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Til hvem det måtte angå

Om "Play therapy insights into everyday social pedagogical practice in residential child care"

Vi har som forskere haft et godt og konstruktivt samarbejde med Solveig Grundtdal Grønberg omkring det udviklings- og pilotprojekt, der er omtalt i artiklen:

Engen, M., Søber Bjerre, L. & Jensen, M. (2020) "Play therapy insights into everyday social pedagogical practice in residential child care" *International Journal of Social Pedagogy* 9(1): 14. DOI: <https://doi.org/10.14324/111.444.ijsp.2020.v9.x.014>.

Solveig Grundtdal Grønberg har udviklet den beskrevne innovative måde at koble legeterapi med socialpædagogisk arbejde, som vi belyser i artiklen.

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Special issue: *Everyday Expertise in Social Pedagogy*

Article

Play therapy insights into everyday social pedagogical practice in residential child care

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Abstract

Psychotherapy and social pedagogical care, help and support in relation to children placed in out-of-home care are typically perceived as two separate forms of practice. In its typical form, psychotherapy is pictured as a meeting between therapist and client in a 'therapeutic space' separated out from daily life and activities, while social pedagogical care, help, and support is carried out in close proximity to everyday life in what is regarded as the person's home. This article analyses an alternative relationship and way of collaborating between psychotherapy – more specifically play therapy – and everyday social pedagogical practice in residential care for children with severe emotional and behavioural problems. This is done by drawing on an empirical case study of the relationship between everyday practice and expertise of social pedagogical practice and play therapy in a children's home in Denmark. Meeting the needs of children who have been severely neglected and/or abused is challenging in different ways, and it requires highly developed relational, emotional, and reflective skills. The authors argue that play therapy has a particular potential in foregrounding and developing

core social pedagogical knowledge and skills. When designed and carried out as an integrated part of everyday social pedagogical practice, play therapy can support practitioners in integrating a reflective and conscious approach to understanding and meeting the children's emotional and relational needs with the ability to create and enter into 'playful encounters' with the children that challenges one-sided and taken-for-granted power relationships, practices and norms.

Keywords: social pedagogical practice; residential child care; play therapy; reflection

Introduction

In Denmark, social pedagogy is well established as an approach to working with children and young people in residential settings (Petrie, Boddy, Cameron and Wigfall, 2006). Professionals working in residential child care are often termed ‘social pedagogues’ (*socialpædagog*) and it includes three-and-a-half years of formal education and a named course in social pedagogy (Stokholm, 2009, p. 555). As noted by Kyriacou, Ellingsen, Stephens and Sundaram (2009) the term social pedagogy is widely used in continental Europe, and generally, it refers to:

actions on the part of adults to promote the personal development, social education and general well-being of the child alongside or in place of parents in a range of educational and social care settings ... At the heart of social pedagogical practice is the adopting by these adults of a parenting/caring role in meeting the needs of the ‘whole child’. (p. 75)

The aim of social pedagogical practice is to meet the needs of the child as an individual and as a social being, and this is where the term ‘social’ in social pedagogy becomes central (Kyriacou et al., 2009, p. 75). A core focus of social pedagogy is, and has historically been, to mediate and establish a bond between individual and society and to create social integration and socialisation into social norms and values. A core theoretical belief here is that a child develops both in relation to a few ‘significant others’ and interaction with social communities and that the developmental challenge for children consists of three aspects (Biesta, 2016): qualification, socialisation and subjectification.

Qualification concerns developing the knowledge and skills you need to participate in social contexts and in the end to manage a job. Socialisation refers to learning the social norms necessary for participation as a citizen in both closer and broader social circles. Subjectification is about the establishment of a self-identity and getting to know one’s own (re)actions, emotions and interests.

Biesta’s point is that all learning and development includes all three aspects. These are given differing degrees of priority, however, in different settings. Educational institutions typically tend to focus on the qualification part and to a lesser extent on socialisation, while subjectification is neglected, especially in Anglo-American educational traditions (Biesta, 2016). In this regard, the Danish social pedagogical tradition is more in line with Biesta’s holistic thinking – a child’s life cannot be separated into parts and aspects that are handled or treated in isolation from one another, but has to be understood as a whole and supported as such. This is especially the case in social care settings, where social pedagogues have a parenting or caring role in relation to children who have not had their basic emotional, relational, physical and cognitive needs met by their parents, or who have been abused, and who, for these reasons, have been placed in out-of-home care. In this way, as stated by Cameron and Maginn (2007) ‘emotional well-being, social adjustment and educational attainment are inextricably linked’ (p. 4). Experiencing good ‘parenting’, emotional support and care is thus fundamental to children and young people in out-of-home care to ‘enhance their personal, social and intellectual development’ (Cameron and Maginn, 2007, p. 4).

In Denmark, children who have suffered severe neglect and/or abuse with traumatic impact are often placed in residential care, where the main intervention is the specialised social pedagogical work carried out in the everyday life of the child. This is sometimes supplemented by psychotherapy such as play therapy, but in line with traditional psychotherapy, these two interventions are often kept separate. Following the social pedagogical tradition described above, we outline how play therapy can be connected to and support social pedagogical practice and expertise in the everyday life of children. We chose a Danish children’s home, here called Hilltop House, as a case example. In the following, we present the intervention at Hilltop House, which aims at integrating play therapy and everyday

practice of social pedagogical care, help and support in order to develop professional practice and its ability to meet the complex needs and problems of the children. Firstly, however, we provide a short presentation of the context of the intervention.

The Danish context: Out-of-home care

Danish social legislation defines children and young people placed in out-of-home care as having ‘special needs’ that should be accommodated in ‘a safe environment of care offering close and stable relations to adults’ (Social Services Act § 46) and through receiving ‘care, personal support, socio-educational counselling and treatment’ (Social Services Act § 55). In 2018, 13,823 Danish children and young people were placed in out-of-home care, which is roughly around 1 per cent of the child population, and 2,167 (16 per cent) of them in residential care (Statistics Denmark, 2020). The proportion of children and young people placed in residential care has declined steadily since 2007, when a legislative reform placed the responsibility for providing specialised social services, such as children’s homes, with the local municipalities. Today, the majority of children are placed in foster care, and placements in residential care are officially preserved for children and young people who are in most need of specialised treatment and care (Bryderup, Engen and Kring, 2017). These children and young people have often experienced multiple placements and placement breakdown, because foster parents have not been able to meet and contain their complex needs and behaviours (Fallesen, 2014).

The overall purpose of out of home placements in Denmark is to provide children with special needs with ‘the same opportunities for personal development, health and an independent adult life as other children and young persons’ (Social Services Act § 46). In line with international developments, recent child welfare and protection reforms in Denmark (Placement reform 2006, Child reform 2010, Violation package 2013) represent an increased focus on the development and well-being of the individual child (Parton, 2006) combined with a focus on developing personal responsibility and self-reliance (Warming, 2018). According to Warming (2018), this ‘constitutes a key axis in the neoliberal governance of emotions and subjectivities, affecting the young clients [in residential care] as well as staff, though only targeting the latter’ (p. 7). In other words, child welfare and protection are also about producing ‘self-reliant’ and ‘productive’ future citizens by investing in the child and in practices that are regarded as normal and appropriate for reaching this goal (Engen, Petersen, Bjerre and Nissen, 2019; Nissen, 2017; Warming, 2018).

This means that today, social pedagogical practice in residential child care must be able to meet the often very complex needs of children and young people who have suffered severe neglect and abuse, in order to support their development into ‘an independent adult life’ in an increasingly complex and rapidly changing society. Developing social pedagogical practice seems particularly pertinent in this context of societal change, social policy developments and changes in placement practices. These developments impose different demands on social pedagogical practice and expertise. It therefore becomes important to investigate interventions aimed specifically at developing this practice and expertise in relation to children who have suffered severe neglect and/or abuse.

Social pedagogical practices with children in residential care

Children who have experienced severe neglect and/or abuse develop strategies to help them cope with their situation as best as they can. The resultant behaviours may be dysfunctional and therefore may incur ‘a high developmental price and a heavy mental health cost’ (Howe, 2005, p. 277). Furthermore, these strategies may involve ineffective or damaging approaches to handling conflict. Frequent deployment of such strategies may lead to a child becoming habituated to this way of relating to others. Accordingly, conflict can

often provide a sense of familiarity – hence security – for the child. On the other hand, situations that other children find normal, and in which they know how to behave, may create insecurity for a child who has experienced abuse or neglect (Jensen, 2018b). As a result, a child may initiate conflict, as this presents a scenario that is familiar to them and for which they have developed coping mechanisms, thus enhancing their sense of security (Kornerup, 1999, 2000; Rasborg, 2016). A child may also deliberately ‘act out’, behaving in socially unacceptable ways, in the initial stages of forming a trusting and trusted relationship with a specific social pedagogue. They may indeed be more likely to enact this kind of behaviour in relation to this individual. Such actions can include oppositional behaviours such as shouting, hitting and breaking things. These behaviours may be interpreted as attempts to be seen, heard and responded to by the social pedagogue concerned. They may also be attempts to test whether the pedagogue is sincere and can be trusted, or if they are just another professional ‘faking’ a relationship (Kornerup, 1999, 2000; Rasborg, 2016). If social pedagogues are to respond to this in a way that creates possibilities for forming a relationship with the child and promoting their well-being and development, the pedagogue must be able to understand these provocations as a form of communication and act on the emotional and relational needs underlying this behaviour. As formulated by Cameron and Maginn (2007):

The often difficult behaviour of children and young people who have been taken into care as a result of rejection, abuse and neglect can be understood as their attempt to manage and adapt to the trauma which they have suffered and to focus on those aspects of their living/learning environment which they feel that they can manipulate and control. The important and challenging objective for effective social work is to enable these children to integrate their earlier negative experiences into their current (and hopefully more positive) situation. (p. 15)

The children’s behaviours can be understood as reactions to trauma, and they can be very competent at acting quickly and effectively to get a response and gain a feeling of control. Adults can very easily become trapped in these interactional patterns of conflict and aggression. This can happen to even the most experienced professional. Social pedagogues do not have time for reflection in these situations – they often have to act quickly and react spontaneously to children’s behaviours and actions. One of the main social pedagogical tasks is to interact with the child in a way that makes it possible to form a ‘fellowship’ (Jensen, 2018a, p. 1), where the adult invites the child to collaborate in handling the child’s everyday life, with all the (emotional) challenges this implies. Experiencing this type of fellowship for a child, who has been used to coping with life without support, is important in order to meet basic emotional and relational needs, and it also becomes a place where the child can practice and develop skills for participating in social communities. The social pedagogue should interact with the child in a way that shows sensitivity and responsiveness to the child’s needs, and provides the child with ‘positive experiences which broaden and build a child’s coping strategies and help him or her to put previous negative experiences into context’ (Cameron and Maginn, 2007, p. 15). Therefore, this type of emotional support not only enhances the child’s well-being, but is also central to qualification and socialisation processes (Biesta, 2016; Cameron and Maginn, 2007).

As is the case with parent–child relationships, the power relationship between professional and child is unequal, with the professional carrying greater authority. This does not mean that the child is a passive recipient of care. Children can also care for each other and for adults, and they influence and participate in everyday social pedagogical practice (Warming, 2018). However, social pedagogues have a legislative and professional responsibility to be more informed about what is considered appropriate interaction and social behaviour in society. Furthermore, the child depends on social pedagogues’ assessment and

recognition, and children and young people in care often experience being ‘overlooked’ (Stokholm, 2009; Warming, 2015). Thus, if the social pedagogical intervention is to succeed, it is important that the child’s needs, interests and priorities are fundamental to the formation of the aims and goals of such an intervention. Social pedagogues should therefore be aware of the imbalance in power in their relationships with children and should actively reflect on how they consider the perspectives and experiences of the child (Warming, 2015).

To sum up, social pedagogues in child residential care should be highly skilled and creative in influencing social interaction and understanding human needs and development. They therefore have to understand interactional dynamics and patterns in order to act in a way that supports children’s well-being and the development of new and more appropriate actions. As mentioned above, a core part of social pedagogical work is to create a fellowship with the child, while responding to the child’s needs and life circumstances as a whole. This is carried out through everyday activities, so social pedagogues have to be ‘experts in everyday life’ (Cameron, Connelly and Jackson, 2014, p. 9). It requires highly developed relational, emotional and reflective skills to create a caring relationship with the child and to uphold constructive and supportive interactions, even when the child acts unexpectedly and destructively.

Play therapy

Psychotherapy often takes place parallel to and with little connection to the everyday life of residential child care settings, because of the special conditions in psychotherapy and the ethos of protecting the confidentiality of the therapeutic setting. The idea is that the therapeutic space establishes a more predictable situation with only the child and the therapist interacting. The reduction of social complexity contributes to a feeling of security and clarity for the child. In line with a psychodynamic approach to therapy, confidentiality is crucial since this contributes to the sense of security in the therapeutic space.

Therapists have used play therapy, particularly in relation to children under the age of 12, since the beginning of the 1900s. The field has been in rapid growth and development for the last 30 years, and today it is a widely used approach. Different clusters of treatment methodologies and theoretical schools have developed, though all with the common goal of helping children ‘prevent or resolve psychosocial difficulties and achieve optimal growth and development’ (APT, 2001, p. 20, in Bratton, Ray, Rhine and Jones, 2005, p. 377). According to Hedges and Cooper (2018), developmental theories and child-centred ideologies have long been dominant in clinical practice, but also in early childhood education. These theories are based on the understanding that children have the capacity to solve their own problems through play when this is freely initiated by the child in a therapeutic setting (Bratton et al., 2005; Hedges and Cooper, 2018). This view has been challenged, however, by sociocultural theories stressing that ‘interest, abilities, thinking, knowledge and healthy development do not arise organically: they are stimulated by the people, places and things in children’s environments as children participate in their families, communities and cultures’ (Hedges and Cooper, 2018, p. 371).

When play therapy is understood in a sociocultural theoretical perspective, adults, who hold a significant role in children’s lives such as professional caretakers or pedagogues acting in a parental role, are central in contributing to and supporting the children’s developmental processes through ‘playful encounters’ (Hedges and Cooper, 2018, p. 371). In a sociocultural perspective, relationships are primary in child development. Thus, caretakers have an important role in supporting complex activities such as play through interactions and conversations with the child (Hedges and Cooper, 2018, p. 371). This perspective shares with the continental European model of social pedagogy the understanding that everyday activities – such as play – provide ‘opportunities to attend to or stretch towards each other, to create

intersubjective, relational spaces and possibilities that contribute to health, well-being and development' (Wood, 2008, p. 111).

Where traditional psychotherapy is highly reliant on verbalised reflections and interactions, play therapy revolves around play activities, and this is the main reasons for its prolificacy in relation to (younger) children. Knowledge about the neurophysiological development of the brain also indicates that through play, children can make new connections of particular value to their cognitive and social development (Gopnik, Meltzoff and Kuhl, 1999, in Wood, 2008). Thus, relating through 'playful encounters' in both therapy and everyday social pedagogical practice can be particularly helpful for children, whose cognitive and relational abilities have been compromised through experiences of severe neglect and/or abuse. Play is a suitable medium for elaborating on these children's experiences, interactions, emotions and thoughts, since they may not have the vocabulary, maturity or skill to express or reflect on their experiences. When playing, they can enact their thoughts, feelings and coping skills directly, and the therapist can investigate, assess, and support the child through her/his part of the interaction.

Psychotherapy and social pedagogical care, help, and support in relation to children placed in out-of-home care are typically perceived as two separate forms of practice. In this article, we argue that play therapy has a particular potential when it comes to foregrounding and developing core social pedagogical knowledge and skills. In other words, play therapy can support practitioners in integrating a reflective and conscious approach to understanding and meeting the children's emotional and relational needs with the ability to create and enter into 'playful encounters' with the children. Playful encounters make it possible to form fellowships with the children – relationships and communities characterised by creativity, invitations to collaborate, sensitivity, and responsiveness in order to enhance the children's well-being. An integral part of this form of practice is continuous reflection on one-sided and taken-for-granted power relationships, practices and norms.

Empirical case and methods

The empirical material presented in this article is based on a qualitative and ethnographically inspired case study of social pedagogical practice in Hilltop House, a Danish children's home which accommodates eight children who were aged between 6 and 12 at the time of the study. The study was carried out in the autumn and winter of 2018/19. The children, who are placed in out-of-home care at Hilltop House, have been assessed as being in need of pedagogical and psychological treatment because of severe neglect. Some have also been abused, suffering traumatic effects. The staff are trained pedagogues, and they take care of all daily activities in relation to the children and their social pedagogical treatment. Over a period of four to five years, the therapist at Hilltop House provided play therapy to benefit the children and support the social pedagogical intervention. Some of the children at Hilltop House had sessions of play therapy once a week for a period of three to four months. While therapists – due to confidentiality – usually do not share details about what takes place during the sessions, the play therapy sessions at Hilltop House differed from this in an important way. The therapist video recorded the sessions and afterwards selected episodes that she showed to the social pedagogues. This formed a concrete and practical focus for staff supervision. As the therapist states:

My basic agenda is to give them [the social pedagogues] a better understanding of the child's reactions and ways of being in the world ... my therapy aims to facilitate access to the child's needs and to provide some tools [to the social pedagogues] to support this. I do not aim to fix the children. This is the reason that my therapeutic space is open [...] to hold on to this and tell you [the social pedagogues] that you should in some way be able to continue this developmental process. (Interview with therapist, January 2019)

The aim of the therapeutic sessions at Hilltop House is to detect the child's interactional behaviour patterns, to find ways of relating with the child, and to discover methods and opportunities for getting beyond their defensive and self-protective mechanisms. Furthermore, the sessions also serve the purpose of creating concrete material, which can be used for supervision with the social pedagogues. The material is used in order to facilitate an understanding of the individual child that enables both appropriate actions and reactions towards the child and utilisation of the opportunities to create playful encounters and develop fellowships with the children.

Before the supervision with the social pedagogues, the therapist chooses short episodes that illustrate characteristic patterns of interaction for the child. These can be episodes where the therapist herself is 'trapped' into old patterns of interaction that block further development. They are chosen in order to show how this can happen to anyone. Other episodes might show situations where the child reveals openings for relating and vulnerability.

The empirical study was initiated by Hilltop House, which requested a qualitative pilot study of their practice. The central research question for the pilot study was how does the integration of play therapy and everyday pedagogical practice contribute to the well-being and development of the children and what constitutes challenges for the realisation of this goal? In this article, we understand the use of play therapy at this children's home as case of a targeted attempt to develop social pedagogical work as a professional approach with its own core knowledge and practices. Thus, play therapy has a potential that can be explored further when it comes to conceptualising and developing core social pedagogical knowledge and skills. Social pedagogical knowledge and practice in out-of-home care is intertwined with the lifeworld of the individual child. This requires a holistic reflective practice that involves both 'deep' experiential and theoretical knowledge that focuses on why the professionals or the clients act or react in particular ways (Ruch, 2007, p. 667). The integration of play therapy and social pedagogical practice enhances this form of reflection. Furthermore, the element of play supports core social pedagogical expertise: the ability to create playful encounters that invite the children to collaborate and to integrate play with meeting basic emotional and relational needs.

Thus, the intervention at Hilltop House can be regarded as an exemplary case for exploring an alternative relationship and way of collaborating between play therapy and everyday social pedagogical practice that can contribute to development of practice, in order to meet the needs of children in residential care with severe emotional and behavioural problems (Flyvbjerg, 2006).

The investigation draws on different qualitative methods; participant observations of daily pedagogical practice (four days in total), observations of meetings between therapist and social pedagogues, two focus group interviews with the staff, and individual interviews with the therapist.

The observations were recorded in the form of field notes, and all interviews were audio-recorded and transcribed verbatim. By triangulating the different methods, we achieved an understanding of the different contexts of both everyday practice and play therapy and the complex collaboration between them (Halkier, 2010).

Conducting research in a setting where children who are vulnerable in different ways live and conduct their everyday lives demands a high degree of ethical awareness. This is particularly important when doing research with people in a vulnerable position (Shaw and Holland, 2014). Before our investigation, the staff gained consent from the children's parents. While present in Hilltop House, we were very aware of our participant observer role and of not objectifying the children and/or the staff with an 'investigatory gaze'. We were open about the focus of our investigation and the reason for our being there. We interacted with the

children – talking, playing, reading books and so on, when they invited us to. We were particularly aware of protecting the privacy of the children. Consequently, we only stayed in the common areas, and did not enter into the children’s rooms. We also practised sensitivity in concrete situations – reading off the situation and withdrawing from it if we sensed that our presence disturbed the child(ren). All names have been changed to protect the identities of children and staff.

We now set out four analytical examples to show how this form of play therapy can support the social pedagogues in gaining insight and understanding and developing their everyday practice in relation to the children.

Analytical examples

Empty dramas

Example 1: Anna

A 10-year-old girl, Anna, had suffered abuse during childhood and seemed very insecure. Several times a day she became very agitated, yelled angrily and frequently ended up in tears. The reaction from the social pedagogues was to comfort her, since they interpreted her behaviour as a result of her traumatic experiences and believed that she needed comforting to achieve a sense of security. However, there were no changes in her behaviour over several months. This confused the pedagogues, who had expected their comforting approach to effect positive change. In supervision the therapist showed episodes from her sessions, where Anna had become similarly agitated. If the therapist focused primarily on calming Anna’s agitated state, the scenario developed along the same lines as with the social pedagogues. However, if she stopped Anna by stating some very clear frames for the setting, her agitation disappeared in a second and interaction could continue. The therapist called this behaviour ‘empty dramas’. Anna seemed both fascinated by and attracted towards agitated feelings, but there was only very little connection to the present situation and she did not learn much, if anything at all, from these episodes. As a neglected child, she had not learned to cope with agitated emotional states, but nevertheless was attracted to them. She had to start this learning process – with support from the pedagogues – in less agitated situations, so these episodes were of no use to her. In other words, the social pedagogues could react by stating clear frames for the situation in their everyday practice without fearing that they were not meeting her emotional and relational needs. This understanding helped the social pedagogues to find a more appropriate way of responding to Anna and at the same time using their resources in a better way.

Example 2: Shirley

Another girl, Shirley, had similar outbursts. In this case the psychotherapist suggested that distracting her by creating a playful encounter would be an appropriate response. When Shirley was screaming, the pedagogues would search for the ‘button’ to stop the screaming, as this had been effective in play therapy. In a theatrical and humorous tone, the pedagogue would raise and wave her hands and say: ‘Oh! Now I have to find the scream-button!’ Then she tapped Shirley’s body with her fingers: ‘No, I didn’t find it here!’ Then she would continue tapping on Shirley’s body in her search for the ‘stop button’. ‘No, the screaming keeps on – maybe I can turn down the scream!’ Then the pedagogue would pretend to adjust an imaginary volume control on Shirley’s shoulder, and Shirley started laughing.

This is an example of how discoveries in play therapy were used for developing both knowledge of the specific child and core social pedagogical relational skills in creating playful encounters with a child who has experienced severe abuse and neglect. Shirley’s

screaming does not threaten the relationship with her caretakers, and the contact remains sensitive to her basic emotional and relational needs. Trying to control her reactions by, for example, telling her to stop, could very easily deepen her distress and it would position her as being in opposition to the 'morally sane adult' (Warming, 2018, p. 2). As an alternative to this display of power, the pedagogues use their creativity and skilful mastery to turn this stressful situation into play. This enables the child to build trust that her caretakers can manage her intense feelings.

It should be stressed that this is a delicate balance. It is important to be able to distinguish between children for whom support and comfort in coping with agitated emotions would be the needed response, and children who perform 'empty dramas' and who are responsive to turning this into a playful encounter.

Causing disturbance as an attempt to be seen

Example 3: Thomas

A nine-year-old boy, Thomas, created turmoil and conflict every day when he returned from school.

He talked very loudly and commented on everything and everybody. Telling him to calm down did not help; on the contrary, after a while he would start teasing the other children and this created conflict. The therapist had experienced the same pattern in some sessions, but when she gave Thomas her full attention, and commented that it seemed as if he was a little uneasy in the situation, he immediately calmed down, and they could talk openly about this issue. She saw his behaviour as signalling an immense need for contact, and for confirmation that an adult noticed this and would support him if he needed it. In order to create opportunities for him to develop more appropriate responses, the social pedagogues had to understand this need underlying his 'disturbing behaviour'. If a pedagogue gave him full attention when he arrived, by greeting him and maybe asking about his day in school, he calmed down and, after a few minutes, he could participate in normal interaction and also take the needs of other children into consideration.

A typical response to this kind of behaviour, when working with children and young people in residential settings, could be to focus on the child's need for normalisation. This would mean focusing on rules and predictable structures in the child's everyday life in order to socialise the child into normal and acceptable behaviour (Bryderup, 2005). However, with such an approach there is a great risk of creating a relationship of opposition and control and of not seeing how social pedagogical practices contribute to consolidating one-sided and taken-for-granted power relationships, practices and norms. Navigating a practice where staff are responsible for seeing and responding to the needs of a group of children whose needs can be in opposition to each other is a difficult task, and it can result in a negative and disciplining focus on children who 'disturb the order' in the home.

The supervision sessions with the play therapist supported the understanding of Thomas's experiences and actions and on creating situations where he is invited to collaborate and participate in fellowship with the pedagogues and the other children. This way of responding flexibly and creatively to his 'disturbance' enhances his opportunities of experiencing belonging and entering into positive interactions, rather than consolidating hierarchical relationships between 'sane adults' and 'disturbed children'.

Building relationships through play

Play and the joy of playing was a central focus both in the therapy sessions and in the social pedagogical practice at Hilltop House. The therapist explained this in the interview:

It takes a lot of creativity and ingenuity. All our senses should be alert. We should sense, feel and use our instinct. We are not training dogs here! This is not a question of training the children, because we want them to learn. This is about being together in a good and developing way through joyful play. (Interview with therapist, January 2019)

Creating and supporting play and creating sustainable relationships through playful encounters was a central part of the social pedagogical approach. This relies on the ability to be responsive in moments where the child is open to this form of interacting and relating. In other words, this way of working cannot be planned instrumentally, because it depends on opportunities occurring in the situation (Engen, 2014). A pedagogue explains it this way:

you call her [the child] forward. Usually, she doesn't have any facial expressions, but when we are playing, I can see sparks in her eyes and smiles. In that moment I can sense that now she is present ... together with me. She cannot stay there long, but maybe 5–10 minutes at a time.

Through play, the child becomes present as a person and contact becomes possible.

Example 4: Oscar

During a holiday trip, a pedagogue established a relationship through play with a boy, Oscar. Oscar often acted aggressively and avoided contact with the pedagogues by being withdrawn. In the interview, the pedagogue explains:

During the week, we had some fun with each other. However, I could sense that Oscar wanted contact with the adults. Then we started playing that he was my dog. He actually sank his teeth into my arm, and I just kept on playing, he was my dog. I just kept on playing and playing. So he bit me, but at last he let go, and so I praised him, 'Oh, you are such a good dog!' Then in the evening, he actually wanted me to put him to bed. (Group interview with staff, September 2018)

The social pedagogue knows that Oscar has difficulties relating with adults, and so – when an opportunity appears – he initiates play as a way of establishing a connection to Oscar. When Oscar actually bites him, the pedagogue remains in the role of the 'dog owner', and praises him when he lets go of his arm. Through continuing this playfulness, he manages to establish a relationship in which Oscar can start to build trust in him.

To sum up, the analytical examples demonstrate how collaboration between play therapy and social pedagogical practice enhances core social pedagogical knowledge and skills that can easily slide into the background in an institutional setting, within which pedagogues have to act fast and react to the complex needs of a group of children. It facilitates a deeper and more holistic understanding of the children's reactions and maintains and develops the pedagogues' skills in finding creative and playful ways of relating to what could otherwise be considered problematic and provocative behaviour.

Discussion: The integration of play therapy and everyday social pedagogical practice

Social pedagogical practice and everyday expertise is situated in a context that raises different and sometimes contradictory demands. Social pedagogues must be able to adopt a 'parenting' role and create a safe environment of care offering close and stable relationships in relation to a group of children who have severe problems and complex needs. At the same time, they must adapt to a professional role, where they are required to meet specific and targeted treatment goals and intervention plans – often to be realised within a relatively short time frame and with a focus on creating independence so that children can become self-reliant (Bryderup et al., 2017; Jensen, 2018b). Meeting these potentially contradictory demands can put pressure on the main actors of social pedagogical practice – the professionals and the children.

They can make it difficult to find the right balance between being professional, personal, and private – distinctions often used in the social pedagogical tradition (Smith, 2012; Hämäläinen, 2012).

Research has shown how both children and staff experience children's homes as institutions rather than homes. This experience is connected to the organisation of time in terms of staff schedules and a highly regulated environment (Højlund, 2011). The children report feeling 'overlooked' and of not being treated as individuals (McIntosh, Punch and Emond, 2016, in Warming, 2018, p. 19). However, as underlined by Warming (2018), this *is* the children's home and the children should be treated accordingly. Children and young people who have been placed in out-of-home care frequently express a need to be seen, known, understood, appreciated and accepted (treated personally) – and not treated as objects of treatment or social pedagogical intervention (treated only professionally) (Nielsen, 2005; Schultz, Nyby and Lindberg, 2012; Warming, 2015). Thus, the children and young people seek emotional recognition, which involves having an 'exclusive relationship in the sense that those involved are special to one another and cannot easily be replaced' (Warming, 2018, p. 6).

This does not sit well with the view that professionalism means not involving yourself too much, nor does it match with institutional demands that any employee should be able to do the same social pedagogical tasks in relation to all residents and ideals of self-reliance (Jensen, 2018b; Engen, 2014). In everyday social pedagogical practice these dilemmas and the 'messiness' they create must be acted on and handled, which increases the level of emotional pressure on the staff (Warming, 2018, p. 17).

This makes it important to reflect critically upon the institutional ordering of practice and the values that makes some forms of 'being' more appreciated than others. Play therapy, as practised at Hilltop House, can support social pedagogical practice in maintaining its sensitivity and openness to the child's emotional and relational needs – regardless of how they are expressed – and avoiding slipping into practices and narratives that create oppositional power relationships and hinder understanding. This form of holistic reflection, grounded in recordings of play therapy sessions, makes the individual child and the details of interactional patterns visible in both a social and psychological sense. In this way, the integration of play therapy and social pedagogical practice lays the foundation for continuous awareness and development of 'ethical judgement' by learning from experience and forming social pedagogical practice in response to the needs of the children. In this way, the social pedagogical task of caring for children and young people who have been placed in out-of-home care is reliant on both emotional and relational competences combined with the ability to reflect on the development of the child, its reactions and well-being and one's own role and engagement (Kildedal, 1998). To this, we could add the importance of reflecting on unrecognised and concealed power relationships in practice.

This is in line with 'care ethics', which places human well-being and interdependency at the centre, the ideal being to develop practices of care that rely on moral qualities of attentiveness, responsibility, competence, and responsiveness (Tronto, 2009). Attentiveness involves perceiving and recognising the other person's needs, while responsibility involves making decisions about how to respond to the identified needs. Furthermore, this requires practices with the competence to fulfil the other's needs. Finally, good-quality care relies on responsiveness; in considering the response of the recipient(s) as a way of evaluating whether needs are being met (Tronto, 2009). This is also the core idea of a social-pedagogical fellowship (Jensen, 2018a).

The integration of play therapy and social pedagogical practice is designed to support these qualities in practice by focusing on attentiveness and responsiveness to the child's needs. The setting of play therapy has some advantages for this. It is a clearly defined setting

with only two persons involved – the child and the therapist – with no distressing demands on the child. The therapist joins in with the child’s agenda and supports this with her/his extra competences and knowledge. The frugal conditions in play therapy make it a setting in which the child can feel secure more easily than in the everyday context. These conditions make play therapy a suitable setting for being attentive to the child’s needs and interactional pattern. As one of the social pedagogues expressed it:

[The psychotherapist] says we cannot do this in the same way, since we have different conditions and frameworks for what we do. We have a house with three adults and eight children, and she has a single child in one room. That is why she can open up the contact with the children. By watching the video, she shows us things, where you can see ‘okay – these are some of the things, we can take with us to our house’. (Group interview with staff, September 2018)

The therapist stressed that the main effort in helping the children to thrive and develop is the social pedagogical work done in everyday activities. This is in line with discussions about the different effects of psychotherapy versus social pedagogical treatment (Jensen, 2018a) and with a sociocultural approach to play therapy as mentioned above (Hedges and Cooper, 2018).

The innovative dimension in the practice at Hilltop House is that play therapy is used as a ‘laboratory’ with special conditions allowing for a detailed attentiveness to the child and her/his interactional patterns. This allows for identifying even the slightest opportunities or openings for establishing playful encounters in social pedagogical practice. This is achieved by an experienced therapist who has comprehensive knowledge about child development and who is skilled in ‘careful observation’ and interaction. If treatment of the child was contained to a therapeutic setting, it would limit the potential transfer to everyday life. If you insist on the confidentiality of the therapeutic space, this challenge is left to the child, who is expected to apply what is learned in the therapeutic space to everyday life.

Supporting and building relationships with children in residential care who have experienced neglect and/or abuse is a challenging task demanding high levels of skill and knowledge. If the staff do not have a sufficient level and range of competences, the interaction is less likely to run smoothly and will be more at risk of sliding into a habitual approach, where the lacking abilities and problems of the children are taken for granted and hierarchical power relationships reproduced (Engen, 2014). In everyday practice social pedagogues often have very little time to reflect before they act. This makes ‘competence’ a central quality. The practitioners not only need knowledge of human development and dynamics, they also have to be able to draw on this knowledge in spontaneous action. Social pedagogues need highly developed social and relational skills in order to manage interaction with children who are ‘stuck’ in conflictual patterns of behaviour. They must be able to employ creative techniques to create ‘playful encounters’ and invent new actions that suit the child’s behavioural pattern.

Purposeful creativity requires familiarity with the sometimes ‘strange’ (re)actions of the children, so that pedagogues can respond adequately in challenging situations. We have argued that play therapy can contribute to systematic and collective reflection on experiences that can strengthen core pedagogical skills and practices in initiating and maintaining constructive relationships for the good of children in out-of-home care.

Conclusion

In this article we have shown how playful interaction in everyday life is at the core of social pedagogical intervention, care, and support for children placed in residential care. Children placed in residential care who have experienced severe neglect and/or abuse present a special challenge, because their behaviours show patterns that can ‘trap’ both them and others in dysfunctional interactions. This often means that the emotional and relational needs

underlying their behaviours are not understood and responded to. If social pedagogues are to respond to the children in ways that facilitate relationships and positive change, they have to be ‘experts in everyday life’ and on the circumstances of each individual child. In order to support development of this expertise, we have analysed a special collaboration between play therapy and the social pedagogical intervention developed at a Danish children’s home, here called Hilltop House. In this setting, play therapy is used as a ‘laboratory’ for careful observation of the child, for understanding patterns of interaction and for supporting the child in finding new strategies. Furthermore, the play therapy sessions are used as opportunities for identifying, connecting with, and developing a relationship with the child. The play therapy sessions are video recorded and episodes used in supervision of the social pedagogues to enhance their understanding of the child’s needs and possibilities of finding creative and constructive strategies to meet them. In this way, play therapy is used to support and develop core knowledge and skills in social pedagogical practice, everyday expertise, and for challenging one-sided and taken-for-granted power relationships and practices.

Declarations and conflict of interests

The authors declare no conflicts of interest with this work.

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