improve the care plans of some institutions to be more adequate. Social workers might have an important role to play as mediators and consultants ‘on the borders’ between two systems of professional knowledge and practices and together strengthen the status of the social professions. To improve the system, it was suggested that a child’s social worker and psychiatric nurse should work together to prevent overlaps in services and to assess the immediate needs of the child and their family. Moreover, to offer more support in children’s homes, an ‘acute team practice’, where psychiatric support is ‘on wheels’ and ready for immediate consultancy and assessment in an institution, was presented and developed further during the interviews.

There was a common understanding that to reach this kind of confidence between RCC and MH practitioners, they should have regular network meetings to get to know each other as people, to agree on collaboration procedures, and to actualise the desire to renew practices and services together. In real life a lack of qualified social workers turnover is a burden for developing collaboration practices. It is alarming that during the five year follow-up period, 16% of the children in residential care in Finland had more than four key social workers (Eronen 2013, 81). This leads to a situation where inter-agency networking is in real danger because the permanent social worker as a coordinator and a key player is missing. This is a considerable setback for developing high-quality RCC and child protection procedures in general.

However, while perceiving multiple concerns, the citation below provides an example of meaningful inter-agency collaboration.
“After ping-pong between child protection and mental health care systems, we [child protection and mental health workers] finally determined together that this institution is a good place for this child to live. At the same time we decided that child protection is in charge and that there is intensive consultant available from the psychiatric hospital. There has been no need for psychiatric treatment for this child ever since.”

The analysis of interviews indicate, however, a cautious impression that residential workers rely more on professional knowledge from mental health care expertise than on their own expertise as social educators. It is quite peculiar that residential workers did not mention social pedagogical or tangible tasks, or social education as a guiding framework for their work. In the UK, the growth in the number of professional youth justice ‘experts’ has meant that they have taken over the responsibility of dealing with offending and, consequently, the everyday care of children in RCCs has been emptied of its necessary controlling and guiding dimension (a crucial element in upbringing and educating work) for youth justice (Smith et al. 2013, 110). This knowledge leads to a scenario where also in Finland, in the collaboration challenges at the borders between RCC and mental health care, upbringing will be to some extent emptied of the behavioral problems and misbehaving for medicine (psychiatry) and treatment where RCC is asking for diagnoses to support their own perceptions.

If RCC workers’ professional know-how leans too much on other professionals’ judgements, it has a certain influence on their professional identity, and not only for practice. Thus, closer collaboration between the social professions is recommended. This is important because when deploying ordinary discourse – parallel to ‘parenting’ in a family context, residential care workers might be seen in a semi-professional frame. Residential child care work might, as a result, be conducted through a diagnosis and treatment model which does not necessarily reflect the RCC upbringing expertise or the core aim of RCC.

5.3 SUB-STUDY III: RCC WORKERS’ VIEWS ON INTERAGENCY COLLABORATION

Boundary work and the crossing of boundaries are at the core of interprofessional collaboration. Sub-study III compared the implementation practices for promoting interprofessional collaboration between RCCs and the mental health sector in six European countries (Denmark, Finland, Germany, Lithuania, the UK and Spain). The aim of this chapter is to broaden previously published information with additional points of view to reflect the experiences and perceptions of integrated care and inter-agency collaboration practices between residential child care (RCC) and mental care (MC) practitioners. The themes for the analysis are to reflect skills and capabilities required of the RCC practitioners in borderline work.

It is widely known that collaboration between child protection and mental health agencies can improve the use of children’s mental health services (Baia et al. 2009). Furthermore, research indicates that improved outpatient mental care services for foster children of existing emergency mental care services may improve the rates of

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2 It is noteworthy that RCC practitioners in Finland are called social ‘counsellors’, not ‘educators’ or ‘pedagogues’.
placement stability (Fawley-King & Snowden, 2012; Collado & Levine, 2007). In spite of this obvious need for working together, international literature is scarce on collaboration and practical everyday activities between residential child care and mental care services (Lahti, Linno, Pael & Timonen-Kallio, 2018). Instead, the focus in research is particularly on delivering psychiatric knowledge and expertise into child protection services (Darlington et al., 2005a; Darlington et al., 2005b; Darlington & Feeney, 2008; Janssens et al., 2010; Sloper, 2004). This attitude perhaps reflects that the other discipline and professional knowledge is more appreciated, which has some impact on collaboration practices. Despite this, the collaboration between sectors is a benefit to both workers and clients (Darlington & Feeney, 2008).

The results of this study show that challenges in the borderline work between mental care and RCC is a current issue across Europe. In spite of encouragement for integrated RCC, obstacles for collaboration and lack of coordination between systems remain. Overall, for cost-effectiveness and child-focused integrated RCC, there is a need to support interprofessional collaboration between agencies. There are different contexts and situations in the systems in the studied countries. For instance, in Lithuania, poor regulations on sharing information between RCC and mental care professionals leads to a situation where ownership of official information ends up in the (mental) health care system. On the contrary, Danish RCC respondents presented an example of the ‘open’ child-focused orientation, where collaboration is actualized in everyday practice rather than advocating a tightly monitored procedure (see Hall et al., 2010). The Danish interprofessional orientation was described thus: “The needs of a child for well-being and development in daily life is the main issue and what is pedagogically important, often matches quite well with psychiatric diagnosis”.

Mental care staff in all countries felt that RCC workers harboured unrealistic expectations of what they could do. There was a sense that they ‘ask for miracles’, ‘wait for a miraculous medication’, ‘want very fast results’ and so on. The other side of the coin is that RCC workers make such demands under pressure and in circumstances of acute anxiety, while asking for concrete interventions and diagnoses to support their own perception. It is perhaps understandable that they are annoyed when mental care professionals do not agree. Nevertheless, it seems that residential staff face some challenges to structure their work practices and express specific expectations and wishes in relation to mental care professions. When seeking support and collaboration with mental care, RCC workers felt that initiatives to build better cooperation invariably come from the child protection and RCC systems. Particularly in Spain and Lithuania, both sides have a limited and critical perspective of the other system.

RCC workers complained about the lack of information given back by psychiatrists and mental care workers in the process of therapy: they do not count on you during the process. RCC staff say they do not receive follow-up or (even) final reports to continue care back in an institution. Similarities between the countries are significant. In general, they perceive an unbalanced situation where psychiatrists and mental care staff need information from RCC workers, but they do not see the need to give feedback on RCC work. They have far fewer workers than in a hospital, for example. As suggested, the collaboration could mean in practice that the mental care providers consult frequently with staff and educate them about the impact of trauma on children’s mental health (see Collado & Levine, 2007). In turn, the health sector would in close collaboration familiarize themselves with what kind of help there is available in institutions and get to know the procedures of child protection and foster care. Opportunities from the different professions are needed to build up a common
understanding of the strengths but also the limitations of their respective roles, and
to realize that there are no easy answers in working with children whose behavior
throws up all sorts of challenges to the adults around them. The practitioners express
a high demand for educational opportunities related to the professional roles and
responsibilities, as well as improved knowledge to avoid intraprofessional jargon.

The data indicates that the responsibilities of different professionals are separated
and that the current collaboration practices reflect differences in professional status
and hierarchy in relationships. The lack of communication, organizational restric-
tions, imperfection of health care services and personal factors were also mentioned
as the main obstacles to collaboration. In addition, in many kinds of mutual cases it is
unclear who is the responsible party for the inter-agency meetings. Incidental meet-
ings like this are a serious threat to continuity in care plans; hence, interprofessional
collaboration is rather a process than a procedure or prescription (D’Amour et al.
2005, Shlonsky & Benbenishty 2014, 190). This accidental collaboration means that the
knowledge behind decisions varies from case to case and depends on the regulations
of a particular RCC institution or the personal interest of the professionals.

Particularly in Finland and Germany, social workers act as key actors and medi-
ators between child welfare and mental care to match the services and the quality of
RCC in the best interests of the child. Nevertheless, child protection procedures are
not well known among mental care staff and they reported getting frustrated when
trying to find the person who is in charge. For instance, in Finland, the lack of qualified
social workers and the staff turnover rate is a burden for continuity in collaboration
and putting the regulations into practice. In the Finnish context, the frustration of
psychiatric staff suggests, in a situation where there is a lack of permanent social
workers, transferring the main responsibility for mutual child clients from social work
to the psychiatric sector. In turn, in Spain, a practice nurse acts as a mediator between
these systems. In Lithuania, social workers are trained to work as residential workers
and have an undervalued status, and RCC is firmly placed within the health care
sector. On the contrary, some states (Bundesländer) in Germany have detailed written
guidelines for collaboration practices. Furthermore, in some cities there are special
clearing services in child protection with child psychiatry competencies to identify the
right support, to adjust and match different forms of assistance, and to provide clear
responsibility and case management. Between the countries in this study, Germany
seems to have the lowest levels of hierarchy between systems and a relatively good
functional collaboration between RCC and mental care.

Practitioners from RCC and mental care tend to see each other in some respect in
a limited perspective – they are not sufficiently aware of the other’s professional ori-
entations and working conditions. Moreover, it varies how RCC is seen as a necessary
part of an organized system of health care. One interesting finding is that in Spain,
Scotland (UK) and Lithuania, it was not possible to get these two professional group-
ings together for group interviews, which might be a reference to an organizational
culture of the child welfare regime. However, in Germany (Hamburg), where there is
an official interprofessional service promoting collaboration in the psychological and
psychiatric care of children in residential care, there were no significant difficulties
in conducting joint focus group interviews together with residential workers and
psychiatric staff.
In the German and Finnish data, the collaboration practices lean on a professional attitude, personal contacts and competency for a reciprocal form of communication. On the other hand, in Lithuania and Scotland (UK) the challenges for integrated care are much greater. In both countries, RCC workers are rarely professionally qualified and are heavily regulated. The status of such workers is lower than of social workers, social educators or mental care practitioners. The data from Lithuania also reflects a lack of clear regulations of exchanging information between professionals – the ownership for the information is within one profession and system. Particularly in Lithuania the services remained in silos that were separate from one another.

There were other similarities and differences between the countries. In the data some good practices were found, such as clearing services in child protection with child psychiatry competence and early detection visiting in children’s homes. The regular interprofessional forum for reflecting the other system’s working structures and working context and consultation with RCC, even where there were no immediate client issues to address, was regarded as a good way to build mutual understanding and protocols for the collaboration practice towards integrated care plans.

The study identifies some general European characteristics and obstacles for collaboration on the borders between systems and professionals. The study indicates that despite encouragement for cost-effectiveness and child-focused integrated RCC care, obstacles for collaboration and lack of coordination between systems remain. The data across different welfare regimes identified several consistent key themes in professional encountering that are outlined as a content-analytic summary table (Table 3). The findings of the general and country-specific good and promising interagency practices were gathered into a summary table and are included in this summary chapter for reflection.
### Table 3. Content-analytic summary matrix of the general and country-specific findings of interprofessional collaboration practices between residential child care (RCC) and mental care (MC) in six European countries

<table>
<thead>
<tr>
<th>Interprofessional collaboration</th>
<th>Professional role and distribution of tasks</th>
<th>Obstacles for working together</th>
<th>Expectations from ‘other’ service provider</th>
<th>Working ‘on the border’</th>
<th>Professional contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>General findings</td>
<td>MC a clear understanding: counselling, assessment, diagnosis and treatment.</td>
<td>RCC; Everyday knowledge is not appreciated in MC sector.</td>
<td>MC and RCC both have unrealistic mismatch in expectations ‘ask for miracles’</td>
<td>No clear ‘borderline practices’; e.g., unclear who is a responsible calling party → incidental meetings</td>
<td>RCC; access to observe children in the daily life and have important knowledge.</td>
</tr>
<tr>
<td></td>
<td>RCC a diffuse understanding: unpredictable spontaneous approach related to children in everyday life: ‘totality of the work’, “we do everything” ‘glue in the middle of this whole system’</td>
<td>RCC: MC don’t know the child protection procedures</td>
<td>RCC ask for concrete interventions and diagnoses to support their own perceptions</td>
<td>Need for knowledge on the other side limits</td>
<td>MC; medication, therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RCC: Minimum services (assessment and medication) and passive attitude, waiting model from MC side</td>
<td>MC suppose RCC staff to have professional skills to cope with children with trauma and behavioural disorder</td>
<td>No practical experience of other’s working structures and working environments</td>
<td>Some professional (social worker) is suggested to act as a mediator between systems</td>
</tr>
<tr>
<td>Country-specific remarks</td>
<td>Lithuania and Scotland: RCC workers are rarely professionally qualified and are heavily regulated ‘technicians’</td>
<td>Lithuania: poor regulations of sharing the information between RCC and MC</td>
<td>Germany: clearing services in child protection with child psychiatry competences</td>
<td>Denmark, Finland, Germany: ‘open’ child-focused pedagogical orientation; Germany: lower hierarchy, functional collaboration between RCC and MC</td>
<td>Germany: early detection visiting in children’s homes</td>
</tr>
<tr>
<td></td>
<td>and Spain: kinship care arrangements</td>
<td>Finland: social worker has relatively high status and power but lack of qualified social workers a burden to put renewed regulations into practice.</td>
<td>Portugal: both sides have a limited and critical perspective on the other system.</td>
<td>Scotland: unequal balance and power between the two services</td>
<td>Spain: a practice nurse a mediator between systems.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scotland:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The study supports the previous international research about the obstacles to cooperation among workers, often related to mutual attitudes and ways of communication, which covers ignoring everyday experiences. However, in deeper analyses about shared expertise, there seem to be unrealistic expectations and perceptions of the other professional grouping and its facilities to support children. One significant finding in the cross-country comparison was the evident and unrealistic expectations for the ‘other’ provider to provide help and care (see also Darlington et al., 2005, Davidson et al., 2012). The data indicates that the responsibilities of different professionals are separated and that the current collaboration practices reflect differences in the professional status and hierarchy of relationships. Lack of communication, organizational restrictions, imperfections in health care services and personal factors were also mentioned as key obstacles to collaboration. Incidental meetings are a serious threat for continuity in care plans; hence interprofessional collaboration is a process rather than a procedure or prescription (D’Amour et al., 2005, Shlonsky & Benbenishty, 2014, 190).

In the empirical data there are implications of insufficiently structured RCC practices with agency-level shared interventions. The challenge in interprofessional collaboration is the complexity of the service system, which brings a variety of professionals with a variety of treatment, upbringing and therapeutic approaches together, disputing who is the coordinator and who has the power to speak.

5.4 INTERPRETATIONS OF THE EMPIRICAL SUB-STUDIES: RCC PROCESS: HOME-LIKE INFORMAL PARENTING AND PROFESSIONAL INTENTIONAL EDUCATION

In this chapter, the analysis and interpretations of the results of the sub-studies (I, II, III, IV) are summarized and analyzed. The published information is expanded by adding the theoretical fundamentals to reflect aspirations for skills and competencies in home-like and institutional practice from four different angles: RCC methods, RCC institutional context, RCC work orientations and RCC knowledge base. The starting point is that paradoxically, the sense of ordinary and everydayness in RCC, which is often said to be the prerequisite for the well-being of children, is not easy to build and maintain when grounded in an idea of the ordinary family. Furthermore, the professional tasks generated from ordinary generalist home-like orientation do not establish coherent professional intentions and theoretical equipment for RCC workers.

The following definition of RCC from Swedish RCC researcher Elisabet Fyhr (2001) offers a comprehensive framework for the analysis:

“The professional institution is planned and supervised using professional knowledge and it enjoys professional privileges. The main operative instrument is the personalities of the professionally trained staff and the professional methods required by the official task, along with an institutional structure intended to support and protect the performance of this task. The staff members are selected based on both personality and educational criteria. In this kind of institution, institutional structure and routines support the performance of the official task and protect against destructive, regressive processes” (Fyhr 2001, 64.)
After conducting the study (sub-study I), several publications have addressed the need for effective practices for RCC and have reviewed the available evidence-based interventions and discussed barriers to their implementation in RCC settings (e.g. James et al., 2015, James, 2017; Pecora & English, 2016; Whittaker, del Valle & Holmes, 2015). The consequences of the introduction of evidence-based practice (EBP) may cause some pressure on current residential care settings to better justify their intentions and legitimacy of existence in the system of residential care. The tested manualized EBPs are seen as a response or an alternative to RCCs (James, 2017). Furthermore, it is noted that although the concept of evidence-based practice eludes precise definition, it is used as a trademark label to ensure that the practice is based on science and therefore is effective and of high quality (Ekeland, Bergeman and Myklebust, 2019). In the frame of professional orientation, mental care practices are more explicit, with agreed interventions and a shared knowledge base. In international literature there are few descriptions of the mental care actions offered to RCCs, such as: crisis assessment, respite child care, counselling, therapeutic interviews, cognitive and educational screening, different therapies, psychoeducational support, psychological testing, behavioral assessment, individual work and brief interval care (Lahti et al., 2017). Referring to the sub-studies (sub-study I and II), such a list is not appreciated or this kind of ‘toolkit’ for workers is not seen as indispensable in everyday contexts in RCC.

However, today’s privatization of residential child care services as well as the development and exploration of new concrete and visible methods that complement RCC intentions are becoming a core component of professional RCC (Pålsson, 2018). It makes sense that the constant development of methods and interventions clarifies the practice of residential work and answers the question ‘what do RCC workers do?’ Nevertheless, the present dissertation shows that the most preferred method in RCCs is the ‘community/milieu’ method, which sounds very much like a home-like orientation – ‘living together in virtue of life’ rather than a structured and regulated intervention with a certain way of reflecting, documenting and reporting. It is up to each worker’s own decisions how they should practice their own profession. The findings of the sub-studies (sub-study I and II) show that professional autonomy with varied training backgrounds, sometimes with limited training, may cause challenges to working towards integrated care and equal working with children and youths. Using a certain intervention can at best be structured and open in the hands of trained staff, or at worst rigid and restricting in the hands of semi-professionals. On the one hand, an accidental and random way of applying interventions can be at best sensitive and responsive to different needs of children, and at worst, a chaotic bustle where the aims are not linked to the methods in use and are thus impossible to be documented, evaluated and reflected on. The purpose of the agreed methods and interventions is to ensure that the practitioner does the same thing, in the same way, in the same set of circumstances to standardize residential care. Theoretical knowledge gives practitioners a broader framework to benefit from the methods and tools in delivering care.

As said earlier, many children taken into care tend to need psychiatric treatment as well as child protection services; thus the professional expertise of both systems must be coordinated in their care. RCC is a necessary part of an organized system of mental care and vice versa. It is established that working together is attractive among RCC and mental care practitioners because of the increased demand for better integrated child protection services. Most importantly, the sub-study (III) indicates that challenges in the borderline work between mental care and RCC are a current issue.
across Europe. There are cultural-, organizational- and service system-level reasons for that, but one important finding for the obstacles is the Apart from mental health partner professionals, there are other agencies (education, social services, leisure, youth justice) as resources that will all potentially have a role to play in supporting RCC workers in their upbringing work. In fact, interagency working has many outcomes for professionals (e.g. in terms of improved understandings of each other’s role, greater willingness to share information, better insights into how a wider range of services can be mobilized to support children, and greater job satisfaction), and there are also positive outcomes for other agencies (e.g. reduction in duplication, achievement of economies of scale, better connection to local communities) (Statham, 2011). Moreover, networking competence with theoretical know-how is important, because it seems that ‘less-trained workers are more likely to suggest seeking external help and advice or to refer the child to an external agency’ (Petrie et al., 2006, 113). In addition to collaboration with partner professionals, working with the family of origin and facilitating the maintenance of the family bond is one element of interagency partnership working.

Despite encouragement for integrated residential child care, obstacles to collaboration and lack of coordination between systems remain, often related to the understanding of professional roles and tasks, lack of shared knowledge, attitudes and ways of communication; hence the power relations within the expertise exist and the role of the partner professionals is not always appreciated. There are persistent divergences in the status between mental health expertise and RCC ‘upbringing’ know-how, and unrealistic expectations of the other system’s facilities to offer help and support for youth (sub-study III). This means that RCC care orders may be ‘influenced’ substantially by diagnosis and treatment orders from expertise other than that held by RCC staff. In terms of respecting the contribution of others, it seems that mental health practitioners’ attitudes to collaboration focuses slightly on delivering psychiatric knowledge and expertise to RCC (sub-study II). The question is how to coordinate the know-how of different groups of professionals in a coherent package and variety of service concepts? The competency to collaborate in inter-agency teams requires that RCC practitioners have a clear conceptional and theory-based connection to their intentions to negotiate the other eventual educative interpretations of the children’s problems. This is also important in the sense of sharing responsibilities to better incorporate both areas of expertise in multi-agency networks into integrated care plans. RCC workers have valuable knowledge as they are living together and observe the children in daily life. However, in terms of respecting the contribution of others, it seems that mental care practitioners’ attitudes in collaboration focus on delivering psychiatric knowledge and challenge the expertise of the residential child care work to define the distribution of both the professional role and tasks; and sharing professional responsibilities and knowledge.

Social pedagogy and its contribution to RCCs are portrayed in a mostly positive light, as a concept grounded in reliable relationships between a children and RCC workers. From the child’s point of view, the setting is a living space constituting a sense of an ordinary, safe home. Following on from this, in the interprofessional focus group discussions, RCC workers willingly demonstrate their work as a spontaneous, home-like, ordinary frame. However, upbringing work in public care is characterized by contradiction: gaining ordinary family life as a therapeutic growing environment but avoiding the pitfalls and tension of aligning the task too closely to parenting (Smith et al., 2013, 13). As noted earlier, RCC as a working environment is an insti-
tutional ‘public’ home with certain organizational arrangements, and a professional culture and facilities. RCC workers coordinate care, supervise teams of group care workers and have supportive contacts with the children’s families, and collaborate in multi-agency networks with (mental) health care, the school and so on.

Thus, as a matter of fact, there is neither ‘basic’ nor ‘ordinary’ RCC care work. Indeed, the concept of ‘ordinary’ is something that needs to be challenged and examined as well as different versions of ‘special’ residential care (Ward 2006; Storø 2013). In relation to this desire, the major aim of the present dissertation is to analyze RCC work as home-like ‘ordinary’ parenting (care) and as ‘institutional’ RCC upbringing (education) to discover ‘hidden’ and ‘improvized’ RCC home-like practices as competencies. How should the ‘public home’ as an institution representing state care be built to feel like a homely growing environment? How can we achieve balance between the needs for ordinary living and special treatment? How do RCC workers constitute ‘normality’ in an institutional context? And finally, how do they interpret children’s needs in home-like and institutional orientations?

In Table 4, the aspirations for RCC workers’ responsibilities and tasks are structured and mirrored in home-like ‘ordinary’ parenting and in professional RCC upbringing orientations, in order to contemplate the difference between (corporate) parental skills and professional competencies. Both home-like and institutional orientations together constitute a professional RCC entity, as will be presented. Although they exclude each other semantically, in real life they can be concurrently valid and complement each other. Competencies define the requirements for success in the job in broader, more inclusive terms than skills do; they are made of the right mix of skills, knowledge and values, and result in an autonomous worker with on-the-job abilities (see Welbourne, 2009).

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8 The figure is inspired by Jan Storø’s (2013, 110–113) theory-practice duality in RCC practice, where professional social pedagogy puts a demand for practitioners to take bilingual positions between child and practitioner and bi-contextual positions to be able to ‘place’ themselves in professional and ordinary living contexts (Storø, 2013, 112).
Table 4. Aspirations for RCC competencies in home-like parenting and institutional education orientations.

<table>
<thead>
<tr>
<th>ORIENTATION</th>
<th>HOME-LIKE PARENTING – common sense; generalist</th>
<th>INSTITUTIONAL EDUCATION – knowledge base; expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting skills</td>
<td>Build pedagogical relationships; every child is unique</td>
<td>Build pedagogical relationships; every child is unique with special needs</td>
</tr>
<tr>
<td></td>
<td>Positive self-image</td>
<td>Positive self-image</td>
</tr>
<tr>
<td>Child centeredness</td>
<td>- Family life, family routines</td>
<td>- Intervene between children’s life space and institutional space,</td>
</tr>
<tr>
<td></td>
<td>- Live together with children</td>
<td>- Build a specialized everyday life with group reflection;</td>
</tr>
<tr>
<td></td>
<td>- Manage practicalities</td>
<td>- Maintain quality of everyday life; safe milieu</td>
</tr>
<tr>
<td>Everydayness; living together</td>
<td>- ‘Whole child’ - No division of work or responsibilities - “Everybody is doing everything”</td>
<td>- ‘Whole child’ - Interprofessional collaboration - Interagency teamwork - Integrated care plans</td>
</tr>
<tr>
<td>Role as upbringer</td>
<td>- Create relation-oriented encounter</td>
<td>- Create relation-oriented encounter - Keyworker responsibilities - Upbringer on behalf of society - Long-term intentions - Advocacy</td>
</tr>
<tr>
<td></td>
<td>- ‘Good model behaviour’</td>
<td>- Substitute parent</td>
</tr>
<tr>
<td></td>
<td>- Intervene between children’s life space and</td>
<td>- Immediate response</td>
</tr>
<tr>
<td></td>
<td>institutional space</td>
<td></td>
</tr>
<tr>
<td>Knowledge base</td>
<td>- Common sense</td>
<td>- Expert in social pedagogy</td>
</tr>
<tr>
<td></td>
<td>- Head-heart-hand (love)</td>
<td>- A working knowledge of associated disciplines</td>
</tr>
<tr>
<td></td>
<td>- Ordinariness</td>
<td>- Intervening between social, education, therapy, (mental) health knowledge</td>
</tr>
<tr>
<td></td>
<td>- Consulting experts</td>
<td></td>
</tr>
<tr>
<td>Working environment, RCC culture</td>
<td>- Home, homelike, ‘cosiness’</td>
<td>- Public institution - Institutionalized state care</td>
</tr>
<tr>
<td></td>
<td>- Private family</td>
<td></td>
</tr>
<tr>
<td>Interventions and methods</td>
<td>- No systematized use; techniques, methods and tools are chosen haphazardly</td>
<td>- Selecting the appropriate intervention to meet the educational aims - Variable methods in use for gathering child information, need assessing, analyzing and reporting</td>
</tr>
<tr>
<td></td>
<td>- No care plans put down systematically on paper</td>
<td></td>
</tr>
<tr>
<td>Autonomous worker, on-the-job ability, personal judgements</td>
<td>- Own life experiences - Spontaneous and private reasoning</td>
<td>- Informed actions guided by values and grounded in theory - Theoretical and practical tools for careful assessment - Updating own professional development, ‘professional control’</td>
</tr>
</tbody>
</table>

Methods and interventions on upbringing, which are in line with the facilities and professional culture of the residential organization, illustrate the specialist professional RCC as planned interventions, daily tasks and structured practices. Thus, it is important how the RCC is seen as a context – an intervention or a setting. RCC workers have access to observe children in their daily lives and have important knowledge to share and develop further into care plans. It seems that RCC practitioners are to some extent obscure in terms of conceptualizing RCC work as social pedagogical or tangible tasks and objectives (sub-study II). Theoretical knowledge with conceptual tools support an RCC worker to utilize a variety of methods and gives space to apply different ways for working with a child, but also for analyzing and documenting the
work. However, developing educational materials and toolkits for workers is not enough, as it is essential to define the theoretical background behind the methods, as is understanding the objectives of the method. Institutional upbringing rests on professional reflection that goes beyond the type of reflection that parents do in everyday family life. The final analytical chapter (Chapter 6) of this study pulls the analysis of the duality of professional RCC practices into a theory-based construction of social pedagogy informed RCC competencies in concrete terms.
6 SOCIAL PEDAGOGY-INFORMED RCC – WHAT SHOULD RCC WORKERS DO?

While the main aim of this dissertation is to examine the components of RCC practice (constructed as context, orientations, methods and knowledge base) the reflections on theory as the fourth component need to be examined to complete the whole picture of the RCC practice. Social pedagogy seems to offer ideas and concepts for the development of education-related methods, relevant in different contexts of professional care, by providing a special orientation in which children’s and youths’ multiple needs are met from the social pedagogy and educational perspective. In this chapter the voice of the research subjects of sub-studies I–III are interpreted in a composition of an RCC competence profile. The analysis is grounded in social pedagogy as bridging theoretical framework for the duality of home-like informal parenting and professionalized intentional education RCC process. The fundamental question of this mission is how social pedagogy, as a tradition of educational philosophy and a framework, provides the RCC field with the necessary professional know-how, skills and methods.

6.1 SUB-STUDY IV: PROCESS OF CONSTRUCTING THE RCC COMPETENCE FAN

The RCC Competence Fan is based on a research project with three empirical studies (sub-study I, II and III) where the overall interest is positioned in the collaboration, expertise, practices and conflicts on the borders between RCC education and (mental) health care (Timonen-Kallio, 2012; Timonen-Kallio, et al., 2016; Timonen-Kallio, 2019). To empower the professionalized intentional education in RCC (see Table 4), seven social pedagogy-informed components of competence are constructed. Studies indicate that residential staff have some difficulties in structuring their work practices and therefore to express specific expectations and wishes to mental care professionals. On the other hand, there is evident and unrealistic expectations for the ‘other’ provider to help and care. The findings of the sub-studies indicate some concern with losing the pedagogy, social education and upbringing interpretations and actions for medicine (psychiatry), medication and treatment approach as one of the core issues when developing residential child care. The sub-studies constituted a source for a social pedagogy analysis of the aims and competencies that are relevant for RCC. The competence profile aims to summarize the social pedagogy-related debate on RCCs and to conceptualize the social pedagogy-informed RCC according to areas of competencies, responsibilities and tasks for RCC workers.

In addition to the sub-studies, the RCC Competence Fan exploits and reconstructs the definitions and contents of available RCC models and previously determined know-how for RCC (Madsen, 2006; Fattore, Mason & Watson, 2009; Cameron & Moss, 2011; Eichsteller & Holthoff, 2012; Smith et al., 2013; Storø, 2013; Holden, Anglin, Nunno & Izzo, 2015; Cameron, 2016). All these models make their own contribution to understanding the elements and ingredients of the RCC practice. In particular, the overarching importance of relationships with others as relevant to children’s well-being (Fattore, Mason and Watson, 2009,62). The present competence profile is also influenced by the list of social pedagogical standards (Social Pedagogy Standards) in
the UK and Australia (Minimum Qualification Strategy for Residential Care Workers) as well as the framework from the USA with a comprehensive list of ‘task statements’ (60) for RCC practitioners (Shealy, 2002).

The social pedagogy-informed profile of RCC competencies is introduced in Figure 2.

Figure 2. RCC Competence Fan – a social pedagogy-informed competence profile.

The inner circle of the RCC Competence Fan constructs the major categories of RCC work to create an educative relationship in a home-like ‘ordinary’ living and growing environment for practising social pedagogy and offering normalizing experiences for a child (Smith et al. 2013). The second circle in the RCC Fan describes RCC as an institutional public home context, an extra-familiar environment for practicing ‘special’ social pedagogy with multiple combinations of relationships and a variety of alerting incidents during the day. Institutional care, ‘special’ social pedagogy, means many other responsibilities which require a certain mix of skills and knowledge for executing practice. The capability to operate in an institutional layer is conceptualized into seven categories (inner circle + six flaps). Hence, informal ordinary home-like and institutional professional orientations constitute the RCC expertise together. These orientations are like nested cylinders which together form the practice-oriented model for delivering upbringing, where a professional challenge is to deliver “unconditional and consistent care that is powerful and therapeutic with achievement and enjoyment” (Smith et al. 2013, 49). The visualized concrete RCC Competence Fan is constructed to empower residential workers to be able to intervene in children’s or-
ordinary everyday living contexts and the workers’ special institutional contexts (Storø 2013, 112).

The right mix of skills and knowledge are described below as competencies; actions that are essential for social pedagogic performance in RCC work. The quotations associated with each competence are expressions of home-like orientation. These descriptions came up during discussions with RCC workers when they were demonstrating RCC work in joint focus groups for partner professionals. These ordinary home-like demonstrations are contrasted in the RCC Competence Fan with informed actions guided by values and grounded in theory (Storø 2013, 108).

Create an educative relationship

“A caring person is more important than professional training”.

Residential care is defined as an intervention that takes place in the interaction between children and residential staff (Pålsson 2018, 7), thus the core element of RCC work – as emphasized in all RCC research – is relation-orientated encountering, in which an RCC practitioner is in service of growth; creating educational, emotional and trusting relationships with an attitude that every child is unique and has special needs. With special children, the relationship differs from the parental relationship (‘as parents do’) and brings a professional layer into a relationship where the well-being of the child is quite often worked out ‘throughout the conflicts’ (Kleipoedszus, 2011). Furthermore, upbringing work means regularly discussing what their ambitions are for the future to empower them on their pathway to adulthood. The ethical orientation of social pedagogy guides the professional to reflect before, during and on action, using theories, concepts and methods as guides to child-centered practice (Rothuizen and Harbo, 2017).

A coherent definition of social pedagogical encountering is provided as follows:

“The starting point for any pedagogical intervention is a relationship where you as a pedagogue can get a better understanding of the other person. This may result in a relationship which will also be perceived by the other person as valuable. By seeing the other person’s individuality and by offering community, the other person also may become more motivated to seek a common meaning with the pedagogue. There is always the possibility of conflict, different wills and different opinions, but when there is a relationship and when the participants in this relationship experience that they are respected and their feelings and thoughts matter, there is a better chance for solving differences and disagreements and for finding a modus vivendi, a mutually acceptable way forward” (Rothuizen & Harbo, 2017, 21.)

The qualified worker can alternate between home-like ordinary relationships with children and institutional reflections and assessment with colleagues and co-workers. Precisely, social pedagogy-informed professional RCC work requires the skills of being able to develop a child’s overall well-being: cultivating a child’s positive self-image, creating a safe growing environment and arranging meaningful activities (Fattore et al., 2009; Smith et al., 2013; Grietens, 2015). Indeed, it is about creating an RCC living environment as a learning environment for children who are constantly learning and developing, an opportunity to reflect on how they perceive and experi-
ence themselves, their current living situation and their imagined future – plus how they interpret their past, and especially how they have got where they are (Wolf, 2016). The RCC practitioners need to be conscious of what ‘meaning’ they have with children and youths. The ethical orientation of social pedagogy guides the professional to reflect before, during and on action, using theories, concepts and methods as guides to child-centered practice (Rothuizen & Harbo, 2017).

Educate for community through community; build an extra-familiar growing environment

“Smooth everyday with routines is a best way to help children.”

The quotation above effectively shows the existence of the family idea in RCCs, when RCC workers act as ‘substitute parents’ within a parent–child relationship as well as exhibiting sound behavior. To be more precise, the importance of safety, activity and participation and the way these factors contribute to the sense of self are identified as relevant domains to children’s well-being (Fattore et al., 2009). Practice with challenging children and youth demands that daily activities, routines, expectations and interactions are designed and practiced so that children can comply, without triggering overwhelming stress or trauma (Holden et al., 2015, 307). In particular, when working with youth in ‘everydayness’, upbringing work means working towards treating every activity and routine as a valuable educational opportunity to build a sense of community; to incorporate everyday domestic tasks (cooking, cleaning...) into the educational process; it is a conscious use of everyday life events to help promote their growth and development – a life space approach (Smith et al., 2013, 14).

Simultaneously, it means a conscious effort to involve children in all decisions – big and small – about their own lives. The concept of ‘education intensity’ and ‘creative moment’ (Holden et al. 2015) expresses the worker’s desire and competence to build an extra-familiar environment well; a safe environment to grow and create as many positive moments as possible, each and every day. More precisely, everything the staff members do must be understood as an intervention to promote belonging; activation, boundary-setting, structuring everyday life, conversations, meals, managed group processes, excursions and so on (Storø, 2013, 102–103). The personal and the professional come together when we can bring our personal selves into caring relationships in a professional context, so that we can enter such relationships with appropriate authenticity and spontaneity (Smith et al. 2013, 44). It is about making the residential setting a home for all, with everybody having a sense of ownership and belonging. In particular, putting into practice the theory of education in community, through community and for community is a conceptual determinant and the methodological principle of social pedagogy (Hämäläinen 2012, 8).

Implement a variety of education-related interventions

“The RCC worker, the person, is his own most important tool.”

This quotation shows the character of the RCC work as underlying the personality and how less attention is paid to professional skills and certain interventions or methods
in delivering care. As a competence, this attitude is not comprehensive. A professional RCC program considers different aspects of the child’s life and problems and therefore uses many kinds of dialog-based, activity-based and community-based methods and interventions in everyday practice, where “the pedagogical relation precedes educational methods” (Cameron et al., 2016, 165; see also Gharabaghi & Groskleg, 2010; Storø, 2013). It is important to note that “if the interventions and methods are not consciously elected and systematically used when building an education process, working is only practice” (Storø, 2013, 40), not conscious aims and intentions. Instead, a trained worker has the competence to select methods and interventions while being sensitive and responsive to the different needs of children. The practitioner chooses the appropriate intervention to meet the pedagogical aims using professional discretion.

Variable methods are also in use for gathering child information, need assessing, analyzing and reporting. As a matter of fact, it is indicated that specifically HEI-trained workers are in favor of having additional theoretical knowledge and arguments behind the new methods and interventions (sub-studies I and II). Then, interventions form a relevant and important component of professional practice and evidence of social pedagogical expertise; ‘a package’ of multiple pedagogical elements are the very core of practice. Competencies to implement a variety of education-related interventions developed specifically for/in RCC and to reflect the relationship with theory, context and practice are crucial skills. It is argued that interventions are one key component in professionalizing the RCC workforce (Storø 2013). Moreover, applying interventions in RCC needs support for the whole system and includes a cultural approach (Gharabaghi & Groskleg, 2010) where prevailing interventions are routinely used. Obviously, interventions need to be developed specifically for/in RCCs, e.g. as formal educative sessions alongside the care plan, and are required by the official task of the institution. Adequate resources are also needed to be reserved for appropriate training and staff support. A competent workforce can apply, and even examine, those interventions that are appropriate in relation to the setting’s intentions.

Promote participation in daily life

“It is understandable that these children, who have faced so much trauma, don’t have capacity.”

Residential workers specify their professional tasks as taking care of routines, rules and limits and being alert to aggressive and destructive behavior, i.e. working in everyday life and providing a structured living environment. The focus in social pedagogy-informed RCC is ‘a social aspect’, a competence to promote inclusion and participation in children’s everyday lives (e.g. school, hobbies, domestic work), to keep youths in their families and communities, and work against institutionalization (Petrie, Boddy, Cameron, Wigfall & Simon, 2006, 33). Everydayness is at the center of relational practice, as articulated within the core principles of child and youth care practice. This competence to encourage a child’s social activities and participation is strongly interconnected to a competence to create an educative relationship and

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9 It should be pointed out, however, that many of the mental health and well-being interventions that ‘work’ with the general population are also likely to be successful with children in RCC.
community-based education. This is the main responsibility for a child’s key worker; in particular, making sure that a child has proper schooling is a core grounding for coping later in independent adult life.

**Maintain integration into society in wider networks**

“It is better to stay in your own tribe where you know how to handle the situations.”

When pedagogues act as ‘upbringers’ on behalf of society, social pedagogy is about the relationship between the individual and society, and a pedagogic method of working in RCC is about how to achieve the integration of disadvantaged young people into wider society. A continuous long-term intention is to create opportunities for agencies across different contexts to open up and benefit from all the advantages the welfare state has to offer, to plan and ‘keep on track’ a child’s smooth individual integration process into modern society, where the focus is on growing a competent citizen (Rothuizen and Harbo, 2017, 11). In particular, the local community needs to be “invited to take part in the everyday life of the residential setting and to do social inclusion together” (Jakobsen, 2015, 95). There are agencies (education, social services, leisure) as resources that will all potentially have a role to play in supporting RCC workers in their upbring work. When workers have a solid social science knowledge base to understand social exclusion processes and to interpret the ‘social’ factors underpinning young people’s problems, they simultaneously see the other side of the coin; opportunities of social integration to support young people’s pathways in and out of institutions.

**Collaboration in interagency teams; see children’s multiple needs in the context of an integrated care plan**

“We do everything.”

This quotation clearly shows the characteristics of the RCC work as a diffuse understanding, unpredictable and spontaneous approach related to children in everyday life. RCC workers are in charge of implementing the upbring and care processes of children and spend most of the time – both in daily interactions as well as structured activities and planned interventions – with children and youth who often have severe emotional and behavioral disorders.

A looked-after child is likely to have needs that span different agencies (health, education, social work, child protection services, etc.) that can only be met through effective inter-agency working. Thus, there is an urgent demand for closer collaboration between these welfare sectors to ensure effective RCC interventions and better outcomes for a child. Matching the child’s needs to the facilities of the residential setting can become even more challenging. The competence of collaboration with other care systems and partner professionals is crucial to ensure overall well-being and integrated guidance and support on the child’s pathway to adulthood. As a matter of fact, it is at the core of social pedagogy. For instance, competency is required to create coordinated inter-agency collaboration between child protection and mental health services and to incorporate other expertise (understanding trauma and attachment)
and fields of knowledge (e.g. neuroscience) for meeting the multiple needs of children. In particular, working together towards an agreed integrated care plan is a tool to prevent the placement change and guarantee continuity of care as well as stable relationships (Fawley-King & Snowden, 2012). To have success in social pedagogical work, the worker needs to master the skills of interprofessional collaboration and inter-agency teamwork to benefit from all the support and opportunities society has to offer to children and youths living in residential settings. In terms of interagency collaboration, however, the most important thing is to understand that collaboration is located in everyday practice, and knowing each other is key rather than advocating tightly monitored procedures (Shlonsky & Benbenishty, 2014).

**Reflect on the relationship with theory, context and practice**

“A person who really cares is more valuable than a trained theorist.”

This quotation tells us about a home-like orientation with a ‘good’ personality that comes before professional know-how. Social pedagogy and its contribution to RCCs is considered mostly as a general positive concept grounded in good reliable relationships between a child and a worker. Seen from the social pedagogy point of view, the reflective relationship between theory, context and practice is a hallmark of the competent RCC practitioner; such a practitioner can relate their theoretical understanding to practical situations as well as draw on their own experience (Eichsteller and Holthoff, 2012). Reflection supplies tools for a worker to interpret and respond to the child’s behavior; thus, behavior is treated as a valuable opportunity to incorporate pedagogic interventions in the upbringing process (Ward, 2006; Storø, 2013). It is indicated that social pedagogy-orientated RCC workers see different professional ‘layers’ (Kleipoedszus, 2011) and recognize more educational responsibilities towards children than less trained practitioners (Boddy, 2011). Indeed, competent RCC practitioners can alternate in daily life between a spontaneous, ordinary, home-like parenting (care) context with children and a professional, integrated education context with their colleagues and partner professionals. A solid knowledge base also guarantees that the interventions, as an essential part of professional RCC, are developed and applied properly in a social pedagogy framework. Practicing social pedagogical RCC requires competent reflective professionals, particularly because practitioners organise their own practice as it is happening (see Storø, 2013, 91), without being able to know beforehand whether they are doing the right thing (Rothuizen & Harbo, 2017). Social pedagogic work is a self-in-action task; it requires workers to continually reflect on what they are doing and why, taking differing contexts into account (Smith et al., 2013, 13) and constantly developing interventions and working practices, preferably in an interprofessional context.

### 6.2 RCC EDUCATION ‘ON THE BORDERS’

Residential work means many slippery borders and grey areas where, with multiple and contradictory needs of children, responsibilities and tasks are difficult to define in detail. To not lose the professional sense of security, it is a challenge for a practitioner to bridge and crossed these borderlines as a unified territory of practice.
The first border to bridge is the conceptual border between home-like parenting and institutional education work orientations. From the children’s point of view, the feeling of home and normality, as well as a parental-like relationship with adults, is crucial for their self-esteem and well-being. However, while working in a home-like orientation, the collaboration between RCC workers might be challenging because the workers have neither common professional concepts nor concurrent methods and tools for working with children, or tools for documenting, evaluation and reporting. Thus, in addition to creating a home-like environment for children, it is equally important to understand the intentions of RCC as part of the child welfare services entity and one’s own responsibilities as a representative of a social profession - ‘an upbringer on behalf of society’ (Cameron, 2016). Furthermore, in institutional orientation, the aim is to search for knowledge and solutions for challenging cases and situations together with partner professionals. When promoting the idea of helping the ‘whole child’, interprofessional collaboration, interagency teamwork and integrated care plans are necessitated. It is not easy to do; co-operation is challenging because the complexity of the service system brings in many of these multi-agency team actors with different orientations, legislation and instructions (Hall, 2005; Darlington & Feeney, 2008). Eventually, at its best, the deliberately used concrete methods clarify and concretize own practices and responsibilities in interprofessional co-operation.

High-quality residential child care interacts with many welfare services, such as (mental) health care, school and other services; thus professional RCC work operates on the borders between care, treatment and education and with therapy and rehabilitation. Because RCC work is delivered on the borders of professions, sectors and disciplines, the main issue to learn for RCC practitioners is to get familiar with the entity of the child welfare service system to understand that there is more support available. The professional challenge is how to coordinate the know-how of different groups of professionals into a coherent care service and support package. Boundary work and the crossing of boundaries are at the core of interprofessional collaboration. For RCC practitioners it is a challenge to position their professional skills and knowledge, practice and actions in this interdisciplinary and interprofessional working context. Strengthening the professional identity, and appreciating and respecting it opens up opportunities for collaboration, rather than creating a battlefield between different types of expertise, knowledge and professions.

Interprofessional collaboration between services is about resolving problems, which cannot be handled as the tasks and responsibilities of one profession. However, attitudes and ways of communication as well as power relations within the appreciated expertise exist. Effective interprofessional networking is a complex matter and difficult to achieve, because each care profession has a different culture which includes values, beliefs, attitudes, customs and behaviors. It is indicated that the role of the RCC professional is not always appreciated (sub-studies II and III). Nevertheless, the RCC workers’ contribution is essential because they have the opportunity to observe the children in their daily lives and have important knowledge to share and develop further into care plans.

The other border is the level of professional RCC expertise, and status is appreciated among welfare professions across countries. There are differences across welfare systems in the way resources for RCCs are distributed and what level of worker expertise and training in RCCs is required. There is no such thing as the European RCC workforce. On the contrary, there are considerable variations both within and across countries and regions, related to diverse historical backgrounds and quite different
forms of organizing RCC. In all the Nordic countries RCC continues to play a vital role in the child protection system, and placement rates are the highest in Europe (Jakobsen, 2014, 90), while in turn in the UK only 9% looked-after children were in residential care (Berridge, 2013).

6.3 PROFESSIONAL TENSION BETWEEN ‘REAL’ PRACTICE AND ‘IDEAL’ COMPETENCIES

When investigating social pedagogy-informed RCC practice, it is obligatory to reflect on educational philosophy, with its values and ideals guiding the upbringing activities in RCCs. The ‘ideal’ theoretical model is needed to underline that RCC upbringing (and social justice) is only achieved through a constant attempt to implement the ideals and values of the educational philosophy and principles of social pedagogy in RCC practice. This social pedagogy-informed expertise is conceptualized in sub-study IV. However, as the empirical sub-studies (I, II, III) of this dissertation show, the competencies are manifested as well as practical wisdom generating from its own know-how and practice. Kronbeck and Rosendal Jensen (2009) make a distinction in social pedagogy between Natorp’s line (more academic) and that of Nohl and Baümer (more professional). An inner professional tension between ‘what RCC workers should do’, the ideal practice and ‘what do RCC workers do’, the real practice can be found.

When RCC workers describe their work as ‘we do everything’, it is quite true. Furthermore, both ‘ordinary’ home-like and ‘institutionalized’ professional orientations can be seen with high values and professional ethics for good care. ‘Care’, however, is something that happens within the scope of the family rather than the institutional frame (Smith et al. 2013; Törrönen 1999). Caring for a young person typically includes meeting the young person’s basic needs, including his or her needs with respect to housing, food and clothing. Caring for the young person may also include managing his or her health care, financial needs, education, and so on. Caring about the young person, in contrast, refers to the emotional connections we establish together, and can often be experienced as the sensation of being loved, liked or appreciated (Smith 2006; Gharabaghi & Stuart 2014, 15).

Professional high-quality RCC work has its foundation in theory and sufficient RCC-focused education. These two worlds need to be separated theoretically as ordinary interaction with spontaneous and private reasoning and informed actions guided by values and grounded in theory. Otherwise, it might happen that when the institution shifts to interventions with limited theoretical knowledge, RCC workers might lose their sense of professional identity (Fyhr, 2001). Hence, theoretical knowledge and analytic skills are required of residential workers to intervene between the multi-dimensional complexity within home-like care and institutional upbringing as well as to have a theory-based competency to apply appropriate interventions within these approaches (sub-study I and II); not attempts to ‘normalize’ challenging behavior with normative assumptions, for instance, which have only limited effect on children and youths with special needs (Ward, 2006, 339).

It is suggested that both home-like orientation with no explicit aims and institutional orientations with empathically expressed long-term intentions are educationally relevant pedagogy, where “education and care are inseparable” (Coussé et al., 2010) and that also complement professional RCC. Together, these orientations build an integral orientation for education the ‘whole child’ with unique special needs in a
complex RCC context. Home-like parental skills and attributes for staff are important. Nevertheless, most importantly, professional competencies include understanding of the specific nature of the interventions and treatment approaches, guided by values and grounded in social pedagogy theory. In particular, the competency to use consciously theoretical and practical tools for careful assessment and furthermore the ability to professionally control personal judgements while approaching the ‘ideal’ quality RCC practice is required. If these two orientations are not unified in practice, it means two different worlds where RCC staff are trying to cope without a shared ‘educational’ language and purpose to their work. This is also a challenge for the management, because these two different orientations might lead to a depreciation of training requirements, which at worst may cause a power struggle and significant variations in actions responding to children’s needs. In any case, the role of the staff member is to wrestle between this contradiction to act simultaneously as a parent and as a representative of a profession with a defined statutory duty, responsibilities and tasks. The consequences of the capability of RCCs to and for the professional process in RCCs are analyzed in this dissertation.
7 CONCLUSION – PRACTICAL RELEVANCE AND THEORETICAL CONTRIBUTION

This dissertation is grounded in the call of RCC researchers for more rigorous evaluation and research of the residential program models and their active contents, standards, practices and methods, as well as their impact on the lives of children (Cameron 2016; James 2014; Nunno et al., 2014). Even though it is challenging to manualize effective social pedagogy practice as e.g. EBP interventions (Smith et al., 2012; Ungar et al. 2014, 690), there is a crucial need to ‘operationalize’ the educational philosophy and principles of social pedagogy to support ‘inclusive professionalism’ across the diverse range of RCC workers, and to offer the workforce conceptual tools to develop their work practices further. This study focused on the creation of a profile of RCC competencies. Additionally, the study presents recent social pedagogy-related literature and reflects on the debate on professional know-how relevant to RCC. It also takes a look at the components (orientations, working methods, context and knowledge base) that constitute professional RCC practice to conceptualize ‘hidden’ practices to enable evaluation and further development, with reflections on what social pedagogy can offer to structure the field-specific RCC. In this concluding section, I advance three themes that are anchored in the empirical results and are related to the theoretical perspective. While applying it in an RCC context, my attempt is to contribute to the development of social pedagogy concepts and theory building.

7.1 THREE-DIMENSIONAL RCC CONTEXT – RELATIONSHIP WITH KNOW-HOW, CONTEXT AND ORIENTATION

Social pedagogy theory and the components of professional practice have served in this study as the theoretical foundation for the conceptualization of RCC practice. I have examined how social pedagogy’s theoretical foundation is present in RCC practice in the light of recent social pedagogy-related debate – to put theory and practice in living dialog. The perspective that social pedagogy is “a form of social work that uses education” (Walther, 2012) is relevant in investigating expertise in a professional domain of educational and welfare work in RCCs. As suggested by many pieces of research (Cameron & Moss, 2011; Anglin, 2015; Jakobsen, 2015; Wolf, 2016; Janer & Ucar, 2017), social pedagogic youth care with therapeutic characteristics, focusing on the social-emotional and developmental learning needs, meets the special needs of children. Social pedagogy is seen to offer a conducive practice paradigm to take forward ideas on how to best care for children (Smith et al., 2013, 162). Nevertheless, implementing the overall ‘cogent’ philosophy of social pedagogy in the RCC context is demanding.

There are reasons to view RCCs as a field of professional activities benefiting from social pedagogy-informed expertise. On the one hand, social pedagogy has been developed as an individual profession or a particular professional field grounded in designated professional know-how, and on the other hand, it has been introduced as a form of professional expertise relevant for many professions in different welfare and educational work contexts, and in RCC as well (Timonen-Kallio & Hämäläinen, 2019). In the latter case, social pedagogy is viewed as a discipline and a branch of studies.
for several professions instead of one profession only. Social pedagogy has been seen as a wider branch of expertise relevant in several – even all – educational and social professions (Hämäläinen and Nivala, 2015). In practice, the solid social pedagogy background strengthens RCC workers’ ability to apply it specifically in RCCs to build an extra-familiar context, where children and youths can feel family-like cosiness, safety and good relationships – developing a ‘sense of normality’ together (Anglin 2002). Nevertheless, as a scientific discipline, social pedagogy does not reduce to a fixed set of methods and techniques, but it provides the debate upon social and educational activities in RCCs with scientific reflection, knowledge production and theory building. It connects the professional development of RCCs to the tradition of social pedagogy, including key concepts, approaches, readings and policies to implement interventions and methods as one necessary competency of the social pedagogical professionalism.

The relevance of social pedagogy could be criticized for giving the impression that all ambiguities and possible conflicts in RCC work could be avoided or solved when a social pedagogical orientation is adopted. It is quite clear that other expertise and fields of knowledge for meeting the multiple needs of the children is also needed. However, there may be a danger in this interdisciplinary approach as the temptation to ‘theory-hop’ to any thought or reflection that may come up is a perspective within multiple theoretical starting points (Nivala & Ryynänen, 2019, 337; Storø, 2012, 27). As a competence, this is the most demanding way of working. When using multiple theoretical perspectives simultaneously, practitioners should be able to explain at any time their perspective of the moment (Storø, 2012, 27). Some professionals use this as an excuse for not being clear about what theory they may be using (Gharabaghi 2012). It is suggested that RCC practitioners are experts in social pedagogy and education, but they also need to master a certain ‘working knowledge’ of the associated disciplines to be appreciated as competent co-workers, especially when negotiating the best way to help and support a child in care plan meetings.

In everyday life in RCCs, there are responsibilities and tasks that are linked to ‘home-like’ or ‘institutional’ contexts, such as ordinary interaction with spontaneous and private reasoning and informed actions guided by values and grounded in theory. However, with limited theoretical knowledge, RCC workers might lose their sense of capability and professional identity (Fyhr, 2001).

In this concluding section, the focus of analysis is on understanding the nature of the social pedagogic expertise as an ability to engage in professional interaction and incorporate interdisciplinary expertise, and it is theorized as three-dimensional RCC context (Figure 3). The three-dimensional RCC context, as presented in the figure below, reflects the relationship with theory, context and orientation and gives a deeper insight into the complex RCC with contradictory interconnected dimensions. These three dimensions can be named ‘borderline work’ in RCC practice: 1. Theory-based dimension; the tension to intervene between social pedagogy/education and interdisciplinary interpretations and intentions (psychology, mental care, and psychiatry and neurosciences); 2. Context-based dimension; the challenge of bi-contextual work; to find a balance between a home-like setting and an institutional intervention; and 3. Orientation-based dimension; to distinguish consciously individual care and e.g. community based and social inclusion interpretations.
The professional RCC worker ‘shifts’ between segments with two inverse concepts, ‘travels’ along these three dimensions and layers during any single working day, and makes interpretations and decisions in the best interest of a child in ad hoc situations, and also for long-term intentions. RCC alternates between these three essential dimensions and promotes appropriate interventions (for educating, gathering child information, need assessing, analyzing and reporting) in these conceptual contexts. The figure is constructed to provide a theoretical insight into the nature of RCC as an intervention with respect to its role in the broader child welfare and health care service sector.

### 7.2 RCC COMPETENCE FAN

The RCC Competence Fan is an interpretation of social pedagogy-informed RCC practice in theoretical frame described above. The competence profile aims to summarize the social pedagogy-related debate on RCCs and to conceptualize social pedagogy-informed RCC according to areas of competencies, responsibilities and tasks for RCC workers. The RCC Competence Fan defines the behaviors and actions that are essential to social pedagogical performance in RCC work. It sets the foundation for core RCC processes. By providing a common language for daily work, it promotes an organizational culture where there is a shared understanding of what social pedagogical performance means. The profile addresses the ideal of social pedagogy-informed RCC competencies which have not been previously presented.

The RCC Competence Fan establishes the clear and shared expectations required for each competence. It is an attempt to improve the conformity around the core RCC practices and to increase the effectiveness of social pedagogic practice (e.g. Hatton
2013, 61). It is meant to be seen as ‘systematic’, but not too ‘programmatic’ with recipes or manual-based interventions (Gilligan, 2015; Jakobsen, 2015; Rothuizen & Harbo, 2017). Instead, it encourages the use of consistent but flexible analytical methods and interventions. It is constructed to clarify what RCC includes as professional skills and abilities to help and support the ‘whole child’. The profile was created to provide a practical action-based insight into RCC to illustrate what the competence areas are that RCC care workers should master as professionals when delivering care and upbringing – particularly that actions are based on more sources than just values alone; and that knowledge is engaged consciously and systematically in a reflective process to reflect the relationship between theory, context and practice (Ekeland et al. 2019, 619; Storø, 2012).

The competence profile is a possible contribution to facilitate analyses and interpretations of evidence of social pedagogy-informed RCC expertise – a tool to monitor and evaluate how RCC settings implement social pedagogy in their professional intentions, practice and interventions. On the other hand, it provides a framework to reflect upon how RCC workers could bring professional elements into their work. The essential contribution of the RCC Competence Fan is its visibility: it provides a comprehensive picture of the yet undiscovered duality of home-like parenting and institutional care in the RCC process. By offering these sketches, the present dissertation gives a frame for RCC workers to reflect on their professional identity and to distinguish RCC work from other care professions. It can also provide clarity for the interpretations of the RCC role in the broader context of child welfare and related sectors in institutions (e.g. (mental) health care and school) and help them move towards the ideal of a more integrated RCC service. A similar understanding of intentions and professional tasks is needed to be able to better incorporate partner professionals’ support in integrated care plans. The competence profile disputes the aspirations of semi-professional actions grounded in common sense. Especially when no professional group dominates the residential field and there is no mutual training for the staff, it concretizes RCC workers’ own professional territory, and at best, it strengthens RCC staff’s self-efficacy. Moreover, while “it is difficult making any certain core care aspects in RCC auditable and insuring their impact” (Pålsson 2018, 61), the presented competence profile exemplifies the ambiguity of residential care and clarifies multiple components of practice. When comparing EBPs to the RCC Competence Fan, with its categories of competencies, you may see that it is not a manualized program. It is not a method either. The concept of ‘life-space intervention’ (Gharabaghi, 2013) effectively illustrates the variety of everyday education contexts and dimensions in a competence profile.

The RCC Competence Fan visualizes the social pedagogical practice framework in RCC and clarifies how to work in social pedagogical way with the basic idea of creating a relational educative relationship with a child and work towards belongingness, sense of community, engagement and participation in everyday life. It may help to bridge the diversity of possible approaches in RCCs as an integrated framework. It may also help to share a similar understanding of the professional intentions for a diverse workforce with different disciplinary traditions. The RCC Competence Fan can be used as a reference tool to help to identify employees’ strengths and gaps in skills. On the other hand, it tells managers and politicians and other stakeholders about the content and practice of the ‘residential child care’ intervention to make them convinced of the need for a competent, trained workforce. The RCC Competence Fan may help to distinguish the profession from the occupation. The occupation is reduced
to its components through simplistic ‘best practice’ guidance while, on the other hand, competent professional practice and minimizing risk and error requires a subtle appreciation of the multidimensional nature of the task (Welbourne, 2009, 30). The RCC Competence Fan offers guidance to help avoid the risks and errors in quasi-parenting and on the other hand provides a model to see all levels and professional tasks of the process in RCC institutional practice.

### 7.3 RCC AS AN EMERGING PROFESSION

The theoretical and research-informed literature on residential care is quite consistent in the assessment of what contributes to a high quality of residential care – RCC needs a better explicated, context-specific pedagogical framework. However, as presented in this study, there are contradictory orientations in the RCC context. RCC has various treatment philosophies and tends to adopt ‘generalist’ knowledge, a ‘milieu-based’ orientation with an indefinite set of pedagogic, therapeutic and rehabilitation methods. There are some extremes, such as when aiming to structure a ‘home-like’ therapeutic growing environment when in real life doors need to be closed and there is a limited number of staff with occasional specialists and partner professionals to take care of vulnerable children. On the other hand, these children behave like any teenagers do – they are just normal kids and are nice and lovable. However, there are reasons why children are taken into custody and accommodated in residential institutions. The children have a background of traumatic experiences and very particular and significant treatment needs. Under the pressure of different professional frameworks and in the diverse cultures and facilities of RCC units, it might be difficult to perceive fundamental mutual goals as common professional territories and duties. Additionally, working together towards integrated care plans as colleagues is difficult, because RCCs are not currently necessarily seen as a crucial parts of an organized system of health care.

‘Inner power’ refers to the ability of workers to work cooperatively as an organized group or a professional entity, and exert influence over the behavior of the body of workers as a professional group (see Weiss-Gal & Welbourne, 2008). This ‘inner power’ and cohesion (without competing professional interests) is an achievable feature without having to professionalize RCC work as distinct profession of its own. Professional RCC development may be built effectively through interdisciplinary professional training and learning to develop a more jointly-constructed professional identity based on a shared sense of intention and purpose (see Bresnen, 2013, 737). The RCC Competence Fan offers an integrated framework and may help to share a similar understanding of the professional intentions for a diverse workforce with different disciplinary traditions. With a shared sense of intention and purpose among RCC workers, the professional status of the RCC may improve with partner professionals in interagency teamwork.

Skills and knowledge for developing RCC from the inside are essential for professional identity. With a dialogical relationship with practice and theory, social pedagogy is oriented towards professionalization; the practice models are often ‘invented’ by experienced professionals and incrementally brought into a structure that is then subject to research and training (Storø, 2013, 107; Erkksson, 2014; Janer & Ugar, 2017, 212). A solid knowledge base provides the competence to develop and implement methods into daily RCC work practices and guarantees that the interventions, as an
essential part of a professional RCC, are developed and applied properly in a social pedagogy framework.

While there is evidence that residential care providers are increasingly open to evidence-based practice and are experimenting with how to implement program models, it is less well known empirically how agencies adopt program models and restructure RCC settings. More rigorous interventions with an empirical base, developed specifically for and in RCC are required (Grietens 2015, 294; Nunno et al., 2014). It is especially asserted that bringing the principles of evidence-based practice with randomized controlled trials into social work (RCC work) does not fit in its reality with multiple intervening factors that are difficult to control. According to Gharabaghi (2013), the requirement for an evidence-based framework has reduced the role of workers to reporting on and documenting only those developments that are measured by the required forms. The author underlines that the whole of being together is fragmented into selective parts, some of which are discarded as irrelevant while others are meticulously recorded as the core factors of treatment success; measurement tools necessarily require the categorization of experiences into manageable categories that can be measured, and that pre-select what the outcome of change should look like.

Ekeland et al. (2019, 620) are concerned that the idea of EBP is merged with neo-liberal managerialism to foster a rule-based practice dominated with instrumental and technical rationality. It is suggested that the broader term ‘knowledge-based’ better illuminate the components of accountable practice; the obligation for researchers to help practitioners to evaluate their own practice and provide recommendations for practitioners to use available empirical data and knowledge on effective interventions for developing their practice wisdom, in order to contribute to building bridges between practice and theory (Zeira, Canali, Vecchiato, Jergeby & Neve, 2008, 61, 62).

As a matter of fact, the specified EBPs (with manuals, guidelines and procedures, which may not have been developed specifically for RCC, might alone be too narrow approaches to cover the entity of RCC living, educative actions and care. Comparing co-learning and context-based development to a comparison group and/or random assignment to different treatment conditions sounds constraining and too linear. On the other hand, educational philosophy and its values can be too open to guide uniform practices and apparently give needless space for personal interpretations and the burden of a personal way of working. To undertake the responsibility as an ‘upbringer on behalf of society’ (Cameron et al., 2016; Storø, 2013) is a heavy task. Thus, research into the evidence base underpinning social pedagogy-informed practice – research on what works and why 10 – is essential in order to improve professional actions and the quality of RCCs.

Moreover, there are some key features that are required to evaluate the profession and non-profession (Weiss-Gal & Welbourne, 2008). Within these features RCC may be described as an ‘emerging’ profession. In continental Europe, a lengthy professional bachelor-level education is available for training RCC staff. However, there is no specialized training for working with the most vulnerable children in institutions, who are in great need for integrated care plans, and developing competencies for interprofessional collaboration. In addition, RCCs in all countries have adopted a single, formal, nationwide code of ethics (IFSW), but a unique knowledge base is

10 For more information about possible uncritical adherence to EBP in social work and how it can undermine the right of service users to be met as subjects within their lifeworld, see Ekeland et al., 2019.
under development and is the subject of debate. In the Nordic countries, professional autonomy is the right of workers to make work-related decisions based on their professional knowledge and values, without being subject to the directives of those outside the profession, but this is not the case in all parts of Europe. There are differences within and across countries and welfare systems in terms of how resources for RCCs are distributed and what level of worker expertise and training is required. For example, in the UK the RCC staff are not educated as autonomous professionals and therefore require close supervision (Smith et al., 2013, 5).

7.4 SOCIAL PEDAGOGY-INFORMED EXPERTISE IN RCC

The study focused on the professional competencies of RCC practitioners. In this summary, the empirical sub-studies (I, II and III) are explored, the original published information is expanded on, and the following research questions are addressed: What are the ingredients of RCC practice in home-like and institutional orientations (Research Question 1)? How are the components of the professional practice implemented in the RCC context (Research Question 2)? What can social pedagogy offer for strengthening the knowledge base of the RCC practice (Research Question 3)? The empirical foundation of the original papers consists of a survey and a variety of focus group interviews, as well as a conceptual analysis of RCC know-how based on the recent social pedagogy debate in the international literature.

The answer to the first research question is presented in Table 4 as a duality in the aspirations of RCC workers’ responsibilities and tasks in ‘home-like parenting’ and ‘institutional intentional upbringing’ orientations, which exclude each other semantically, but in real life they can be concurrently valid and complement the professional orientation. However, institutional upbringing rests on professional reflection that goes beyond the type of reflection parents do in everyday family life, e.g. usage of interventions and methods, knowledge base, understanding the RCC context, and the professional role as ‘upbringer on behalf of society’.

Concerning the second research question, the findings are conceptualized into possible field-specific profiles of professional competencies in the RCC Competence Fan (Figure 2), a map for applying social pedagogy into practice. The profile is created to provide a theoretical background but also a practical insight into RCC to illustrate the competence areas that RCC care workers should master when delivering care. A key competence is to reflect on the relationship between theory, context and methods to expand on the professional responsibilities and to base our actions on more sources than just our values and skills to build ‘good’ relationships alone, regardless of how important they are.

The results that address the third research question suggest that RCCs may be a particular field of professional activities that benefit from social pedagogy. There are reasons to view RCC practitioners as experts in social pedagogy. Moreover, as indicated, social pedagogy offers a constructive way to define the official ‘upbringing and education’ intentions of RCCs. In addition, the findings show that theoretical know-how and well formulated intentions, as well as a certain ‘working knowledge’ of the associated disciplines, are crucial to be appreciated as a competent co-worker in wider networks and interprofessional care plan meetings. The analysis of the three-dimensional RCC context (Figure 3) summaries the social pedagogy thinking in the complex
RCC context, and offers a conceptual framework for researchers and practitioners to evaluate and develop the foundations of the RCC practice further.

The contribution of this doctoral thesis is the promotion of the educational foundation and the strengthening of professionalism in RCCs by offering conceptual and empirical precision to the ‘residential process’ and its working orientations. Furthermore, it contributes to the expansion of the interpretations of attachment theory or psychotherapy as the primary agent of change in RCCs (Garabaghi & Croskleg, 2010). The overarching focus is on social pedagogy-informed RCC interventions, in which social as well as education perspectives and interests meet, thus completing many significant educational responsibilities towards children and young people. Thus, the RCC concept should be emphasized in the duality of a home-like and institutional context as a place for delivering professional care and education – a social pedagogy-informed model of RCC intervention as one key part in the provision of the child welfare system. This is particularly relevant in the comprehensive Finnish system of child welfare services, with its child-focused orientation, characterized by the child’s overall development and well-being objectives being linked with a ‘child-friendly’ society, which provides a context for developing social pedagogy-informed expertise incorporating shared expertise and the search for possible integrated approaches.
8 DISCUSSION

This dissertation focused on an important part of the workforce that is often invisible in international reports. Therefore, this research is targeted at professionals who work in demanding RCC contexts to promote the educational foundation and strengthen professionalism in RCCs. Moreover, the interprofessional collaboration and competencies for working together with partner professionals are very much present in this study, because of the demand for integrated services to help children. Understanding the full extent of service provision for children in need will become more pertinent, as will examining how costs are spread across agencies so as not to put all the burden on residential services (Holmes et al., 2012, 107, 184). In this chapter, the results and outcomes of the study’s implications for RCC research and RCC education and training are discussed.

8.1 IMPLICATIONS FOR SOCIAL WORK RESEARCH AND RESEARCH IN THE RCC FIELD

The overall outcomes presented in this study elicit several implications for social work research and research on the RCC field, and the practice of RCC. The implications for social work research refer initially to a further development of educational and pedagogical social work. In terms of the relationship between social work and social pedagogy as disciplines, this study indicates that the tension between disciplines is also recognized in practice; there is some evidence that in Finland residential staff appreciate mental health expertise more than their own expertise as social educators, and thus preferentially search for consultancy from psychiatry to social work. This is of course understandable and reasonable to do when the concern is the child’s mental health. There is, however, a vision that in the challenges in the borderline work between RCC and mental health care, the ‘upbringing and education approach is to some extent in danger of being ‘emptied’ of their expertise societal issues, behavioral problems and misbehaving for medicine (psychiatry) and treatment. The position of the social pedagogic approach in RCC practice seems to be blurred and has not found general acceptance among workers. At this point, it can provide little guidance to the field on how to successfully invent and implement new practices in RCC. Even in the Finnish RCC context, with its relatively well-trained staff, practitioners seem to find it hard to conceptualize RCC work as social and pedagogical upbringing tasks and objectives. The concept of ‘social pedagogy’ is not used; even the concept of ‘upbringing’ has disappeared from the professional vocabulary and has been replaced by ‘counselling’.11

11 In the Finnish Child Welfare Act (2007), child welfare is highlighted as a customer relationship, and the child, young person, parent, guardian and those doing care work are presented as customers. The customer relationship is also formed in a way that regulates child welfare processes in more detail by controlling the interaction between the child welfare operator, child welfare professionals and the client. One of the key elements in presenting the concept of customer ideology is putting more emphasis on cooperation. Education, services and customerism have been commonly accepted, and by presenting child welfare with these kinds of discourses, child welfare has been naturalized (Tanskanen, 2019, 190).
The study supports the previous results that suggest that implementing new methods and interventions in RCCs is in many ways challenging; even a method developed by the workers themselves does not achieve the ‘intraprofessional’ status of being well known, approved and used among workers. Interprofessional collaboration proved to be an essential competence area, meaning interprofessional skills and knowledge that facilitate and strengthen the cooperation between multiagency teams. This thesis provides knowledge for social workers about RCC work practices and the culture, and it also tells us about the competencies required for a qualified RCC worker. Moreover, it promotes emphatically better intraprofessional collaboration between RCC practitioners (social educators) and social workers as fellow professionals. This is recommended to promote the ‘social’ aspect and for empowering the formation of professional identity as a social profession, whose core expertise is actualizing the educative and pedagogy practice.

8.2 IMPLICATIONS FOR RCC EDUCATION AND TRAINING

Some implications for RCC education and training suggested. Mutual training for the personnel of RCCs and the mental care system could offer a forum for exploring and learning together, and thus dispel the structural separations and encourage working together and incorporating both parties’ expertise. Because RCC workers across Europe have less education than other professionals, it is suggested that educational background and formalized professional qualifications are developed for RCC workers. Promoting the career mobility of low-qualified staff through flexible qualification pathways and developing joint study programs for academic bachelor-level RCC training is essential to guarantee staff members’ social pedagogy knowledge base. Thus, competent RCC staff with a coherent educational base and accredited qualifications is a basic requirement to develop social pedagogy-informed programming.

In continental Europe and in Scandinavia, social pedagogy is an established profession with an academic discipline, and RCC is one of the major fields of practice for trained social pedagogues (Grietens, 2015, 288). The competent, trained professional will always have the possibility, and the obligation, to consult theory to find the best possible action in every situation, and to consider what actions and methods are the best to use in that specific situation (Storø, 2012, 22). In the UK there has been a sustained growth of interest in the contribution that social pedagogy could make to the quality of professional practice with children and young people, particularly children who are looked after by the state in care placements, and there have been efforts to implement social pedagogy. This is done by RCC workers working alongside social pedagogues from other countries to teach the ‘European model’, and by workplace-based training (Petrie et al., 2006; Bengtsson et al., 2008; Hatton, 2013; Cameron, 2016). This strategy to apply social pedagogy in different systems and contexts indicates, very positively, that social pedagogy appears to validate and reframe practice as reflective, relational and enjoyable, which seeps into children’s lives as an empowered attitude (Cameron, 2016). However, the achievement of social-pedagogical aims is highly dependent on the professional context in which it is situated. When reflecting on how social pedagogy and social pedagogues might be introduced into other systems, it is necessary to be aware of the differences in training backgrounds and professional culture. As written in an evaluation study of these training efforts, “achieving an impact on the wider organizational context through training and development activ-
ity aimed at particular services and occupational groups was perceived as the most difficult element\(^\text{12}\) (also Berridge, et al., 2011; Cameron, 2016). These results from the UK have important implications for the consideration that artificial institutions and professional institutions (Fyhr, 2001) are at different point of readiness to benefit from new methods and development practices.

Inevitably, the development towards professionalization, in the sense of strengthening professional cohesion with necessary workplace-based training and recruitment of a qualified workforce, increases the costs of residential services (Grupper, 2002; Holmes, 2015). The therapeutic approach in particular requires significant structural changes. In addition to developing the whole approach and principles of delivering care, a therapeutic orientation would require a reduction in unit size, an increase in the number of employees in relation to the number of children, and an investment in specialists working with children on a regular basis along with care workers (Eronen & Laakso, 2016). Employing workers at different levels of professionalism as suggested may certainly reduce overall labor costs, but might be dangerous in the sense of enabling working together and incorporating a variety of skills of trained competent practitioners and assistant workers. Assistants often must meet significantly fewer formal competence requirements than core practitioners. It might also have a negative impact on RCC workers’ professional autonomy to make judgements and decisions as well as the professional status. In relation to advancing social pedagogy in training, it is important to understand that social pedagogy is an approach, not a profession. However, when implementing social pedagogy in practice it has an idea of multi-professionalism: it is possible to work in a social-pedagogical way throughout RCC professions like teachers, nurses, counsellors, educators and youth workers (Timonen-Kallio & Hämäläinen, 2019). In this dissertation, RCC practice is investigated as methods, context and orientations in RCCs. Social pedagogy theory and its values have been operationalized as competencies to act in a social pedagogical way to conduct relevant RCC practice. Ultimately, this dissertation makes the argument that social pedagogy provides a useful and opportunity-laden competence-based theoretical context, which is a substantial part of the workforce organizational capacity-building for the exploration of the duality of home-like informal parenting and a professionalized intentional institutional RCC process.

\(^{12}\)It is important to note that RCC plays a more significant role in services in most other European countries compared to the UK; half of all placements for looked-after children were in residential settings, compared to 9% in the UK. In other countries, younger children live in residential homes; it is often a placement of first choice selected for its therapeutic benefits, and long-stays over many years are possible (Berridge, 2013). Placement rates in the Nordic countries are the highest in Europe (Jakobsen, 2015). Also training for such ‘childcare’ work has historically been limited in the UK in contrast to the occupational model of social pedagogy supported by further and higher educational qualifications in continental Europe (Cameron, 2016).
REFERENCES


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APPENDIX

APPENDIX 1

Interview guide, session 1 (sub-study II)

Residential institution
• as a home and growing environment
• as a working environment
• also place for psychiatry treatment?

Child Protection and Mental Health Service systems
• locate the interface, the border between RCC and MH
• any difference in content of the care if public or private RCC provider
• outreached MH services and
• psychiatric consultancy supporting RCC workers

Case management
• integrated MH care and RCC service chain
• after care services

Power Status
• what are the expertise of RCC and MH workers
• how both professional groups contribute for helping a child living in RCC
• what kinds of methods do you use
• residential care workers skills for taking care of mental health/psychiatric needs

Interview guide, session 2 (sub-study II)

Profession
• What are your typical responsibilities at work?
• What is your experience in working with children at risk who live in residential homes?
• What are the characteristics of your profession?
• How do you see it as a profession?
• How is that compared to other professions?

Good experiences
• When cooperation is successful, what kinds of skills support that?
• To achieve good cooperation, what kind of skills are missing?
• Do you experience to have good cooperation?
• What are your expectations to the other group?
• Please give some examples of good cooperation with the other group (mental health system or the welfare system).
• What does it take to have successful cooperation according to your experience?
• What kind of cooperation do you wish for, as the very best cooperation?
• What do you think ‘the other part’ expects from you to be able to cooperate successfully?

Power Status
• When you have multi-professional meetings, who leads the meetings?

Organizational level
• What helps cooperation on its way and what are the obstacles for cooperation?
• How does your organization support or hinder multi-professional cooperation?
ARTICLES

ARTICLE I

ARTICLE II

ARTICLE III

ARTICLE IV
This study engages a complex and as of yet unresolved research issue pursuant to the nature and context of residential care work (RCC), with a focus on Finland but a frame of reference consisting international literature. The publication straddles the ambiguities and tensions between the home-like informal conceptualizing of institutional life and the professionalized intentional RCC work. The social pedagogy informed RCC’s actions and intentions are conceptualized into RCC Competence Fan.