Chapter 16
Reflection: Providing care: challenges for practitioners and service-providers
Michelle Pyer and John Horton

Working with definitions of…

One of the strong themes which occur throughout the collection, and we don't think any reader would have expected otherwise, are the varied ways in which language is used to characterise, or pin down 'care', caring and various delineations of these terms. In our opening to this book, we discussed our belief that using care as a lens through which to re-evaluate and reframe the ways that we work for and with children and young people might offer positive opportunities to steer away from existing and potentially troublesome conjecture and readily accepted ideas about young people.

The authors of this collection have gone far in pushing us to think harder, showing just how challenging it is to position ourselves as researchers, policy makers, institutions, service providers or practitioners or in relation to these ideas. Hughes (Chapter 2), for example, adeptly argues that an understanding of 'care' is often assumed however it remains an ambiguous term which remains elusive to define. Others show (implicitly or explicitly) the relational and reciprocal nature of care and the complexities associated with its constantly changing nature (Hayes, Chapter 11). Perhaps then, as all of the types of individuals above (researchers, policy makers etc. etc.) who seek to care for, with or about, children and young people, our focus should be less on identifying a categorical definition of care, and more on reflecting on how we position ourselves and our settings or provisions in relation to ensuring that young people can be and feel cared for, and experience the emotional aspects of care through caring about (see our introductory discussion) people, places, issues and outcomes.

What do we mean when we talk about the practice of care? We don't mean that we should only consider the formally recognised requirements and expectations; the everyday, the mundane, are just as powerful. A person in a position of care toward a child may meet all of the standards and targets set for them at a legislative and professional level, but may still not been deemed a caring individual, by peers and by children and young people themselves. We need to reconsider how we frame care for

these people, how we can offer support and evidence to show the impact that the everyday, seemingly mundane experiences of caring can have. Further, as a society/ organisation/ practitioner/ individual we need to consider how we can make space for those people who work with children and young people directly to care and, crucially, to show that they care as they carry out their work.

Care and relationships

Who are we talking about when we talk about practitioners and service providers who care? This reflection is written for those who work with children and young people through a variety of contexts, professions and agendas, seeking to enhance the support and care that they offer to and for, young people. This collection has offered us a myriad of positive examples of the ways that practitioners can and do, care about and for children and young people. These accounts have crossed professional (e.g. education to social care), geographical (we have contributions from the UK, New Zealand [Wood], British Columbia [de Leeuw], Australia [Robinson *et al.*] and Zambia [Day]) and generational boundaries, extending our understandings of the reciprocal nature of care and resituating children and young people as givers and receivers of the same.

The ever changing, relational aspects of care are a challenging terrain to navigate. None more so than for practitioners working with children and young people. A number of the chapters in this collection signal the ways in which services and professionals can and do adapt to the changing care needs of children and families (this point is made explicitly by Pratchett and Rees in Chapter 3). Day (Chapter 9) argues that children and young people are part of a continuum of care which reflects this diversity; signalling how drawing a distinction between caregiver or care-receiver within this framework is unhelpful (see also Evans' work in chapter 10). For practitioners and services then, thinking of care in this way highlights a need for flexibility in adjusting input as necessary. Further, Day's chapter illustrates the challenges – in every context – in ensuring that young people who care for others are supported and cared for themselves. This is echoed in Wilkinson's contribution (Chapter 12) on the caring practices of young people who care for intoxicated friends.

Sometimes, caring means simply *doing nothing.* We are reminded of this by Pairman and Dalli (Chapter 8) who show that sometimes children and young people need timeout (and not in the disciplinary sense) in order to be able to control their levels of social interaction. Hayes (Chapter 11) offers us one way in which we can approach this challenge, by reminding us of the importance of self-awareness in care/ caring. Her work illustrates the importance of *showing* that we care rather than going through the motions in providing care. Only when we are self-aware of our comfort zones and our own expectations can we hope to gain a greater understanding of how and why we care, and indeed how this is reflected in the actions of others.

We (care stakeholders) also need to consider how we can show that we care about those who are in caring roles with children and young people. We cannot expect the (emotional) reserves of those who care for and about children and young people to provide for their caring ad infinitum; we need to ensure that they are cared for too. The contributions in this collection have shown the broad and challenging issues that practitioners face on a daily basis (for example caring about and for young people who engage in risky behaviours including self-harm and supporting those who are no longer able to live with their families [and indeed some who may no longer be in contact with them]). These challenges are not without reward, however in order to ensure that they have the capacity to care (about young people, position, profession, organisation etc.) they must be adequately supported.

Care, practitioners, service providers and place

Just as those practitioners who care for children may not, in themselves, be considered 'caring', so too can spaces of 'care' limit caring practices, posing yet another challenge for the practitioners who work within them. Disney (Chapter 6) reminds us of this in his discussion of orphanages which are simultaneously designed to care for children and to segregate them from the outside world. In Chapter 7, Schliehe and Crowley's discussion on young people in secure care has sensitively signalled the challenges which arise for practitioners where a constant balancing act is in play. In these spaces practitioners work and care within formal care spaces which are designed to keep risk at a minimum,

whilst also offering a caring environment for the young people that they care for. In the words of the authors these spaces (and the practitioners within them) employ 'control in order to care'. The chapter illustrates how caring through a framework of control is viewed by some young people as preferable to a contrasting lack of stability outside these spaces, to such a degree that they 'engineer' to return. his poses a stark reminder of the importance of recognising the ongoing-ness of children and young people's lives (Horton and Kraftl, 2006). If as a society/ service/ organisation/ individual we really care *about* children and young people, we need to work towards provision of not only caring for now, but also caring for the *later* (days, weeks, months, years) *that becomes now* for the children and young people concerned.

Spaces/places and importantly the presence (or not) of practitioners in those spaces can afford (or not) children and young people a vast array of opportunities to participate in or instigate caring acts, and to care about the things and people around them. Wood and Taylor (Chapter 5) demonstrate these reflections, showing how with targeted input, professionals can spark a sense of social (in)justice in young people, motivating them to participate – and care about - in social/community issues. The latter point is also wonderfully illustrated in Hayes' chapter on young people's interactions with nature and the (almost-unnoticed-but-for-a-researcher) involuntary 'wow' that represented a crucial moment of change in appreciation of surroundings.

Pairman and Dalli's work signifies how younger children can appropriate 'potential space' when it is available, enabling them to take control, co-constructing their own care and regulating their levels of social interaction (affording 'downtime' when it is needed). Environments, practitioners and therefore settings (including policy makers and commissioners) are crucial to affording these opportunities. Practitioners also have a key role to play in affording these instances; we have seen through the contributions here the positive impact that their input can offer where they are given appropriate spaces and scope.

Evidencing care/ caring

The words 'evidence-based', (EB) or evidence based practice are used to describe a myriad of activities in, for example, health, social care and education. The underlying principles of EB in these disciplines hold the same essence; ensuring that where decisions are made and actions are taken, they are based on reliable evidence. As a starting point we want to reflect here on Sackett et al's (1996, p. 71) assertion that "Evidence-based medicine is the conscientious explicit and judicious use of current best evidence in making decisions [about the care of individual patients]." Used widely in medical and social care teachings on the importance of evidence this statement, whilst arising from a medical context, is useful for practitioners of a range of specialisms. Practitioners should seek to identify the current best evidence on which to base their practice. Note the terminology here: current best evidence.

The authors here have presented us evidence drawn from a range of methods, from audits of service level data to participatory work with young people including storytelling and self-directed photography. Their insightful contributions have explored both macro scale trends and the intricacies everyday experiences and emotions arising from the worlds of young people, and those who care for, with and about them. In essence this shows us that evidence for practice is not only that which is undertaken as part of research; evidence in the form of practitioner experience and gut instincts also have a vital role to play in ensuring the place of 'care' in the lives of young people. Perhaps we too readily prioritise evidence for policy development, service planning and delivery in the form of research, audit or evaluation (of existing provision). Readily available evidence through which we can redefine or reframe young people and their lifeworlds is also present in our everyday experiences as is evidenced time and time again throughout this volume. Evidence comes in a range of shapes and sizes, we just need to be ready to take a step back and look for it.

Authors in the previous chapters (and elsewhere) have argued the need for us to find more compelling ways to ensure that where evidence is gathered in the form of consultation, participatory practice, research, audit or evaluation it has the means to have (applied) impact. The term impact will conjure

different meanings to practitioners in diverse specialisms, settings and roles. The challenge is set then, to ensure that as stakeholders to care/caring, we reflect on what this means for us, the young people that we care with, for or about, our organisations and for policy or commissioning. We can strengthen our potential for impact by defining clear pathways for dissemination, working together with other care stakeholders to identify common values and priorities and by offering clarity when we identify where the collection/collation/dissemination of evidence will be of use (see the influential works of Kirby et al, 2003; Shier, 2001; Sinclair, 2004 for example). As one example from this collection (for the sake of brevity), Wells' work (Chapter 14) provides us with an excellent account of research conducted based on strong partnership working between charitable organisations, social care and academia, and producing a thought provoking and sensitive interpretation of the accounts offered by children who are privately fostered across international borders.

A series of questions…and a challenge

The reflections above lead us to a series of questions that may form the basis of useful reflections for practitioners working with children and young people, and attempting to work in more caring ways with children and young people. These are intended as a starting point for discussions through which we/you/others can spark reflections and action for a reconsideration of care [read caring with, caring for, caring about] children and young people:

1. How is 'care' defined by:

    a. and within the values of your setting

    b. your colleagues

    c. the children and young people that you work with

2. How is care played out/ given/ received in your particular setting/ context?

3. Who holds what role in the everyday caring situations that you experience, when 'care' is offered or received, or when those you work/play/encounter care about or care for others?

4. What affordances do the environments that the children/ young people that you practice with, or commission, offer their users opportunities to care with, for and about the contexts around them?

Lastly, we want to leave this reflection with a challenge made to you, the reader. The contributors within this book, and indeed those participating in the conference session from which this collection was developed, all advocate the importance of working with children and young people; developing opportunities to hear their views. We feel strongly that working with young people to understand how they identify with the term 'care' and their needs in relation to the term is fundamental in offering practitioners, providers, commissioners and other individuals who care about, for and with young people opportunities to get closer to their lifeworlds. Our challenge to you is: identify an opportunity to raise the topic of care with a child or young person, listen and hear what they say, and reflect on their response in relation to your own practice.

References
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