Chapter three

How has alongsideness grown in my practice?

In the previous chapter I pointed to epistemological underpinnings motivating the research process and growing from it. I identified myself, amongst subjects of the research, to be a person in a 'process of becoming' (Rogers,1961) in dialectical enquiry, as we each create our own 'living' knowledge. In this first of two chapters, I show how my research experiences began shifting my relationships with families into alongsideness. The chronological research phases presented here, as if discrete entities were often concurrent and always influenced each other as my understanding evolved. At an early stage (Pound,1998) I used a landscape metaphor to show the multi-faceted, often concurrent features of the enquiry and how they fit together to form the complexity of the whole from which theories emerge:

Surveying my research landscape

Assuming the high ground at first, I stood as someone with my own particular knowledge, and began surveying my research field of health visiting with families. I might call this reconnaissance. The landscape included the research question about health visiting and parenting relationships, and the context, a community of families in all their uniqueness. It

included me, who I was, what my perspectives were, and what I was learning. Like climate on a landscape, the numerous multi-faceted influences on the families and on me were vital to the process. My supervisors, BARG, critical friends, colleagues and the HVRG were important features of the research landscape. Wider, the landscape revealed conferences, presentations, letters from further afield and personal experiences within my family and beyond. The process continues.

As I looked, certain features caught my eye and I moved in to look at their effects on the whole. What I saw I interpreted according to my beliefs and the expectations incumbent upon my current knowledge. As my interested gaze scanned to seek specific features, my focus gradually became more finely tuned as I looked at the detail and questioned what I thought I saw. In the process I came down from the overseeing high ground to include myself as part of the landscape. My influence on what I was looking at, my particular knowledge and my very being, also became subject of the enquiry. The landscape began to change. Pulling back I tried to keep the whole in view before curiosity drew me towards more unanswered questions in neighbouring features. Fresh insights from the unity and tensions within the parts and the whole emerged as I engaged in close inspection and in overseeing.

Other people came to look and I found we could enquire together. As we did, the landscape and our explanations of what it all might mean began to change. Using this landscape analogy I will attempt to colour the changing features of my research by describing what I experienced. The whole landscape is indicated in the text by a compass symbol. Features of the landscape are peered at through  binoculars. Closer looks, as if through  a magnifying glass, provide not only interpretation but explain dialectical processes in myself and with others as my theories of alongsideness in parenting, health visiting and researching relationships emerge. I dipped in and out of looking closely at features and for this reason use the compass symbol to indicate overviews of the whole and binoculars to indicate both the features and methods of enquiry. In this way I attempt to illuminate a process of discovery in which different facets of influence, emerge and change what I know and how I practise as a cohesive whole.

My collaborative research 1996-2002: an overview

Below, features explored through this enquiry are represented clockwise, starting in 1996 with 'Supervisors and critical friends'. Blue indicates collaborative enquiry with families, colleagues, researchers and others. Pink denotes enquiry with research colleagues and the boxed squares indicate my personal reflection.

Research overview 1996-2002

Supervisors and critical friends.

Dr Martin Forrest and Dr Norma Daykin helped hold the enquiry on track. Dr Jack Whitehead gave unstinting informal access to his time and BARG research network. I learnt as much from the process of supervision and support as from information these three imparted. Similarly, amongst a large number of interested and generous supporters, four critical friends Kate Gammon, Dr Jacqui Hughes, Dr Karen John and Dr Moira Laidlaw remained constant through all weathers. With their permission I mention their names where they helped me move towards new insights (Sources:229).

Learning from supervisors and critical friends

From research supporters I learnt how important it is to feel hopeful and encouraged when trying to learn and practise, sometimes in difficult situations. I recognise how much easier it is for me to learn in an encouraging climate where we speak the same language, or at least others try to understand, than when I feel discouraged and lonely. Recognising advantages of feeling

connected, capable and valuable for myself, increased my commitment to offer the same for my clients. Lyrics from the film *Midnight Cowboy* echo this contrast:

Everybody's talking at me
I don't hear a word they're saying
Only the echoes of my mind...
I'm going where the sun keeps shining
Through the pouring rain
Going where the weather suits my clothes
Banking off of the north east winds
Sailing on summer breeze
Skipping over the ocean like a star.

(Neill,1969)

I feel at home here, in educational action research, where what I believe does not look out of place. I hear what they are saying. I can expect challenge and vigorous debate in an invigorating climate of warmth and acceptance that like them, I am learning. It is because I feel safe that I can be open to challenge and grow.

Reflective journal, anecdotal records and field notes

A reflective journal forms a reservoir for my thoughts about the landscape and much of what happens in it. I have seen it as my main method of data collection because it united and was the vehicle for reflection on all the other methods. It is a chronological record of my observations and experiences, my feelings, reactions to them and interpretations as they emerge (Ghaye&Ghaye,1998:82-83). It is therefore a personal account that I can look back on and find incidents recorded because they were interesting. Many are anecdotes of experiences, the full significance of their relevance to the research may not have been obvious at the time. Shifts in my awareness are identifiable through the pages. Dialectical debate with myself in my journal is reported in the thesis as I extend my thinking in the light of experience (Chapter Four:83). My journal reflections can be about anything that happens in my day. I show the stories constructed from these records to the people concerned. In this way I check my perceptions of events and together we can explore our interpretations (Chapter Six:144). Field notes are similar but may be more detailed accounts including subjective impressions and interpretations, with comments on shifts in attitudes and behaviour (Kemmis&McTaggart,1982:39; Chapter Seven). These records are in keeping with record-keeping standards in that they are 'directed primarily to serving the interests of the client to whom they relate and enabling the provision of care, the prevention of disease and the promotion of health' (UKCC,1993).

Learning from my journal

Throughout the research process a nagging concern persisted that I appeared to engage more in reflection than action. I believed that action research was meant to be action-in-practice rather than self-study for personal regeneration. I disagree now, in 2001, as I come to understand two things. First, this research process is largely dialectical in nature, meaning the mental processes of inner debate are triggered, challenged and supported in relationships with other people, expanding my knowing into a more consistent way of being in my practice. This proved to be as crucial for me as searching for new techniques. Second, the reflective process drew insights from what were sometimes tiny 'ah-ha' moments; nuances which connected with other experiences to form my fuller understanding. This was as 'meaning-making' for me as new knowledge being precursor to my changing behaviour. They grew together, my knowing, my being and my doing. I believe the important change for me, and therefore people I meet, is my growing understanding of the values that clarify my motivation and influence the way I approach my relationships. Reflecting, particularly on the complexity of being consistently alongside, allowed standards of judgement for my practice to emerge. My journal is referenced throughout the thesis except for the year following the death of the GP, Bob Gibbs (May 2000) when I found it hard to keep a journal amongst the turmoil of experiences and emotions. I rely on other sources of evidence for this period.

The families.

In two small general medical practices that make up my health visiting caseload, my research energies focus mainly on families with small children. Encompassing people from across the social scale, this community consists predominantly of couples and children with at least one partner in some form of employment - often professional or office-based. A small proportion of families from black and ethnic minorities are frequently foreign students. A small number of unsupported mothers or fathers with children, and families on a very low income, form the group most likely to need extra support from health visiting and social services. However, parenting appears challenging for most parents and social class or poverty does not automatically define those in need of support. My contact with fathers increased as I included them in discussions especially using the Crucial Cs (field notes,M,14.10.96; D,11.6.98; B,24.8.98; T,10.11.98; J,14.4.00;). However fathers remain under represented amongst my regular contacts. This is a typical pattern for health visiting.

Research involvement of parents changed as I began to unify practising and researching as an 'alongside' collaborative process. Initially, I used lengthy semi-structured interviews with six parents moving later to the free-flowing conversations of my normal work as data. I recorded conversations and incidents that stood out as 'critical' (Benner,1984:300) in field notes and my journal. Researching while practising caused a shift to a reflective, dialectical process for me in

the same way that I hoped to encourage parents to enquire. When there is space and it feels appropriate, I tell parents that I am researching my practice. It is mentioned in each practice newsletter. For specific information gathering such as videos, interviews, the questionnaire and written accounts of our work, I offer an information letter to invite 'informed consent' (Chapter Two). The personal nature of stories led me to use pseudonyms even though most said they had no concerns about being recognised.

My learning from the families

I built on learning from previous research in which I found women I interviewed wanted 'the best' for their children (Pound,1994a). Frequently they wanted better relationships than they remembered from their own childhoods, but expressed uncertainty about how to achieve it. This fundamental insight was early in my learning, meaning I came to take it for granted. Increasingly, I believe I can trust parents to want the best for their children and to search for improvement, as they are able. Instinctively now, I believe I live this embodied trust in my work (Chapters Five, Six).

After several years reflecting with families who wanted to improve their relationships, I now realise that 'the best' parents would prefer, implies the rights for children (Newell,1991) initially motivating my research. By this I mean that if parents hopes are to be achieved, children need to experience basic rights that equate with their emotional needs being met. This realisation makes my job easier by bringing our journeys together toward similar aims. My understanding about connections between children's rights, emotional needs and parents' hopes grew in conversations with Karen John and Moira Laidlaw (Taped conversation,25.3.01). I also noticed that the hopes parents expressed for their children's future echo the aspirations of professionals (Chapter Four:100-107) and the findings of Maccoby (1992). Beyond happiness, these are hopes that children will acquire skills, values and motives to enable them to:

- avoid behaviour that places a burden on the functioning of others
- contribute through work to the economic support of self and family
- form and keep close relationships with others
- be able to rear children (Maccoby,1992:1006)

Parents generally appear to see my role as being for social support, practical advice and problem-solving rather than my being someone who can support their learning about parenting (Pound,1994a; Sonia's interview,6.5.97; Questionnaire,1999). My alongsideness in parents' learning appears acceptable for the subtle possibilities it suggests. I find the social circumstances of families to each be different and their beliefs unique and complex. Demographic factors of class, economic and housing resources or marital status, although

important because they may make parenting more difficult, appear less predictive of a child's well-being than the usual climate of family life (Hewitt&Leach,1993). Similarly, experience tells me that variations in parenting style appear across the social spectrum. I agree that everyday family relationships high in warmth and low in criticism are likely to have favourable outcomes for children (DoH,1995:19) and that an authoritative, democratic parenting style is nurturing for children (Maccoby&Martin,1983). I focused on attempting to understand nurturing, democratic relationships so I could also reflect this style while helping parents to find them. Creating and sustaining connections has become fundamental to my alongside work with parents (presentation, Bath,21.2.01).

Early reflections on my practice told me I could not change how parents thought or acted by telling them (Presentation, Harrogate,28.6.96). Focusing on trying to change people to my way of thinking (Pound,1991a) may feel to them like criticism of what they already know and close down communication. A critical climate is likely to be no more palatable for adults than children (DoH,1995). Experience told me many parents of young children do not appear to anticipate difficulties in their relationships with their children so my primary preventive impulse was *my* aim not theirs. If I was to improve my effectiveness, I needed to work on how I was with them, how I shared knowledge or challenged them, and how I encouraged their own enquiries (Questionnaire,1999; Pound,2000; Chapters Five, Six, Seven).

From these assumptions in 1996, sub-questions emerged:

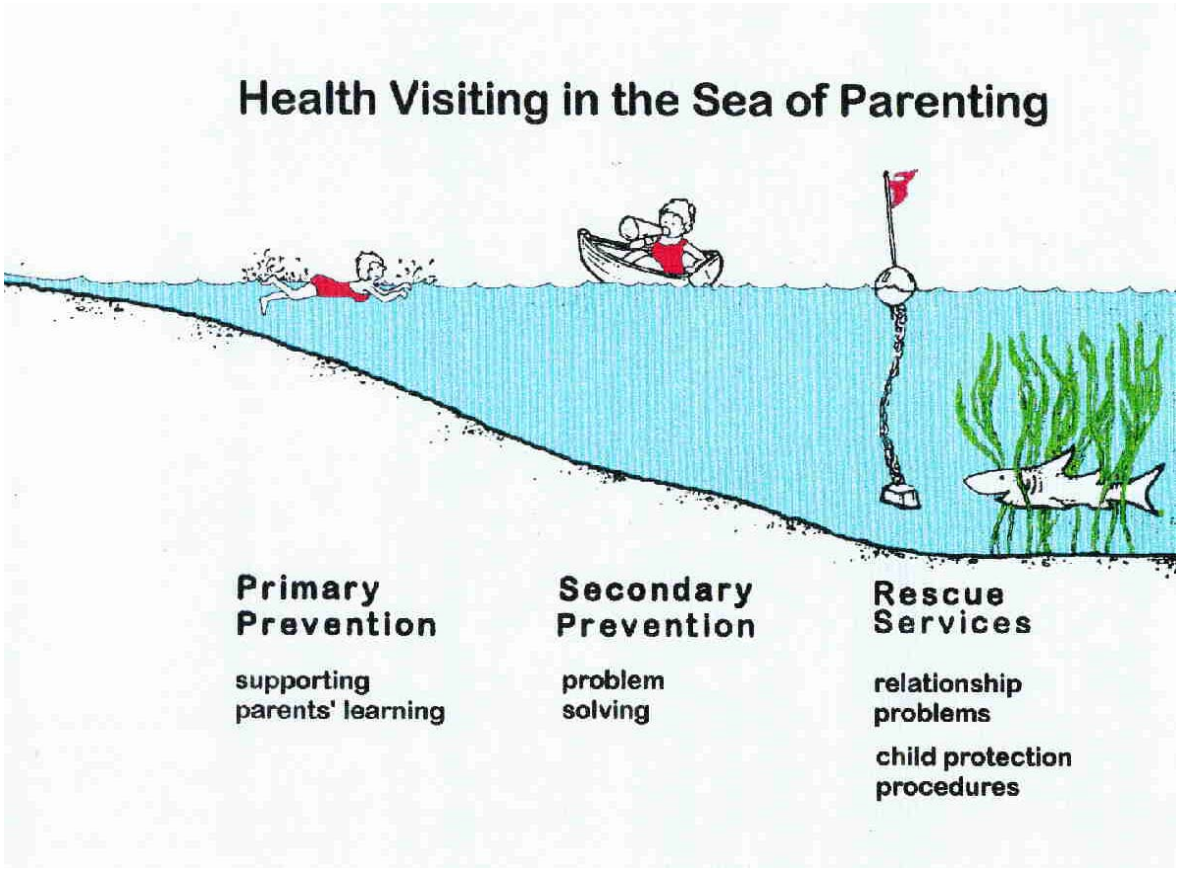
- how can I use knowledge emerging from my studies and my practice to support parents' learning?
- am I as client-led as I believe I am? Whose agenda am I working to?
- how can I be more proactive if they do not identify the problem I see?
- how do I keep the child in view when my engagement is focused on the concerns of parents?

I could not know the importance these questions would hold as my self-study progressed (Chapters One, Eight).

Multi-faceted health visiting.

In my first year researching, I needed ways to explain the complexity of a health visitor's intention to promote health so I could set the scene for my special focus. For my first conference presentation (Harrogate,28.6.96) I turned to the principles described by the CETHV (1977; Chapter One:20). However the complexity of applying these principles in practice is not apparent. I fell upon Caplan's (1966) explanation of primary, secondary and

tertiary activities for promoting health and adapted it for a visual representation of my work with families. Here is a copy of the acetate I used.



This picture shows my understanding in 1996. As I 'learned to swim', *primary prevention* provides a simple definition of health visiting intention to promote health. I am 'in the swim' with parents as they learn how to be parents and I learn how to help them. This was the area I wanted to explore to improve children's experience of family life. The implications of placing myself in the swim, as also the learner, gradually grew into a more complex notion of alongside relationships (Chapter Five).

Secondary prevention and problem-solving absorbs much of my time. It usually involves responding to problems parents identify about children's behaviour. In 1996 I suggested it was a bit like coaching from a boat. By giving parents ideas and encouragement to find solutions they could discover new skills for avoiding future problems. I felt competent but recognised there was more to know about the relationships behind problems that arose for families. Dealing with isolated, often decontextualised complaints did not address the wider picture of why problems happened in the first place. I was aware that I wanted my problem-solving skills to move away from situation-based behaviourist techniques (Chapter One:16). I wanted to respond earlier, before problems became serious, so fewer families ventured into deeper waters and needed rescuing. The boat analogy intended to show that requirements of my professional

expertise had greater influence on our relationships here. In reality, I believe I show respect for parents' knowledge and use negotiation techniques (Chapter Six; Video Two,19.2.97).

Tertiary work in treacherous waters, called 'rescue services', involves serious relationship problems and child protection issues. In a small number of cases where families struggle with serious disadvantages, I may need to make decisions for parents in the interests of their children. In the beginning, I decided not to explore the tertiary stage in this study because of the seemingly different relationships involved in coping with intransigent circumstances. I wanted this research to be about primary prevention as that is the main focus of my enquiry. Later, I turned to exploring my ways of relating in the tertiary stage as I noticed similarities and differences in meeting the emotional needs of parents and children in all the three areas (Chapter Seven). I now find the swimming analogy to be useful for explaining public health initiatives in the community beyond general practice. Here too, enhancing connections and creating support networks becomes a priority (Chapter Seven).

Entwining health visiting and researching roles

Through the research process my health visiting intentions and therefore my relationships with families changed. As I began, my aim was to find effective methods to *influence* parents' attitudes and behaviour for the good of their children. I wanted to know how to encourage parents to review belief systems underlying their relationships with children. I anticipated supporting their shifts towards communication styles with the children that were similar to those they expected for themselves as adults. In 1996 I was thinking about non-violent relationships highlighted by rights for children (Newell,1991; Pound,1991a). Confusion about where limits to children's behaviour should be drawn and how to enforce them abounded as I met people with differing perspectives on family life. I did not have answers. Nor did I know what the implications would be for parents if real change could be made for children. Until this time I had engaged in health education-style awareness raising which provoked emotional responses and did not always influence attitudes in the way I intended. A parent leaflet (Pound,1990), called for reflection but the provision of suggestions about methods that fitted parents' existing beliefs, was more difficult. I did not know what to do if parents defended their belief in punitive ways of communicating with children. Attempting to influence people in ways they were not necessarily asking for, was problematic and I could not be entirely honest with all parents about my intentions (journal,17.6.96).

Moving to collaborative action research and the new question, *How can **I** improve **my** practice supporting developing family relationships?* meant I could be open with all parents about my intentions. I began to shift from focusing on the misfortunes of children and a parent's wrong

doing to the more positive search for mutually rewarding relationships. With the shift in focus came relationship changes from parents as research subjects, through parents as participants in my enquiry, to parents as collaborators in their own parallel enquiries. Parents ask questions such as, *How can I be a better parent?* or more often, *How can I get my child to behave himself?* Stimulated by BARG my question became, *How can I be more helpful?* (journal,17.6.96).

Bath Action Research Group (BARG)

BARG offers a safe, enabling climate weekly for two hours in term time. Here I am taken seriously and given time to share contributions in text, verbal or video presentations. Members are mostly educators from a variety of contexts. We give time to each other's work and engage with ideas in dialogue. It is a collaborative environment in which we are **all** enquiring into our practice in the contexts of our institutions. I believe it is the underlying expectation that nobody really knows for sure, but we are committed to finding out, that underpins the mutuality and respect that makes this group so enabling. We expect ideas to be challenged in constructive ways towards dialectical construction of our individual but often shared living theories of life. Critical review such as this forms part of ongoing validation process for emerging ideas. A distinctive feature of this group is the reliably encouraging climate even when people are early in their enquiries and struggling with contradictory ideas. In my journal I see that I felt supported in the process as I moved through thinking stages trying to understand what more experienced researchers were talking about (journal,11.3.96). I notice I was given credit for my ideas and was never made to feel excluded or that I should be functioning on a more advanced level. This acceptance is definitive for me of the creation of living theories by people seen as valuable and in processes of becoming. It fits neatly with what alongside health visiting relationships can be like. In BARG I feel I am in a good place where '*the weather suits my clothes*'. My clothes change with the 'fashion' of changing social and personal expectations as my knowledge evolves.

My learning from BARG

Here is an example of an affirming experience that encouraged me to give credit to my own voice. After a presentation I made during my first year, Jack Whitehead replied by saying:

> *At the moment the power behind what counts as knowledge is in the academy. It is not in the form of knowing that you have. I genuinely do believe that you have the form of knowledge that I am interested in helping to make public ... If we were to take the view that you are starting to work with parents of young children and that the 'knowing' they have is developmental. It's emergent, but never the less is actually superior to the 'knowing' that is in the academy at the moment about what you are interested in. You would have the personal and professional knowledge together* (parents and me). *We* (the academy)

> *would be the learners. Over a few years our task would be to learn what it is for you and your parents to become good parents with your help and support. We would be subordinate, in terms of our learning to the personal and professional knowledge which you and the parents actually have, as you are working with the child, to become better parents.* (Taped presentation, BARG,7.10.96)

His words were exciting but it took me time to understand and 'know' them in my actions. I made big leaps in understanding in the first year as I moved from researching my influence on parents for the good of their children, to researching alongside parents in their personal enquiries in the way implied by Jack. Other examples of BARG members' words that developmentally prodded my thinking are included here:

> *You could add yourself to the questions. How can* ***we parents*** *understand...?* (Journal,5.2.96)
> *You could start by picking out one critical event and write about it.* (Journal,5.2.96)
> *Ask yourself which values are suggested by what you have told us.* (Journal,11.3.96)
> *I can understand parents wanting to talk about their hopes and intentions but I wouldn't want anyone else involved in* ***my*** *deciding how to be a parent.*
> *I can't think of any useful goals that might arise* (from interviews) *for parents.* (Journal,17.6.96)
> *We are creating a learning* ***communit****y*. (Journal,1.7.96)
> *I*(Robyn) *have just realised that your pupils know they are there for education because of the institutions you work in. My clients do not know they are in an educational relationship with me. For them I am there for advice and problem-solving.* (Journal,1.10.96)

Reflection on my practice and research experiences, which are actually often the same, awakened my trust that parents prefer more rewarding family relationships, if only they could find them. Placing value on current knowledge that parents, children and I already have about our worlds became appropriate. We search for questions that develop our knowledge rather than focusing on what we do wrong. I wanted to create the same affirming learning environment for parents and their children that I found in BARG.

The full significance of what Jack's words can mean for individuals, for practitioners and for research cannot be overstated in my view. I grew in confidence. I felt capable, energised and in control of this aspect of my life. I felt trusted to find my own way, to make mistakes and to learn from them in the name of research. I felt increasingly able to share decision-making with parents and suggest they might consider doing the same for their children. The results of my attempts to shift to this way of being are to be found in the 1999 questionnaire replies (Chapter Four:90). The shift took time and is not apparent in my early parent interviews. In 1996 I was asking parents questions so I could understand and plan my future actions (Sonia's taped interview,19.6.96). Now, I wonder if subconsciously the group gave me permission to explore alongsideness because of the collaborative way they were with me? Alongsideness as a way of describing collaborative complexity took time to dawn.

Beginning by interviewing parents

My first active cycle, beyond keeping a journal and attending BARG, was interviewing. Following discussion with Kate Gammon, health visiting critical friend, I decided to offer all expectant parents an opportunity to think about their expectations, hopes and beliefs for their relationships with their children in the form of taped semi-structured interviews (Sources:215). Tape recording would allow me to give full attention to the conversation (Bell,1987). During the pilot study (Pound,1994a), I had learnt from Oakley (1981) that finding out through interviewing was most fruitful when relationships were non-hierarchical and I invested some of myself in the process. This brought interviews closer to our usual health visiting contacts. I anticipated interviews might form part of on-going work and wanted parents to benefit from their experience rather than be passive providers of information (Finch,1984; Wilkinson,1986). Beyond the intended reciprocity in the process I also decided to transcribe interviews and hand them back for sharing between partners. My hope at the time was that this process might produce goals for parents to work towards and create dialogue that could continue through the child's early years.

Having previously used grounded theory (Strauss&Corbin,1990) where a degree of detachment was necessary, I wondered about the validity of these interviews for research. I also felt uncomfortable about not being completely honest about my intentions in the early interviews, just as I had not been during the pilot. I recorded in my journal:

> *I am trying to influence the views of my clients - I find it hard to write that because I am going to great lengths to say I am not imposing my views on others but I can't get away from it. I am giving information to provoke thought. I am trying to get parents to consider what they believe in and then consider how they put their beliefs into practise with their children.* (Journal,28.6.96).

These concerns evaporated as I began to understand dialectical research, in which I was also learner in collaboration with parents, and interviews became a phase of my process of understanding.

Amongst antenatal clients I found wide interest in parents' future relationships with their children and many agreed it was a matter worth thinking about. It was more difficult raising interest in talking with me about it in an interview. For those who were interested I offered to send further information in an 'informed consent' letter (Appendix I). I put no pressure on parents to take part so further discussion was dependent on their showing interest in receiving and returning the consent letter, signed. I hoped parents would take part because they wanted to. All families who asked for information took part. I did ten interviews in five families,

including two fathers. Fathers were difficult to enlist as their partners were my primary contact, often suggesting they would not be interested. My lack of clarity about my purpose makes this unsurprising.

For mothers, who had not met me before the antenatal visit, it appeared too big a leap to agree to be interviewed about such a personal issue. This was especially true because an aim of the antenatal visit is to allow clients to meet me and to assure them my intention was to respond to needs usually identified by themselves. I tried to be unintrusive at this stage because I knew we had plenty of time to get to know each other. Parents seemed to like to know I did not intend telling them what to do but I would be there to ask if they had concerns (Chapter Five). Issues raised antenatally are usually practical, involving the birth and the immediate environment. It proved hard to continue my non-invasive philosophy *and* expect them to speak about very personal issues. The roots to alongside relationships appear to lie in the way I already functioned with parents. Values of respect for the inherent worth of people and for their self-determination, although I had not yet recognised them, appeared to already motivate me.

I introduced the idea that I was interested in how relationships develop between parents and children. All the mothers who agreed to take part knew me because they had older children. Three mothers of first babies, who did not know me before the antenatal visit, did not agree to be interviewed until their babies were several months old and we knew each other. Each had expressed concerns in the antenatal period because of their own childhood experiences. First-time mothers needed time to feel comfortable about being interviewed. Everyone expressed interest because they wanted something better for the child. In different ways each indicated they were wary of involving anyone else in their decisions about how to parent or in being told what to do. Not everyone who expressed concerns about relationships in their own childhood was interested in giving thought to it in an interview. These people continued to talk from time to time, usually when crises arose. Three chose to join one of the later parenting groups.

Interviews proved unsuitable for mainstream health visiting because of the time commitment. I felt unable to conduct them in normal work because each took up to two hours with a further twelve hours to transcribe. I felt it was important to provide transcriptions as a way of continuing our dialogue and for sharing between partners. Everyone voiced appreciation at having transcriptions and most reported sharing them with partners. Although this was useful as a way of opening discussion about beliefs and values between partners, I eventually dropped it as a working strategy because it was too time-consuming.

My learning from interviews

Learning emerged from the interviews in several areas. Initially, semi-structured interviews rather than conversations were intended because in 1996 I was not clear about the degree of my personal involvement in the research process. I attempted to minimise my input as I had done in previous research (Pound,1994a) so that parents had the chance to explore their thoughts in a relatively uninterrupted way. In the grounded theory research I attempted not to influence the data with my perspective (Pound,1994a). I was to become aware that my relationships with them was also under scrutiny. However the interviewing offered me useful learning about listening skills and played a further part in my shift towards focusing on the parent's expressed agenda rather than mine about children's rights. Collaborative relationships, and later my notion of alongsideness, grew from insights germinated in hearing parents' emotional stories and their hopes arising from past experiences (Taped interviews, Dee&Joe,12.6.96; Sonia,19.11.96; Carol,30.6.97).

It became obvious that these parents were passionate about creating something better than they had experienced themselves, but they did not see me playing a key role in their learning about how to be parents. They saw me as someone they could ask about practical issues. My attempts at creating on-going educational relationships, where we could work it out together, did not arise in the way I hoped, even following the interviews. Parents saw it as advice or a sounding board for their ideas rather than an educational process. My writing in 1991, indicating the urgency of my agenda and my beliefs at that time, may offer clues to the focus of my preoccupations (Pound,1991a).

The process of identifying potential interviewees, the interviews themselves and our relationships thereafter increased my insights. I felt I grew more tuned to recognising which parents might wish to talk about relationships, the types of comments likely to trigger conversation and the advantages of enabling parents to retain control of the process. I began to use these skills in less formal situations. Several parents I interviewed commented about my 'knowing them' so we could proceed without having to revisit old ground every time (Marianne,3.7.97; Sonia,6.5.97). By 1999 'you know me' and 'you are there for me' were frequent replies in the questionnaires sent to all families (Questionnaire,1999:61; Chapter Five). My consideration of fathers' views increased with interviewing so I am now more likely to ask if they can be included in discussions. My intention to continue interviews in a more conversational form evaporated as I began to learn about emotional needs and to recognise windows of opportunity for conversation in everyday work instead. I started asking about the qualities and values within our relationships and later began to refer to them as alongsideness (Chapter Four). This is an example of the generative nature of action research (McNiff,1993).

A contradiction in practice

The contradiction to be found throughout this research is evident here. How can I be both client-led and proactive? My aim in the antenatal visit is to begin a relationship that can grow over time and to reassure parents that my intentions are non-invasive in that I will respond were possible to needs identified by themselves. Yet I was approaching them with my own urgent, unspoken children's rights agenda. How was I to understand and resolve this conflict?

Using videos

Following a presentation I made to BARG I heard:

> *Jack: Your presentation does not do justice to the spirit of your enquiry. Your method of communication when you are presenting to us does not portray the quality of relating that I see, the sensitivity, humour and caring you display when you are talking with us ... You show a certain modesty which isn't necessary...*
>
> *I think if you were to video yourself working with parents you would begin to get some feed back on some of the powerful ways you communicate when you are telling us stories ... You can communicate in that sense of an authoritative enquirer who isn't sure but you're really committed to exploring it in this way without the self-deprecation that breaks that feeling you have with the audience.*
>
> (Journal,7.10.96).

I borrowed a camcorder and placed an explanatory notice outside the Drop-In clinic informing parents about the video and offering an alternative way of seeing me if they preferred. One of the mothers who came with a child was Sally who had a baby who did not sleep (Video One,6.11.96). Sally, agreed to my following her story as she coped with her problem (Sally's story, Chapter Six). In a second video at Sally's home we planned the method she and Peter would use to get baby Kelly to sleep through the night (Video Two,19.2.97). In a third video, I asked Sally about her experiences of working with me and her expectations of health visiting (Video Three,2.6.97).

Responding to Jack's observation that during formal presentations some qualities observable in my communication with families and in BARG were lost, I filmed my presentation to a CARN/RCN conference (Video Four,25.6.97). It shows my flat monotonous presentation of a prepared script read to a disconnected audience. With BARG help I worked on my confidence in relating with audiences in ways apparently effective in other relationships. Teaching sessions with health visiting colleagues (Video Five, 13.7.97) and nursery staff (Video Six,16.6.98) using the Crucial Cs were more interactive and show atmospheres more akin to how I was with Sally. In turn a video presentation about *Creating Connections* in relationships to an academic audience shows more responsive interactions than I previously achieved (Bath

presentation, Video Eight,21.2.01; Chapter Four:10). I also filmed a HVRG meeting to see if the climate I was experiencing in our group reflections was observable (Video Seven,9.7.98).

Referring to literature about visual image in research I find it to be bound by the same credibility constraints as other methods within disciplines using them (Prosser,1998:97). However, Adelman appears to recognise my purpose:

> *research photography is a method seeking discovery, rather than a technique of documenting life instances and object relationships* (Adelman,1998:150).

For me the process of discovery about the significance of Videos One to Three took several years as I looked at them through developmentally changing eyes and with different people. Their use for creating meaning was of greatest importance to myself in this enquiry, but other people appeared to be reflective about meanings they found for themselves as we watched together:

> *When conducted with a group of practitioners the stating of propositional knowledge excites comments on fundamental difference in approach and social values.* (Adelman,1998:158).

Walker explores multimedia representation of film with sound and text to create 'virtual realities' of complex social situations (Walker&Lewis,1998). Each viewer can follow their own enquiries, by progressing through the evidence in their own time and direction:

> *They demand different kinds of attention (a different gaze), different forms of engagement, and require different forms of production. If we are to advance intelligently in using multimedia in social science research we might need to investigate more closely the educational range of cultural events of this kind.* (Walker&Lewis,1998:174)

Jack Whitehead (2002) believes that it may only be in representation such as this that we will get close to understanding and sharing insights into the intricacies of effective practitioner interaction. I reserve exploration of visual representation such as this for future enquiry.

Where is my learning from videos?

Observing qualities in my relationships was easier with the help of others (BARG,3.2.97; HVRG,24.4.97; presentations, Bath,21.2.01; UWE,27.3.01). Videos One, Two and Three showed aesthetic qualities of interaction that I needed help to interpret. In the second film I particularly like the ways Sally and I include the children so they appear central but do not disrupt negotiations (Video Two,19.2.97). I sat on the floor near the children and the conversation is three-way with Sally, Peter and my views all given credence. In this film I am more directive because Sally requested help. Together we arrive at a plan to suit her style. I

recognise my methods of communication are in tune with the usual climate of their household (Chapter Six:142)

Watching the video, observers noticed alongsideness in the problem-solving process was enhanced by observable warmth and connection. One observer suggested that while the relationship seen on video appeared easy and calm, creating it was complex and not at all simple to achieve (Bath presentation,21.2.01). I realise the qualities of interaction such as Sally demonstrated with her family is mirrored in my attempts to be respectful and assuring of her autonomy. Other observers asked how I would be with less democratic families (Video Eight; Bath presentation,21.2.01, UWE presentation,27.3.01). For ethical reasons I have not filmed such families, or any other families. As my visits often involve personal matters, which families prefer to discuss in confidence, video-recording could interfere with the emotional, exploratory nature of our relationship. Like Cowley, I cannot know if a visit is 'routine' until it is over (Cowley,1995), Sally was confident to be video-taped for my research purposes, 'You know me, I like being an actress', she said. At this time it is hard to see what advantages video can offer families beyond ***my*** research, especially for those with long-standing problems and continual crises. It feels like voyeurism of people who already feel everyone knows their business. Video-recording could be used to enable families to become aware of how they interact but I have not explored this possibility. My explorations about connecting and sustaining relationships while being more directive therefore remain in text (Chapter Seven).

I agree with Jack Whitehead that qualities that make personal interactions effective are not fully describable in text but may be more explicable on film. At an early presentation of videos students described seeing me use a 'total communication style', 'a way of being beyond professional skill' (presentation of videos to MA students, UWE,25.2.97). I will explore the complexity of alongsideness more fully in Chapter Eight. Meantime I became aware that the qualities that work well with individuals are equally important if people in learning groups are to get the most from their sessions. Videos made during interactive group sessions (Videos Five, HV colleagues,13.7.98; Six, Nursery staff,16.6.98; Seven, HVRG,9.7.98; Eight, Bath,21.2.01) show qualities I am coming to understand as more respectful, inclusive and educational than can be seen in the conference presentations when I talked *at* the audience (Video Four, London,25.6.97). The later style was identified by the audience as including connection through friendliness and humour (Video Eight,21.2.01; Chapter Four:95).

While I used video as a method of trying to understand the 'total communication' that alongsideness suggests, I recognised my health visiting relationships grew out of alongsideness while also developing it (conversation, Moira Laidlaw,25.3.01). But I rush ahead of myself. I

will summarise initial values underpinning alongsideness before returning to 1996 and the first influences of Adlerian theory.

The value of alongsideness

Alongsideness I see as a democratic way of being founded on respect for the inherent worth people who are each involved in processes of becoming as I am myself. Alongsideness involves commitment to valuing the other's knowledge and skills and fostering personal autonomy. Alongsideness in health visiting for me involves creating and sustaining connections with people towards an agreed purpose. In this, friendliness and humour play a part, while I also need to hold my own beliefs and values in view at times when they could be subordinated by the relationship. The values observable in alongsideness appear key to relationships that are capable of enhancing health, educational and personal growth.

Understanding family relationships

When I began this research I was looking for a way of working within usual one-to-one health visiting contacts. Parenting group work was not my intention because I wanted to work at an earlier 'primary' stage, before problems were perceived by parents as serious enough to seek help. I also believed groups would only be accessible for a small percentage of parents. I wanted to offer a universal service capable of providing information and support to all families. I had arrived at this point (January,1996) via the negative route of exploring what children did not need (Pound,1991a,1994b), and did not know how to help parents find alternative ways of creating relationships. Knowing I did not usually turn to punitive methods with children myself did not mean I could explain what other ways were. My own methods were instinctual more than fully thought out and I recognised gaps in my knowledge about parenting. I wanted to learn about 'positive' democratic parenting and adapt group work for my purposes with individual families.

After reviewing many parent training programmes I talked with Norma Angeli (Smith,1996:164) and in January 1996 joined STEP facilitator training (Dinkmeyer& McKay,1989; Chapter One:18). Later in the year I arranged for Norma to offer training to Bath colleagues. I co-facilitated two groups for mothers using STEP in 1996 and 1997. Both courses were well received. In each case parents were enthusiastic and said they were more thoughtful and had made changes (journal,16.1.97). However months after the second course one participant, Martine, said she had difficulty retaining the ideas and wanted to repeat the classes (journal,7.5.97). *The Parent's Handbook*, around which the course was based, is lengthy and the concepts hard to retain (Dinkmeyer&McKay,1989; journal,16.1.97). I also found the information hard to use in brief conversations with parents. The meld of beliefs and

expectations we use as parents is so complex, I could not think where to start to give discrete snippets of useful knowledge without going through the whole STEP course book each time. Like Marianne (Chapter Five), most parents were not asking for a parenting course, they were joining conversations about parenting issues that were not always their first concern. Sometimes the agenda was mine.

My colleague, Kate Gammon, and I decided we needed a simpler method of introducing the principles. In July 1996, Karen John introduced me to the Crucial Cs version of Adlerian theory for parents (Lew&Bettner,1996; Chapter One:19). Together we ran a twelve week course tailoring the Crucial Cs to the needs of the group (journal, 29.5.97 - 24.7.97). This model seemed easier to retain but the parents needed to practice and reflect on the difficult changes they were making. This format also provided me with a solution for working with individual parents in one-off situations of problem-solving. I began to experiment, using it when parents' expressed concerns about their children's behaviour (Chapter Six). I recorded field notes and kept carbon copies of the written process of this simpler tool as I tried it with parents. I learnt about the theories as I explored the process with parents. I also used the tool with groups of student health visitors, health visiting and school nursing colleagues, nursery teachers and parents and a CAMHS training project (Chapter Four:100-107). Through these experiences the theories appeared applicable for understanding relationships beyond parenting.

Theory of human emotional need

I found the Crucial Cs appropriate for use in one-to-one interventions, peer reflection and group-work (Chapter One:19). The positive process of identifying emotional needs underlying behaviour appears more accessible, optimistic and useful than focussing on 'mis'behaviour and how to stop it. The notion of alongsideness between parents and myself expanded with my understanding of mutually rewarding relationships between parents and children. As I practised using the Crucial Cs, I began to realise several things beyond the idea that parents' emotional needs should also be met.

First, parent's behaviour and feelings often mirror their child's behaviour. Prompting recognition about how parents feel themselves when things go wrong can create insight and empathy for the child's point of view. It seems to release parent's commitment and energy for restoring children's well-being in fresh new ways. Parent responses to behaviour sometimes shift to what appears to be the complete opposite of what they were doing before (Chapter Six:Clare). They begin to see that their own 'mistaken goals' of attention seeking, power, revenge or avoidance may trigger mirrored responses in their children (Chapter One:19). As mistaken goals fade 'mis'behaviour becomes less necessary. I now suggest using 'logical

consequences' (Appendix III) for managing behaviour less often as the focus moves away from stopping unwanted behaviour and towards realising emotional needs, through creating connections and increasing perceived competence (Chapter Six:152).

Second, I find its greatest use with parents who express concerns about their child's behaviour and are motivated to solve a problem (Chapters Five, Six, Seven). Greatest learning moments occur when parents are motivated to make things better for themselves. There may be little to be gained from responding too early to my predictions of future problems. I am better to wait for, or create, windows of opportunity (Chapter, Six). Small problems mentioned lightly, such as children's lack of co-operation or defiance, can be enlarged to increase parents' motivation to explore it. In Chapter Seven I discuss what happens when there are obvious problems but parents ask no questions about their parenting. Third, my predictions remain helpful to me in that they alert me to opportunities where I can stimulate parents' own questions about the gaps between their hopes and the reality earlier than if I waited for more serious problems to occur.

My use of the Crucial Cs, like most of my learning, has been developmental over six years as I explored possibilities and integrated them with other areas of enquiry. Importantly for my epistemology, awareness of human emotional need melded into the theory of alongsideness I now attempt to represent here. My intentions broadened beyond seeking to realise rights for children in families, or managing children's behaviour, to a wider more community focused endeavour of increasing connections and well-being. I returned to a public health approach to health visiting (Chapter Seven). I will look again at my interpretation of Adlerian theory in the next chapter as my integration of it into alongsideness progresses (Chapter Four:84). In the meantime I began to look for opportunities to explore ideas with colleagues.

The Health Visitor Research Group

In my first year I found difficulty trying to explain to colleagues what I was researching. I wanted to find a way of hearing and sharing ideas. My colleague Kate Gammon agreed to join a group for discussing health visiting concerns. Opportunistically as I came across them, I asked colleagues if they were interested in group research. The first health visitors I met agreed and a date was set. Six of us met over the next three years publishing two articles (Pound, et al,2001a,b).

I felt my colleagues may have more pressing concerns beyond my focus on health visiting support of parenting and I could not automatically expect them to join my research interest. I also wondered what impact my passionate (I had heard 'evangelistic') action to mobilise children's rights in health visiting had on colleagues' impressions of how dominant I might be in

a group. I realised I needed to create the kind of collaborative relationships with my researching colleagues that I was now trying to create with parent-clients. I believe my attempt to create the collaborative climate with the group shows I was trying to do what I was coming to know.

Reading Traylen's account of her co-operative inquiry with health visitors was helpful in that here was evidence that health visitors could meet together and research their own practice (Traylen,1994). I felt inspired, but also uncomfortable and warned by the urgency of her process. It was initiated for her own research purposes which included the need to 'develop some propositional knowledge' (Traylen,1994:80). Her health visitor colleagues said they benefited and 'grew' in the process but as leader she felt the need to 'map out how an inquiry might progress' (1994:63) and 'help the group move on' (1994:66). This may have been because of her tight time scale of eight months in which to achieve changes in practice and produce an explanation of reflections. Traylen appeared to accept 'the issue of distress which is involved in this kind of inquiry' as necessary (1994:72) and words like 'confrontation' and 'anxiety' appear in her report. I could not associate these emotions with research relationships I envisaged or that they were an inevitable part of collaborative enquiry. I put her paper to one side, to be picked up again in the writing-up stage. I will speak later about influences that made some of our experiences different.

In common with Traylen, I wanted to form a group for my own research purpose (health visiting support of parenting). I wrote to the group that I was eager to invite 'co-researchers in this or your own enquiries' (Introduction letter,5.11.96). Much of my rationale echoed Traylen's, but I turned to Glennie and Cosier who spoke about collective ownership of the research agenda, process and outcomes to generate commitment and learning amongst participants (Glennie&Cosier,1994:255). I could see the research would need to allow opportunities for all interests and a more general theme might be preferable. Nearly any focus would probably have relevance for me because practice is the complex drawing together of multiple influences and skills. I recognised my process of experiential learning was primarily self-motivated and involved reflection on experiences and feelings. I wanted to share my process of discovery with colleagues. In my letter I said:

> *Reading around the subject I find that a group such as this gets off the ground best if it has someone initially to suggest a subject area and a process. The ownership of the content and the process then needs to be transferred to the group as soon as possible.* (Introductory letter,5.11.96)

At the first meeting, November 1996, I summarised my own research so far. We discussed practical issues such as: the focus of the group and its aim, our roles within it, how often we should meet, for how long, over what period and if the meetings would be tape recorded. We

agreed the process felt like democratic peer supervision between reflective practitioners. Everyone agreed they could learn from it and improve what they were doing. I suggested it would become research if we collected and rigorously scrutinised evidence for our insights and presented our explanations for public scrutiny. I agreed to take the role of summarising tape recordings and circulating them before each meeting. In this way moments of insight and emerging themes were to be recorded and available. In reality we tended to just keep flowing, adding to and revisiting ideas.

We met for two hours monthly to discuss matters of interest about health visiting. Many concerns arose, often centring on threats to health visiting from GP fund holding[1] of the time. This spawned an urgent need to be able to evaluate and explain what we were doing. Supporting parenting was of general interest but we decided to allow time for our focus to emerge gradually. My aim of producing something useful towards my Ph.D. transfer in eighteen months offered a time-scale.

Reconnaissance

The reconnaissance phase involved a free flow of ideas and shared debate in a climate which sounds respectful, friendly and mutually supportive on tape. I wrote, summarising the phase:

> *The palpable enthusiasm each time we met persisted for all of the meetings. Several of you spoke of your pleasure at being able to discuss health visiting matters in depth. Time set aside to talk, and the safe, confidential nature of the small group meant we could discuss personal and important issues, which we may not have had opportunities to explore elsewhere. I know I benefited from the reflective conversations when I could sound out ideas with you.* (Letter to group,15.9.97)

Clear themes emerged:

- the value of group supervision[2] and reflective conversation
- exploring qualities in our relationships with families and between ourselves
- identifying the knowledge and skills we use in health visiting
- finding ways of evaluating health visiting effectiveness

Story telling

By October 1997 our intentions were to work towards writing our insights about health visiting for our professional CPHVA journal. I undertook a literature search about the knowledge

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[1] GP fund holding gave general practitioners budgets to purchase health care for their practice. Community nursing was purchased with these budgets and were often seen by GPs as resources for meeting medically defined targets with less focus on primary prevention.

[2] Group supervision, now called 'peer' or 'clinical' supervision is a method for exploring quality in community nursing as part of Clinical Governance requirements (DoH,1999a)

nurses use because a question had arisen that my perspective and tacit knowledge sounded like prejudice (Pound,1997; Chapter Five). We began collecting critical incidents (Benner,1984; Johns,1994), stories which illuminate how we work, that make us reflect or that show shifts of clients' knowledge and behaviour. We noticed and questioned what appeared to be effective in stories and held relationship qualities and types of knowledge, observable in the work, against a tentative model of health visiting knowledge (Pound et al,2001a). We wanted to show the complexity of our knowing-in-practice.

Questions about confidentiality led some of us to sharing stories with parent-clients or asking them to write their own. The amount of emotional involvement some colleagues' stories displayed sparked off discussion about what we give and get from our efforts and raised questions about whose agenda we work towards.
Through understanding, we sought to embody the qualities and 'knowing' in our actions (Pound et al,2001a). Similarities between rewarding parenting, health visiting and researching relationships were observable both in the stories my colleagues told and the way we were together (HVRG Video,9.7.98; meeting tapes). We all reported feeling good and wanting more of the reflective process (meeting notes,27.4.99).

Listening to the tapes I noticed I sometimes interrupted, by trying to interpret what a speaker was saying. I broke her train of thought so she needed to start a new sentence and maybe a new idea. Writing in the notes I said:

> *It reminds me that it may be important in my visits too, just to listen and not to add ideas unless invited. The flow of thought of the speaker is also a flow of ideas, some of them may be new to the speaker. A chance to work out solutions for themselves while speaking.* (Meeting notes,11.12.97)

Recently I noticed I still do it when enthusiastically engaged in a conversation. Now, I am more likely to realise I have interrupted and try to hold back.

As a group we agreed to lead an Awayday for colleagues in the city. Our brief was to raise morale because GP fund-holding had resulted in redundancies and colleagues felt undervalued in the market-led climate. We aimed to stimulate 'feel good' story telling and positive discussion about health visiting. Each discussion group was led by a member of our group with a brief to enhance confidence by helping to identify the knowledge and qualities evident in our stories. We wanted to encourage colleagues to recognise what feels good about a visit and why. About the planning meetings I wrote:

> *We discussed the Awayday in a kind of enthusiastic but nervous frenzy! This was a very rewarding tape to listen to. The completely focused bubble of confident conversation showing the commitment and enthusiasm we have as a group is plain to hear. We know this group has been good for* ***us*** *and yet the old feelings kept creeping in! 'Will we be good*

enough on the day?' 'What if they don't like what we've got to offer?' 'What do we know about this anyway?' 'What if they say they've always known it, what's new?' Mostly we were able to recover quite quickly and tell ourselves, 'We are having a closer look at what we do, we might have known it subconsciously, but we are trying to be clear about what we are doing so we can tell others'. 'If ***we*** *like these discussions* ***they*** *probably will too.*
(Meeting notes,8.1.98)

Feedback from the Awayday was enthusiastic that we had achieved our aim of creating an optimistic, cohesive and enjoyable day (peer feedback,21.1.98). It is hard to state benefits for colleagues beyond sustaining connections and engendering hope and vision in a period of professional discouragement. For me, I learnt that colleagues need encouragement in the same way as our clients (Chapter Four:87).

Analysis for report writing

We began to look at integrating our stories and telling new ones to explore the complex knowledge we use. We thought of ways we could write collaboratively, which question to answer, and how to acknowledge ourselves as authors. The process started collaboratively with whole group discussion about the points we wished to make and the requirements for achieving it. An edited example from our conversations:

Kate: Collaborative reflection was about thinking about things together and saying, 'oh yes, we did do it like that'. Then we got more specific about the stories we told.

Mandy: Because we were looking for similarities, things that defined the knowledge of health visiting. From different stories we picked out themes.

Robyn: Telling stories invited others to tell similar stories and then our methods began to take on credibility as we had them in common. We were trying to find stories which would fit our framework as examples. Was that constraining?

Caroline: Are we concentrating on the positive aspects of health visiting? Someone said the other day. 'I don't like health visitors they are so nosy'. I went away and thought, yes you do ask probing questions a lot of the time. Now I think, 'do I need to know this?'.

Jan: Sometimes you need to ask questions and other times it is not necessary. It's more important just to listen. (Meeting notes,19.3.98)

A video recording of the group at this time shows the respect we show for each other and the degree of camaraderie and excitement generated by the process of enquiring together (Video Seven,9.7.98). Some of us were keen to write and others offered to comment on texts. Three of us met with a large sheet of paper and the knowledge framework we had been using (Pound et al,2001a). I agreed to write the story from our notes and offer it back for responses. I was aware of power bestowed in holding the pen but could not see how else to write without us all sitting together. After numerous circulated drafts and discussions we submitted an article to the CPHVA Journal. An encouraging response from the referee set us off again rewriting it as two articles. Several drafts circulated before it was submitted and accepted in September 1999. During this period members of the group suggested my input had been such that instead of

being listed alphabetically I should be first named author. When finally published more than two years later the editor's tight deadline demanded quick decisions about cutting length. I undertook negotiations to retain our individual voices with only partial success. A number of illustrative quotes from the group were lost (Pound et al,2001a,b).

HVRG colleague responses

Having read a draft of this account, each of my colleagues agreed the process was a warm and pleasurable experience. No one left the group in three years. When asked what they learnt, the responses made separately were similar. It had made them more questioning about what they were doing and it had been useful to stop and reflect. Hearing colleagues views increased their confidence, they said, and extended the possibilities of what they were doing. Another observation was that it had made people who were not previously friends, work together collaboratively. The only negative comment was that the process had ended. Three said that is was supportive at a personally difficult time. Three have since undertaken further education.
(Verbal responses,May,2001)

Reflections on the HVRG

Now, reflecting on the process we experienced together, I look to Traylen's account of her group enquiry with health visitors for comparison which helps me make sense of our own (Traylen,1994). Throughout her paper I am struck by the words 'confrontation, fear, anxiety and guilt' used repeatedly about health visitors' feelings towards their clients. They identified a dilemma arising from health visiting remit to promote health which creates 'hidden agendas' when needs unvoiced by parents are identified by health visitors. Her research focuses on how to raise parents' awareness of the agendas by being open and 'confronting' the problem. Traylen concludes that her own research is in parallel with the health visitors because of her need to 'challenge' and 'confront' her co-researchers about things they said in the group (1994:71).

I empathise with the need to deal with hidden agendas. This had become a question for me. However I believe the problem is compounded for Traylen in that health visitors' knowledge appears to be given precedence, over that of parents, and hers over the health visitors. A perceived obligation to tell parents about health visiting concerns carried an expectation that parents would make health improving changes accordingly. She describes the process through which the health visitors learnt to be open and honest about their hidden agendas and to 'confront' parents about their observations.

My own sub-question asked how I could be proactive if parents were unaware of the problem I perceived. My focus appears to differ in that I asked it with an underlying belief that parents are knowledgeable about their families' health and will be more likely to make changes towards

goals that are most meaningful to themselves. The course of this research moved me further away from using my agenda to raise awareness directly and towards helping parents prioritise their own concerns. I might use my agenda to enlarge opportunities or, increasingly, I may only need to remain aware of my concerns while parents deal first with those of most urgency to themselves (Chapter Five). If my concern is real then it is likely also to arise as a concern for parents when they are in a position to address it.

Reading Traylen's paper now, in my writing-up phase, I begin to understand why her research was confrontational for the health visitors. As long as they believed their expertise required them to control the health promoting agenda, they risked envisaging outcomes which parents may not have been ready to move towards. In her paper I see parallels for the health visitors themselves. Some recognised the group was moving them to try new ideas before they felt ready (Traylen,1994:68). I found it interesting that the climate in the group appeared to mirror expected relationships with parents. Towards the end of Traylen's project the health visitors began to realise that they could shift to being,

> *family-led ... not what* **we** *want ... maintaining and enhancing individuals' well-being* (1994:78, my emphasis).

The language in the account became warmer but their process ran out of time. I believe our research process nearly ten years later, started where Traylen's ended, with the expectation that it would be client-led.

Implications of professionalisation

Fox (1995) raises useful questions about the implications of professionalism on caring relationships. I found them helpful for bringing clarity to my dilemma about being both client-led and proactive with parents. He relates being proactive as a professional with 'care-as-discipline'. Technical and practical knowledge, including that acquired from access to and observation of clients bestows specialist knowledge on the professional. Surveillance of clients using the knowledge/power of this discipline, for the purpose of planning care, Fox calls the *vigil* of care. Client dependence for identifying and solving needs is assumed. The word 'discipline', meaning both a set of practices by which individuals become subjects of power and professional or academic grouping, is interesting for the implied expectation of compliance by a more knowledgeable professional (1995:111). The *vigil* of care establishes a divide of superiority and control that instinctively I wanted to reduce. But how could I when my professional knowledge uncovered a normative need to be addressed, in the interests of the children?

Fox suggests an alternative, enabling *gift* of care, which is about trust, esteem, generosity and curiosity. He describes it as:

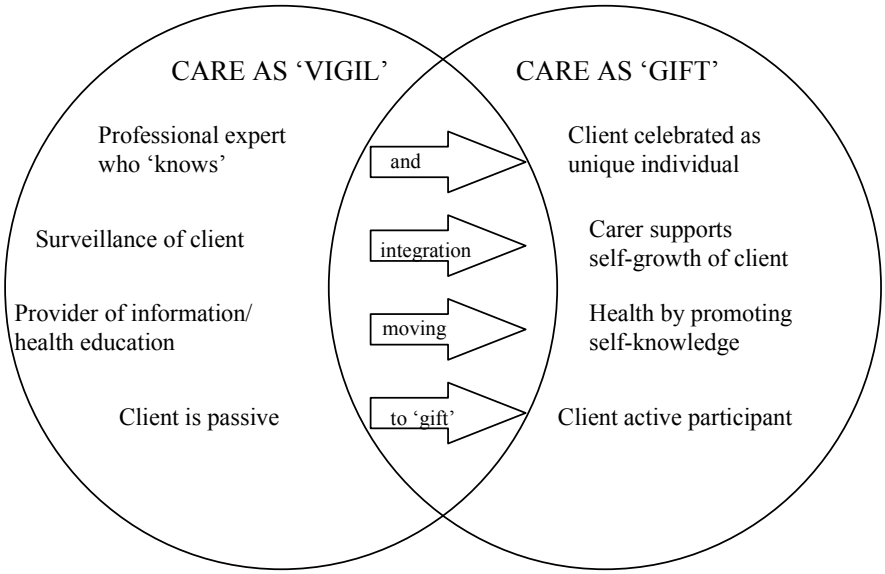
> *to do with becoming and possibilities, about resistance to discourse, and a generosity towards otherness. It is a process, which offers promise rather than fulfilling it, offers possibility in place of certainty, multiplicity in place of repetition, difference in place of identity. It is care-as-gift which expects no recognition.* (Fox,1995:122)

The *gift* sounds like alongsideness. Fox suggests however, that our attempts at nurturing client confidence and self-growth may be adversely affected by our being the ones who 'know' and 'watch' in our professional role. He warns of the possibility that trust may become dependency, esteem become reverence, generosity become patronage and curiosity the *vigil* (1995:116). An empowering relationship could become disempowering. I value this warning and also his questioning of Cixous' critique (Cixous,1986) that *vigil* and *gift* are mutually exclusive opposites incapable of integration in professional practice. In the HVRG:

> *Kate: They are in conflict, but we are trying to do both and that's what makes health visiting so difficult to do and to explain.*
>
> *Caroline: I disagree that it's always disempowering. The person might not have been coping so the very act of taking over might minimise the weight on their shoulders ... make it manageable ... empowerment of a different kind.*
>
> *Mandy: Some say, 'Just tell me what to do!'*
>
> *Jan: I may need to be clear about the limits of acceptable behaviour for parents when children are at risk.* (Edited meeting notes,28.1.99).

We agreed interim support, advice and limit setting can relieve the situation making it manageable until the parent is able to cope, take control, move on and grow again. We identified 'holding' in various forms, through the reassurance of a knowledgeable professional, to be a necessary part of helping some clients to cope. Winnicott describes holding as important for maturational processes in infancy, during maternal provision and for people growing through dependence to independence (Winnicott,1990). For our interpretation of holding which melds the conflicting roles of *vigil* and *gift* identified by Fox (1995) see the illustration below from Pound et al.

Care as 'vigil and 'gift':
integration of conflicting roles



Adapted from Fox, 1995 in Pound et al 2001b

An alongside approach to promoting health, intends to celebrate the individual specialness of clients and foster self-growth and independence. From accepting clients' perceptions of their world we can gain valuable insights for increasing our own intuitive knowledge (Pound et al, 2001b). For example, I wondered if Marianne's ME was linked with her apparent lack of confidence, but noted her frustration that people discounted it as an illness. I decided:

> *if ME is a working explanation of her symptoms then that is what we need to work with.* (Chapter Five:110)

Three years later she said:

> *I firmly believe you've helped me grow because of our relationship, but that again, as you say is a two-way thing.* (Chapter Five:129)

I believe value-led reflective practice, such as I develop through this enquiry, can expose tensions and create opportunities between the tensions. Through this thesis (particularly Chapter Seven) I demonstrate a growing understanding of the contradictions in alongsideness, as a *gift,* capable of integrating the *vigil*. I now notice that alongsideness for me is about striving for reciprocity between parents and myself where we are co-learners in our parallel enquiries. This is more possible in health visiting relationships that are exploratory and educational than when they are therapeutic but it remains a goal with all relationships.

What did I learn about research from the HVRG?

The democratic structure of the group promoted free-flowing discussion of emerging insights sometimes new to us. I notice this conversational-type process did not encourage rigorous exploration in depth or ask questions about improving practice. Change of practice was more incidental due to new understanding than an intentional aim. Our process served as a form of reflective reconnaissance of our experiences, which sought theoretical explanation but did not set out to change. I now see the knowledge we were creating was negotiated for publication through identifying themes common in our stories, in order to find general explanations. We therefore lost the colour behind our individual ways of knowing, so informative in the data, but lost in the accounts (Pound et al,2001a,b).

I now wonder how much more we might have achieved if we had clearly identified problems we wanted to improve and acted to change them. Our overall aim to understand so we could explain ourselves in a changing health service, that appeared ignorant of health visiting, may have been better served by clarifying our health promoting intentions and the obstacles to their realisation. We could then have collectively envisaged and explored solutions, sharing explanations of our emerging claims more widely for the scrutiny of 'knowledgeable outsiders' (colleagues). Our accounts, validated by our peers, would then have been available so wider policy applications by 'non-knowledgeable' outsiders could be made with confidence (Lomax,1994:119).

The HVRG was useful to my dialectical process explored through this thesis. In writing-up, my understanding of the sub-questions about where control should lie and how alongside I can be grows. I wonder how the alongsideness demonstrated in the HVRG relates to dilemmas about responsibility I identify in Chapter Seven? In the next chapter I will explore helping relationships in more depth and show how I began applying alongsideness more widely.