

Programmes & Praxis: A Review of Taken-for-Granted Knowledge

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Introduction

Over the past decade, the term *programme* has entered the daily language of residential child and youth care workers, managers and planners in Scotland, almost as though it has always described a schedule of activities and routines operating in and around group care services. This term has been used extensively in North America since the end of the Second World War but was much less common in the United Kingdom until recent years. References to programme vary, ranging from *personalised care & treatment programmes or curricula*, as with the components of an anger-management programme, to *directed-learning opportunities* using programmed instruction or *a schedule of service outputs* supplied through purchase of service agreements with government.

Three unique linguistic themes have shaped contemporary meanings of 'programme' and all are worthy of note. One theme refers to a schedule or the agenda for an event. The second theme is associated with logical thinking drawn from the international language of computers, while a third theme focuses on sequential learning through performance objectives. All three themes have become interwoven in contemporary uses of the term when discussing residential child and youth care practice. A result is that while many now use the term *programme* or *program*, it is not always clear what people mean when they use it – in spite of assumptions drawn to the contrary. Core practice concepts used to explain managed child and youth care and the production of residential services are given meaning through particular cultural lenses (Fulcher, 1998). Each culture uses its own language to explain help-seeking behaviours, and similarly, each culture assigns its own meanings to describe and assess quality of help-giving services for particular clientele in any given region (Ling, 2001).

Similar arguments hold for the term *practice*, whether exploring the meanings of 'best practice', 'outcomes-based practice' or simply 'good-enough practice'. Like the term programme, practice has become another concept about which many now claim expertise and the authority to assert opinions, regardless of whether they have engaged in daily encounters for any length of time with children or young people in residential care. Practice has come to mean doing something and not just thinking about it, regardless of whether the "doing" is informed by personal ideology or beliefs, instrumental motives, agency procedures, emotional response or simple pragmatism.

It is for this reason that the term *praxis* is used in this paper to draw attention to the German and Scandinavian concept drawn from the traditions of social pedagogy meaning *theory-into-action* as distinct from contemporary notions of Western residential child and youth care ‘practice’ where the professional term is used to describe almost anything. The aim here is to highlight the need for training that reinforces applied learning and daily uses of knowledge to inform more responsive daily encounters with children or young people in residential care settings. The term ‘programme’ is used to highlight relationships between organisational variables and interpersonal encounters – no matter what theory, philosophy or ideology informs the delivery of residential care services. The term ‘praxis’ is used to highlight moment-by-moment actions in direct encounters with children or young people. Praxis also attends to the voices of family members; the voices of other child welfare professionals; the voices of legislation and legal authority; the voices of agency policies and procedures; as well as the authoritative voices of scholarship and research (Fulcher, 2002c). Comparative analyses are used in what follows to highlight themes that illuminate theory-into-action for residential child and youth care in Scotland.

Dimensions of Programme

The notion of programme has been used since the 1950s to explain social processes that address three praxis themes in the delivery of residential child and youth care services. A *promotional dimension* gives notice and details about the provision of care, education, therapeutic and supervisory programmes in residential settings. A *planning dimension* identifies the analytical sequence of activities required to take account of complex inter-relationships between prescribed variables in the production of service outcomes by residential workers for clients and their significant others. An *instructional dimension* of programming is also apparent through the application of learning principles in pursuit of cognitive and behavioural outcomes measured for individual children or young people. It is worth noting that the notion of programme met with considerable disquiet when first introduced in the United Kingdom in the 1970s (Fulcher & Ainsworth, 1981). Suspicions were aroused about overt social control of the young, the old, and the disadvantaged, with fears that professionals might devise programmes for disadvantaged people, families and communities with the aim of persons ‘behaving properly’. Reactions were highlighted in response to four levels of human services praxis:

- personal care and treatment programmes;
- learning programmes for persons or groups;
- service programmes offered by particular centres or agencies; and
- government programmes directed at families and children or young people by

public employees, or through purchase of service agreements with voluntary organisations or private sector providers.

The Core of Praxis with Children at Home and Away From Home

During the early 1960s, Professor Henry Maier argued that child care was ‘*a method of social work*’ (1963) with a knowledge base informing this fourth method of social work grounded in child and adolescent development. Such a knowledge base (Maier, 1987; Milligan, 1998) offers the scholarly foundation for child and youth care praxis – theory-into-action – with children, young people and their families. Maier (1979) presented developmental arguments about how *bodily comfort* and *the physical safety of each child* are key performance outcomes in the production of responsive child and youth care services, focusing on the question, ‘*Is this child safe now?*’ Pro-active attending to bodily comfort and physical safety need to be reinforced through daily engagement with children or young people, whether responding to an emergency or family crisis; formulating and implementing short or medium-term plans with children; or developing care strategies that extend beyond age 18 and emancipation (Fulcher & Fulcher, 1998). Claims to responsiveness by child and youth care workers are most clearly authenticated in ‘*daily life spaces*’ where the voices of children or young people, family members and child welfare professionals hold legitimate claims to be heard and to expect that their contributions will be taken seriously.

The outcomes of praxis are reflected in the eyes of each child or young person in care, and are heard through distinctive regional voices and cultural dialects that tell of personal stories, hopes, joys and fears. A second voice speaks from the hearts of mothers, fathers, siblings, grandparents and extended family members, expressing cultural and social preferences about the care of particular children or young people (Fox-Harding, 1991). A third voice – of child welfare professionals – offers expert opinion in support of health care status, educational performance and social indicators of well-being (Small & Fulcher, 1985), whether this voice is understood by all concerned or not.

Central to Maier’s arguments about the *Core of Care* was recognition that *while each child strives to achieve developmental milestones, they are still different, each in their own special ways*. Such differences shape the core of child and youth care praxis, at home or in foster homes, residential care centres, schools or institutions. Whether adapting to an abusive home environment or living rough in the jungle, children go to considerable lengths to get their physical needs met. Each child follows her/his own personal rhythms around hunger, toileting, personal space, dress, cold and warmth, sleep, susceptibility to illness, moods and habits. Maier argued that each child requires her/his own unique rhythms of caring to promote cultural safety, cognitive and emotional development,

social learning, maturation and personal well-being (Maier, 1981; 1992). Such rhythms resonate to the soul of responsive residential child and youth care praxis. Through engaging pro-actively in rhythms of caring with particular children – whether through nurturing care, teaching activities, therapeutic interventions or behavioural supervision – residential child and youth care workers obtain professional and public endorsement for the service outcomes they produce (Ainsworth & Fulcher, 1981; Fulcher & Ainsworth, 1985).

Thus it can be seen how promotional, planning and instructional dimensions of programming and the theory-into-action of praxis are enmeshed in the daily management of bodily comforts and the supervision of personal safety for children and young people living at home or away from home. Physical safety and security may require that some children or young people live temporarily in out-of-home placements while life plans are re-shaped and new beginnings initiated. Regardless of developmental milestones, the unique character of each child or young person receiving care requires ongoing attention, focusing on personal rhythms and opportunity events through sensitive engagement in caring relationships that promote personal development and social maturation through interactions that are, in many ways auto-therapeutic. The rhythms that develop between children or young people and their carers are fundamental to the production of quality service outcomes. Five important rhythms frame child and youth care praxis at home or away from home, and each is fundamental to the delivery of responsive child and youth care services.

Five rhythms of praxis with children or young people

Family and extended family members

The first theory-into-action rhythm requiring proactive engagement – that *associated with family and extended family members* – connects children and young people with kinship networks that were important prior to reception into care (Ainsworth, 1997; Burford & Casson, 1989; Pennell & Burford, 1995). Family rhythms are closely associated with stories and circumstances during each child's growing up that are likely to result in their being admitted to a foster home, residential school or centre. Family rhythms contribute to the socialisation and behavioural training each child received before coming to the attention of child welfare authorities. For all these reasons, it is essential that residential child and youth care workers give priority to the active participation of family and extended family members, and to engagement with kinship networks that help children and young people maintain their social inheritance and cultural identities. Research has shown that despite what residential child or youth care workers may wish or think, children and young people still resume contact and maintain some involvement with family members after leaving care (Fanshel,

Finch & Grundy, 1990). Family *rhythms* and connections are strongly associated with a sense of identity (Bronfenbrenner, 1979), shaping each child's unique personal and social character.

Education, recreation and learning

A second theory-into-action theme highlights the importance of each child's *educational, recreational and learning rhythms*. These include both formal and informal rhythms associated with a child's capacity for learning, their formal educational experiences and achievements. Such rhythms also include engagement in recreational pursuits that contribute to large muscle and cardiovascular development, eye-hand coordination and time-structuring through leisure activities (Small & Fulcher, 1985). Educational, recreational and learning rhythms frequently become disrupted for many children and young people placed in care, such that these rhythms are often under-developed, as noted in Kendrick's (1999) study of Scottish children. Paradoxically, these rhythms connect children and young people to membership in peer groups, creating behavioural, social and cultural learning opportunities so important to long-term development and achievement (Maier 1975; 1987). Educational, recreational and learning rhythms are shaped through the purposeful use of activities at home, as well as in day schools and residential centres (VanderVen, 1985). Play therapy, structured leisure-time pursuits and participation in community activities offer children and young people opportunities for activating and nurturing rhythms in formal education, recreation and lifelong learning. As children experience predictability in caring and learning rhythms with their carers, so they learn to trust and emotionally depend on carers through personal relationships (Maier, 1979). Through thus managing relationships with children, the emphasis shifts from institutional controls to behaviour training that is personally tailored to the needs of each young person (Garfat, 1998). Multiple learning opportunities support personalised care plans or programmes that can be sensitively fashioned around developmental needs and capacities for each child or young person (Maier, 1981). Theory-into-action through engagement with this set of rhythms offers rich opportunities for playfulness and fun, as well as for purposeful learning beneficial to future challenges and prospects.

Daily living

A third set of praxis *rhythms* are those *associated with daily living*, whether at home or in a foster home, attending boarding schools, group homes or residential institutions (Beker & Eisikovitz, 1991). When examining the daily and weekly activities of children and young people, it is easy to see how each

day follows particular rhythms associated with food, sleep, work or play times and all these require sensitively managed care (Fulcher, 1996). Rhythms of daily living highlight differences between weekday routines and activities, and what happens on weeknights and weekends. Weekly and monthly rhythms in residential child and youth care are easily discerned through an examination of admission and discharge practices. Monthly and seasonal rhythms of care are commonly associated with school, work and holiday periods. Residential schools and care centres sponsored by religious organisations frequently employ weekly, monthly and seasonal rituals in the delivery of services. Religious practices for Islamic youths in residential centres require opportunities and designated spaces for the offering of prayers five times a day. Other important rhythms are highlighted when a young person reaches their 18th birthday and adult status. At such times, support services for young people are commonly withdrawn or transferred to other authorities, such as when someone with a developmental disability is transferred from education to health and disability services. At a macro level, different human service systems are shaped by annual appropriations and planning rhythms that fund designated programmes from a variety of governmental sources.

Community and peer group activities

Theory-into-action for child and youth care needs also to engage with a fourth set of rhythms associated with *community and peer group activities*. Responsive programmes seek to stimulate children's purposeful engagement in social experiences that connect them to normative peer group activities (Fahlberg, 1990; 1991; Halverson, 1995). Wherever they live, children and young people in care have commonly experienced community and peer group disruptions as placement decisions were made without careful consideration of possible unintended consequences in decision-making. As children are moved from one setting to another, or change schools, it follows that their friends are also removed and important relationships severed. Young people in residential care frequently associate with other young people in care, or engage in peer group activities that have deleterious effects on their health and well-being, whether through alcohol or drug abuse, sexual abuse and neglect, or physical abuse. Unless new relationships are formed through the management of purposeful activities with alternative peers, then children and young people in residential care are offered few choices other than a return to old friends and activities – all too often resulting in untimely deaths or 'herstories' of struggle in abusive relationships. Rhythms that operate around communities of interest and peer group activities reach deep into the souls of children and young people, wherever they live (Maier, 1990; 1992). Responsive programmes build from putting theory into action so that community and peer group rhythms proactively engage children or young people in ways that benefit both them and their families (Maier, 1991).

Cultural and spiritual rhythms

Finally, one cannot ignore *cultural and spiritual rhythms of caring* that operate both formally as well as informally in the production of responsive child and youth care praxis. Elsewhere (Fulcher, 1998; Tait-Rolleston et al., 1997; Cairns et al., 1996) it was shown how cultural rituals of exchange are commonly overlooked in the delivery of social work or child and youth care services (Stewart, 1997; Wilcox et al., 1991). Images, sounds and smells of residential child and youth care reflect cultural and spiritual rhythms of caring that operate in family or foster homes, as well as in boarding schools, children's homes or residential institutions (Ramsden, 1997; Te Whaiti et al., 1997). Minimal cross-cultural competencies are required if residential child and youth care workers are to ensure that children and their carers feel culturally safe (Rangihau, 1986; 1987; Shook, 1985; Leigh, 1998). Rudolph Steiner centres in Scotland have taught the world a great deal about spiritual rhythms of caring and learning, where social pedagogues seek to achieve balance across all five of these rhythms. Successful outcomes have been achieved by thoughtfully matching the personal styles and learning attributes of different children or young people so as to achieve complementary outcomes and overcome performance deficits within different living and learning groups. Practices elsewhere in the so-called Developing World also offer important illustrations of how cultural and spiritual rhythms of caring (Cairns, 1991; Ibeabuchi, 1986; Sali, 1996; Fulcher, 2002) can be promoted with successful outcomes (Rose, 1992). Tears of frustration, relief, happiness or pain, and tears about *good enough care* all make a difference to the well-being and futures of children and young people in receipt of residential care services.

Conclusion

To conclude, Scottish policy makers, service managers and residential child and youth care workers have been grappling for some while with issues posed by persistent youth offenders. In Scotland's six urban areas, small numbers of young people can be identified who have experienced multiple placement breakdowns – both in education as well as social care – and whose behaviours have been identified as 'persistently disruptive'. There are young people in each region of Scotland who cause 'the system' difficulties. Assessments of need for these children or young people have been commonly framed by whichever 'system' had first contact with them and their family members. If first contacts were made through health or education then differential assessments commonly distinguished between milestones of development and normative learning. Developmental delay, adjustment crises, or maladjustment have become diagnoses that have streamed children or young people and their families towards particular services and funding sources that promote such services.

Nearly two decades ago, Burford (1985) reported how research evidence endorsed the benefits of differential assessment in working with troubled or troublesome young people. Other writers of the time also made assessment distinctions between 'instrumental vs expressive' (Agee, 1979), 'integrated vs non-integrated' (Dockar-Drysdale, 1975) or 'go-go kids vs living radars' (Maier, 1979), each helping to inform more responsive praxis. Differential assessment challenges the assumption that residential programmes or particular learning programmes are suitable for all, or even most youngsters involved. Differential assessment also requires that different theories are used to inform action in the selection of workers, in decision-making about particular residential regimes or activities, and in the formulation of specialised programmes of care, education, therapeutic intervention or supervision. Differential assessment needs to inform each personal care plan to ensure it is tailored to the needs of each child or young person. Whenever someone is judged to be 'at risk' and in need of specialised care, education, therapeutic assistance or supervision, such programmatic and praxis challenges involve committing resources to local initiatives that support children or young people and their families. Otherwise, programmes are reduced to being little more than a new professional jargon, contributing little to promote direct action for children or young people in any on-going or consistent way.

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