

Creating alongsideness
in community practice
as we each ask,
'how can we improve what
we are doing?'

Robyn Pound
health visitor

Presentation to Adlerian Society
London
December 2005

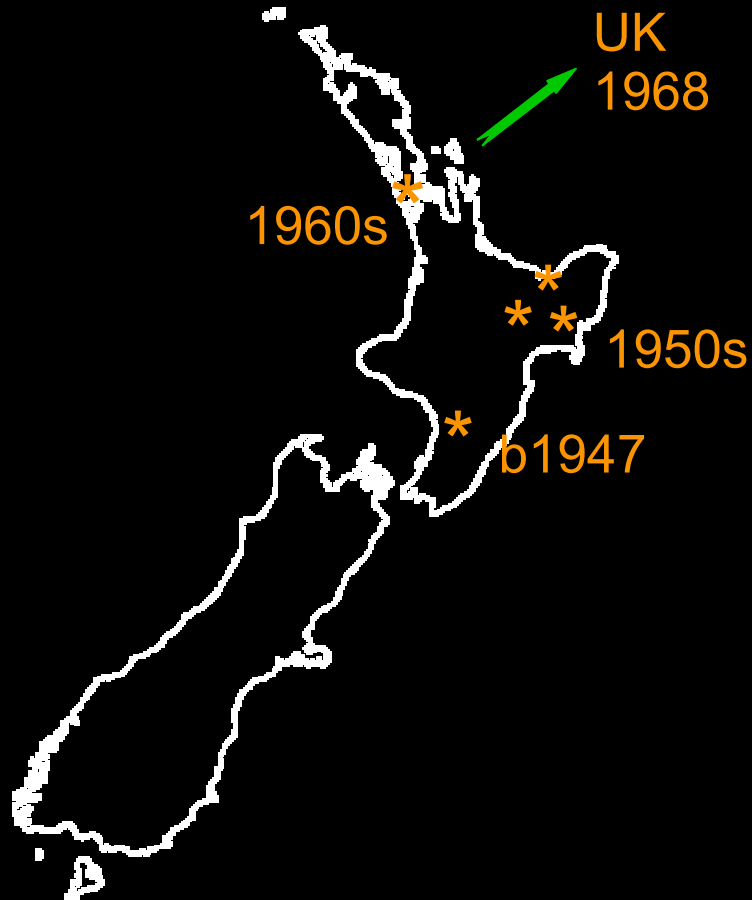
My purpose is:

- to show my journey of discovery as a health visitor, as a parent and as a person.
- to show unity between Adlerian theory (Mosak and Maniaci, 1991) and my research methodology - living theory action enquiry (Whitehead, 1989)
 - Adlerian theory helps me with what I now see as 'living my life as enquiry'
 - basic tenets are common to both research and practice
 - individual practitioner research can have academic validity

The journey started as a search
to improve my professional practice ...
my work became collaborative enquiry
with families, colleagues and others

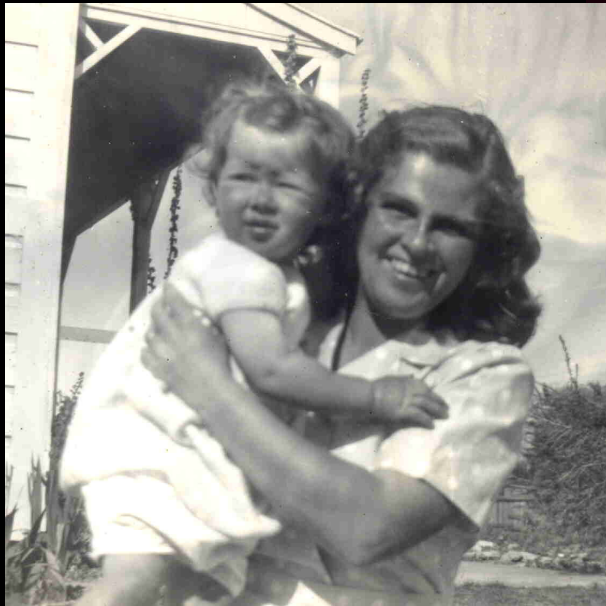
... first, some personal background that led to my research

who am I?



- born New Zealand in 1947
- second child of two (15 months gap)
- early life in remote rural communities - no electricity, shops or telephone
- egalitarian NZ climate of time
 - 'a fair go for all'
 - hierarchically flat
 - formalised in institutions
 - and local circumstances
 - new farming community, everyone in same situation and same stage of life
 - I noticed social class when I arrived in UK

early family experiences influenced my beliefs,
values and motivations



exploring my early recollections I began to understand myself. I discovered roots to my sense of equality, connectedness, self reliance, independence, feelings of inadequacy, humour (Pound,2000)

Moving to Auckland I became a nurse.
I came to UK in 1968 and became a health visitor.

Health visiting is:

community nursing to
promote wellbeing and prevent ill health

in families and communities
spans primary care and public health

some context leading to the research ...

I see my work to be focused on:

Mental health

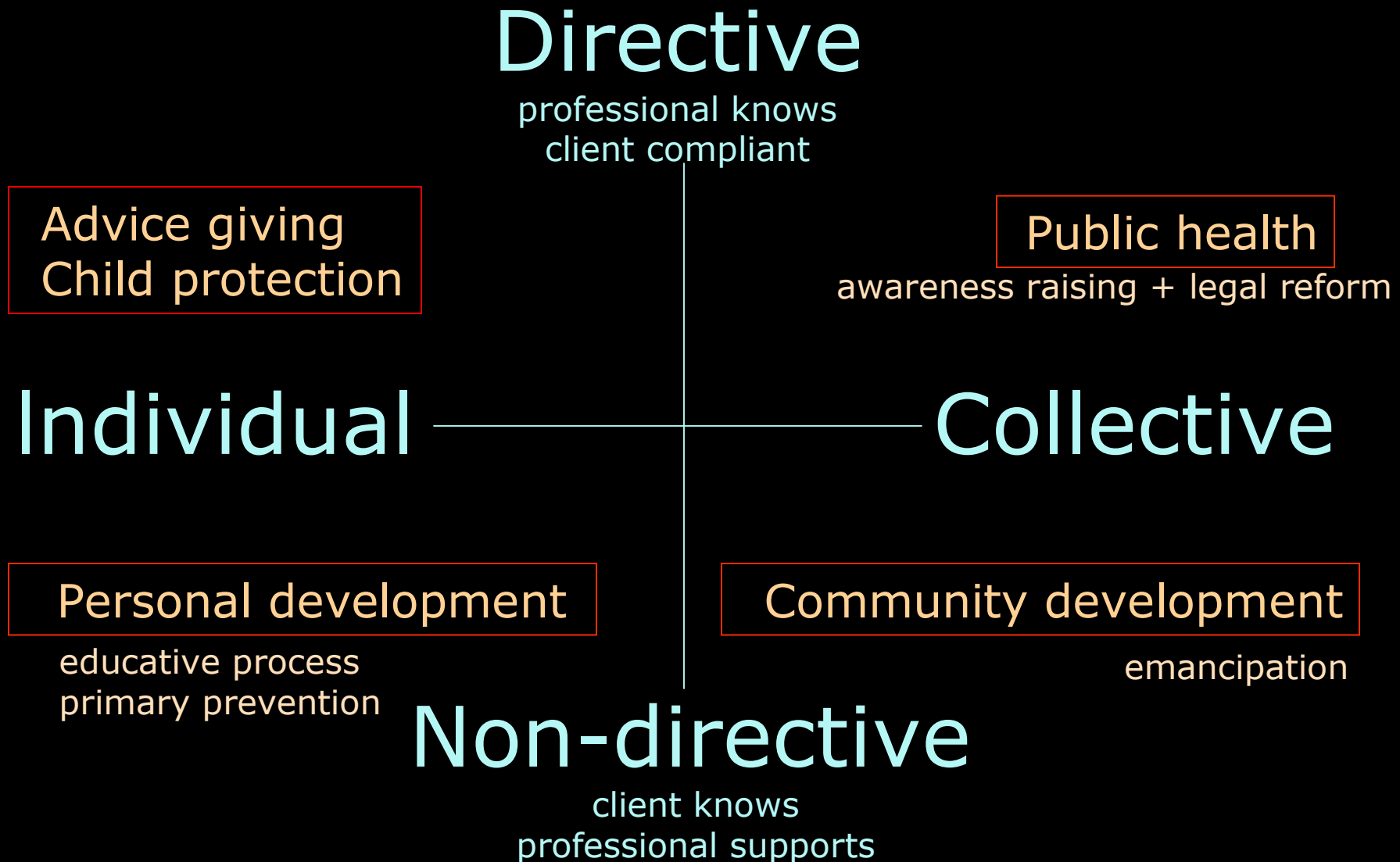
with families

- **primary activity** - promote wellbeing especially of children
- **secondary activity** - response to relationship difficulties
- **tertiary action** - protect from harm + restore well being

and with communities

- **public health** activity
- **community development** activity

and I use different strategies as described by Beattie (1991)...



This model helps to explain a shift in my focus as health visitor...

Principles of health visiting

1. identify health needs
2. raise awareness of health needs
3. influence policies effecting health
4. facilitate health enhancing activity

all of these principles guide my work with families...

1989

1. identifying a health need

smacking of children

- prevalence at the time
- long term effect on mental health
- perpetuation of societal violence
- links with child abuse
- as human rights issue

I wanted to act earlier to improve the nurturing of children ...

2. raising awareness about health need

smacking

first I tried...

Advice giving

Directive

awareness raising - parents

Individual

Collective

Non-directive



3. influence policies affecting health

smacking

I should think and act wider ...

Advice giving

Directive

Public health



parents

their extended families

all child interest professionals

policy change

law reform

Individual

Collective

Non-directive

3. influence policies affecting health

for example...

MPs + NGOs

EPOCH

Phys
of E
Final

childminders

Local authorities st



■ HISTORIC RULING: childminder Anne Da Luke

Anti-s
to be 1

AVON, SOMERSET and Wiltshire county councils are phasing their anti-smacking policies despite an historic judgement which gave a Surrey childminder the right to strike children.

More than 80 of the 128 council authorities in Britain do not allow childminders registered with them to smack children.

But a court has ruled that Sutton Through Council in Surrey was wrong to strike

Solicitors

Bat
Chi
Gro

Wo

Bat

Does sparing the r

Crime

BATH health visitor Robyn Pound was outraged to hear of last week's court case and has called for changes in the law to let children who have been hit sue their parents.



AGAINST Robyn Pound said the ruling is absurd and dangerous. She said: "Children in this country do not have basic human rights. They are the only section of society which is not protected by the law against violence in the family."

She said: "The brutal man would not have been able to do the same thing to his wife or even to a dog."

Mrs Pound believes that the case is a dangerous precedent. She said: "What the health visitor has just furthered is the error in the law against children."

She said: "We need to make a clear distinction that violence against children is not acceptable, even smacking."

"We are going to take away parents' rights. But parents perceive that they have the right to do anything they like to their children in the way of physical discipline."

"The law is very important and children need very clear limits to their behaviour set by their parents and those limits must be enforced, but not by force. Physical punishment just gives children no limits."

Mrs Pound said that children who are hit by their parents are sent to go on to hit their own children and create a vicious circle of violence.

Ruth Bloomfield

A spokesman for the council said the council also followed the guidelines prohibiting physical punishment. Bath health visitor Mrs Robyn Pound, an active member of

CONTROVERSY: debate rages on whether smacking is necessary to discipline children (picture posed by models)

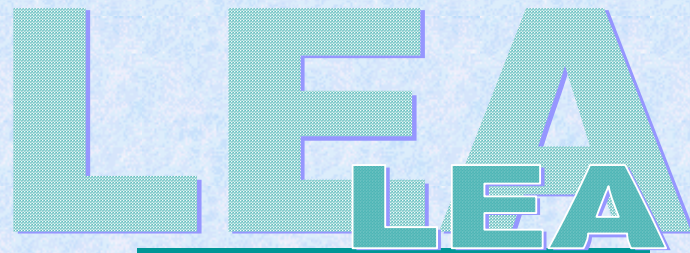
Association wants Health Secretary Virginia Bottomley to re-examine the guidelines in the Children Act against smacking. Sutton Council's assistant

Health visitors

Pos

As

Teachers



Local Education Authority

Behaviour Support Plan
December 1998

BATH & NORTH EAST SOMERSET

... but what about families?

4. facilitate health enhancing activity

a parent and professional conference led to new ideas based on Adlerian theories

HAPPY FAMILIES: the positive parenting movement grows in Bath

How to make friends with your children

Do you spend too much of your time shouting at the kids? Is family life more a pain than a pleasure? What you need is positive parenting, as Chronicle correspondent Malcolm Rigby finds out



POSITIVE parenting is not just another buzz phrase for the middle classes of the 90s.

It is a real shift in outlook and approach to meet the changing needs of both parents and children as they have developed over the last 50 years.

Bath health visitor, Robyn Pound, said: "I think there is a greater awareness of the need to take children seriously and be warmer with them."

"At the same time, men and women are parenting now in different circumstances

From a practical point of view the parents must have realistic expectations, and the children must have boundaries of acceptable behaviour, and both of these need to be talked about

than in any previous generation — parents are more isolated and have less support."

There is less practical help from the extended family, from the neighbourly mum next door, and the community in general.

Over the years there has been a gradual moving away from authoritarian parenting. People want to have a better relationship with their children, to be friends with them.

Parents are aware there needs to be greater democracy within the family.

The media makes children aware there are alternatives in the way they are constructed a child's world, which means that a child is more likely to be a rebel.

Parents are less prescriptive and more permissive.

Children are more aware that they have a right to be treated as individuals, and that they should be treated as such.

Because of all these changes, the formalised by the United Nations, which want to do things differently.

The idea of positive parenting has evolved from the anti-authoritarianism of the 1960s and 1970s.

Robyn said: "I find as a health visitor, more and more, parents are saying they don't want to use physical punishments but don't know what else to do."

"Positive parenting is about guiding and encouraging children in the process of

POSITIVE APPROACH: we need to be good citizens through talking and listening to our children

"Families have to come to a new style which reflects their own values and beliefs. Being a parent is more about being a friend than a disciplinarian."

Health visitors in Bath are embracing positive parenting as a team. In response to their interest a conference takes place next month at Bath University on the subject, organised by the Bath and West Community Trust.

One of the key speakers will be Dr Penelope Leach, author of *Baby and Child* — a bible to many parents — she is now a well-known figure in positive parenting circles.

Chairing the conference is Bath's primary school head, Jacqui Gough, who as a teacher, has long been committed to the positive management of children's behaviour.

She said: "Bringing up children is a very skilful activity. You need to know what to do

STEP
(Dinkmeyer + MacKay, 1989)

CRUCIAL CS
(Lew + Bettner, 1996)

1996
positive parenting
conference

UWE BRISTOL Faculty of Health and Social Care

Continuing Vocational Educational Initiative

Child and Adolescent Mental Health : Multi-Agency Training

Project Report

Funded by
CVE

Researchers
Yusuf Ahmad
Philip Darley
Paul Joyce
Emily Ryan

University of the West of England

AVON HEALTH AUTHORITY

... but how do I use these theories?

1995 - 96

I enrolled for a PhD research degree because I realized I was entering new ground for health visiting at the time and answers were not to be found amongst existing theories or current knowledge.

... what did I need to know?

reflective action research

(Whitehead, 1989)

I wanted to

- research **my own** practice
- ask about **what** and **how** as well as **why**
- start with what I already knew
- involve my caseload of families
- produce valid explanations

... finding a question changed my practice!

the question ...

How can I improve my practice
supporting developing family
relationships?

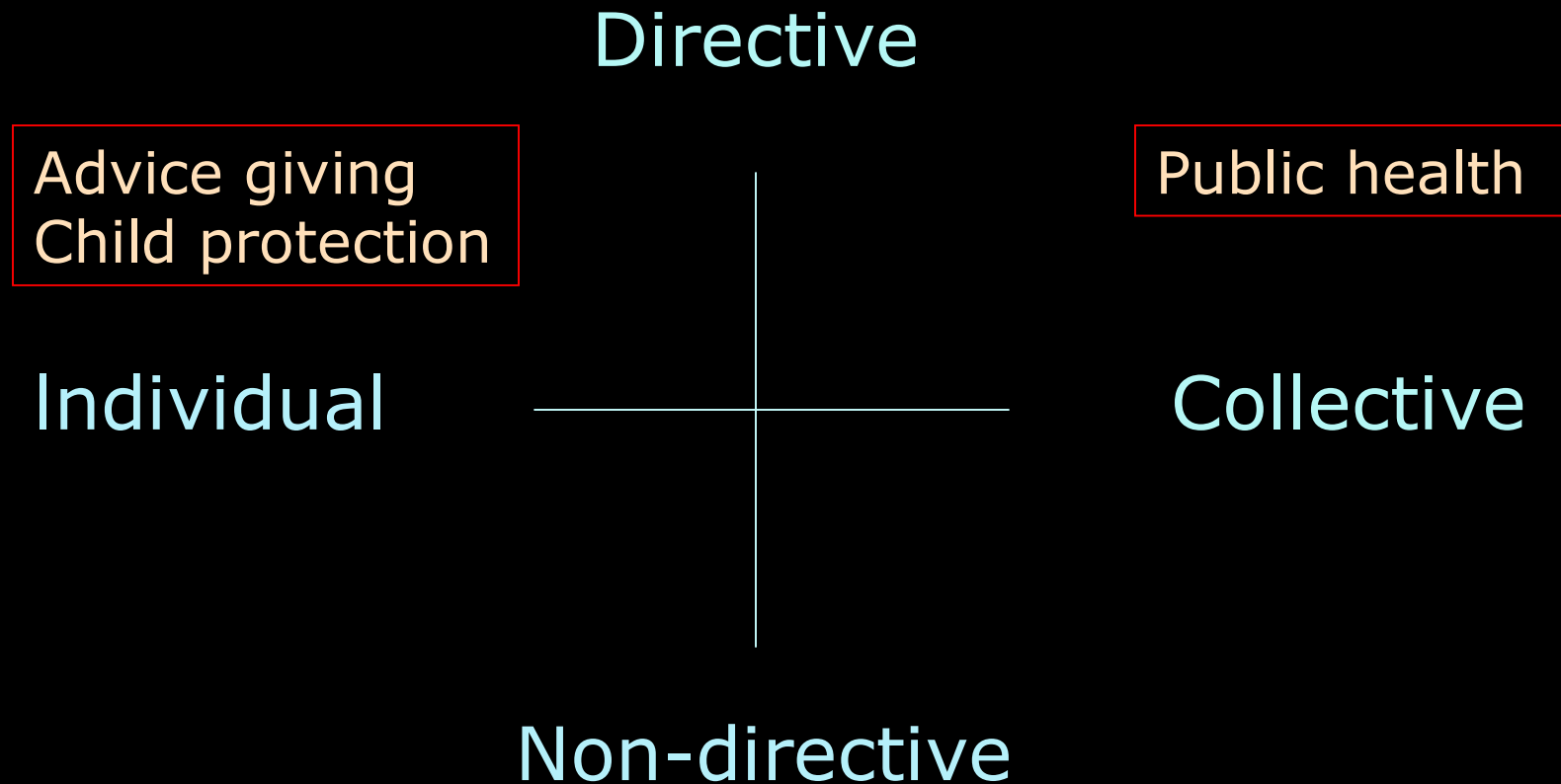
... made me ask questions about what I was doing

reflective action research

...the process asked questions

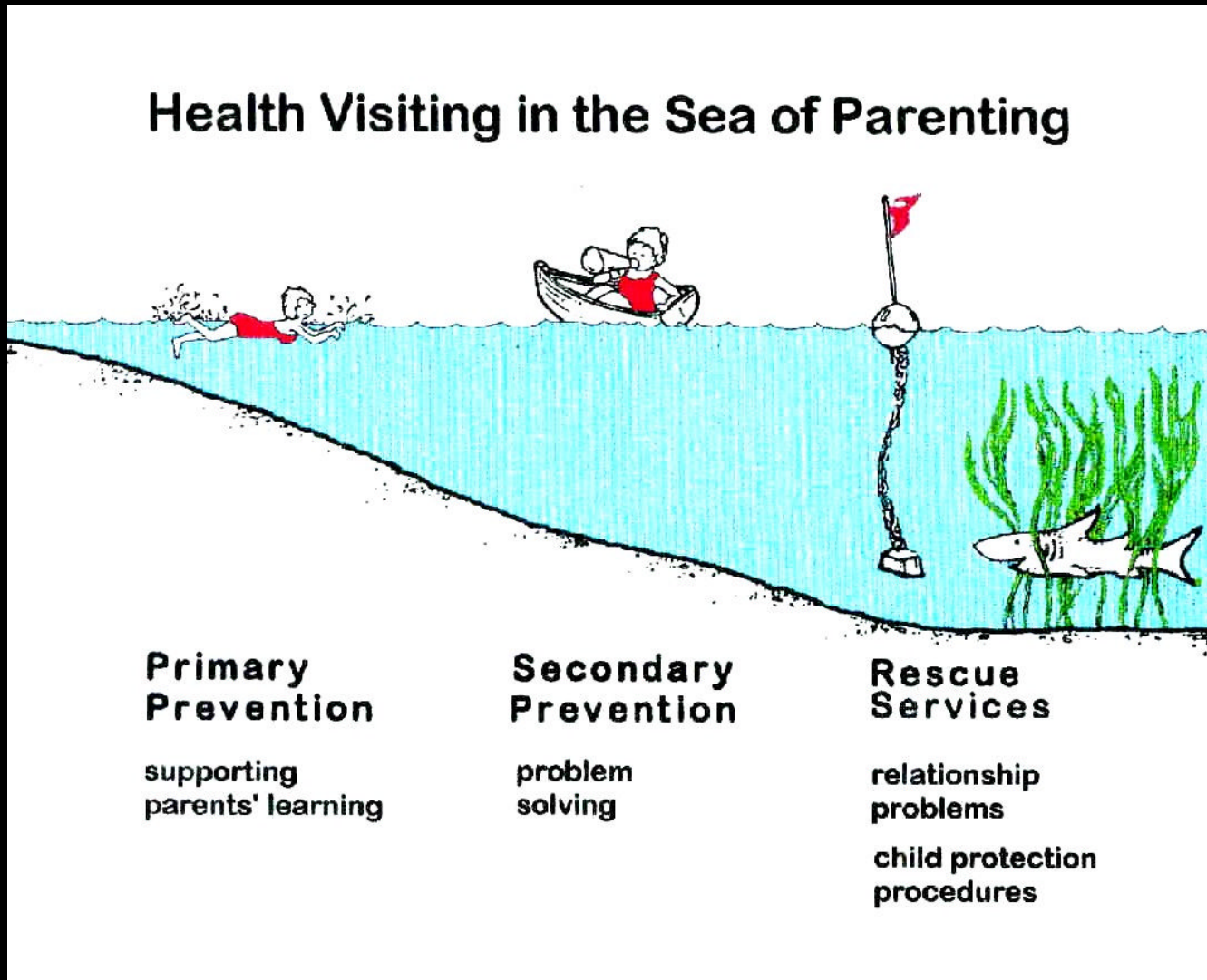
- what do I **value** about what I do? why?
- what **concerns** me about my practice? values denied?
- what can I **do** about it? Plan Do Assess Plan
- what **evidence** can I collect to show change?
- how can I check the **validity** of my insights?

I began to question what I had been doing ...



... I realized these could be critical methods of communication

I began to see myself as also a learner as health visitor, parent, researcher...



'how' do I communicate and 'what' should I know?

reflective action research

4. facilitate health enhancing activity

I began with parents

... at home

by:

- ° checking as we went along
(using a reflective journal)
- ° thinking about critical incidents
- ° interviewing
- ° questionnaire

primary educative process



reflective action research

4. facilitate health enhancing activity

... I filmed a baby clinic



primary educative process

Lew & Bettner helped me value connection, humour, acceptance, responsiveness ... also containment + expertise.

My value about 'equality' broadened to become 'alongsideness'

reflective action research

4. facilitate health enhancing activity

... in families' homes



secondary problem solving

qualities of democratic relations are that I respect others, reduce my power, foster autonomy, value skills, accept differences, value the process

reflective action research

... in conversation

sharing enquiries about
relationships



... alonsideness became collaborative enquiry
with families, starting with their agendas but
keeping mine in mind

reflective action research

In presentations, conversation and critique at the ...

Monday Research Group

www.actionresearch.net

I am fascinated by similarities in the values and processes of these educational action researchers.

... but what about families who are struggling?



BATH City

where I work...



is beautiful and fun for tourists



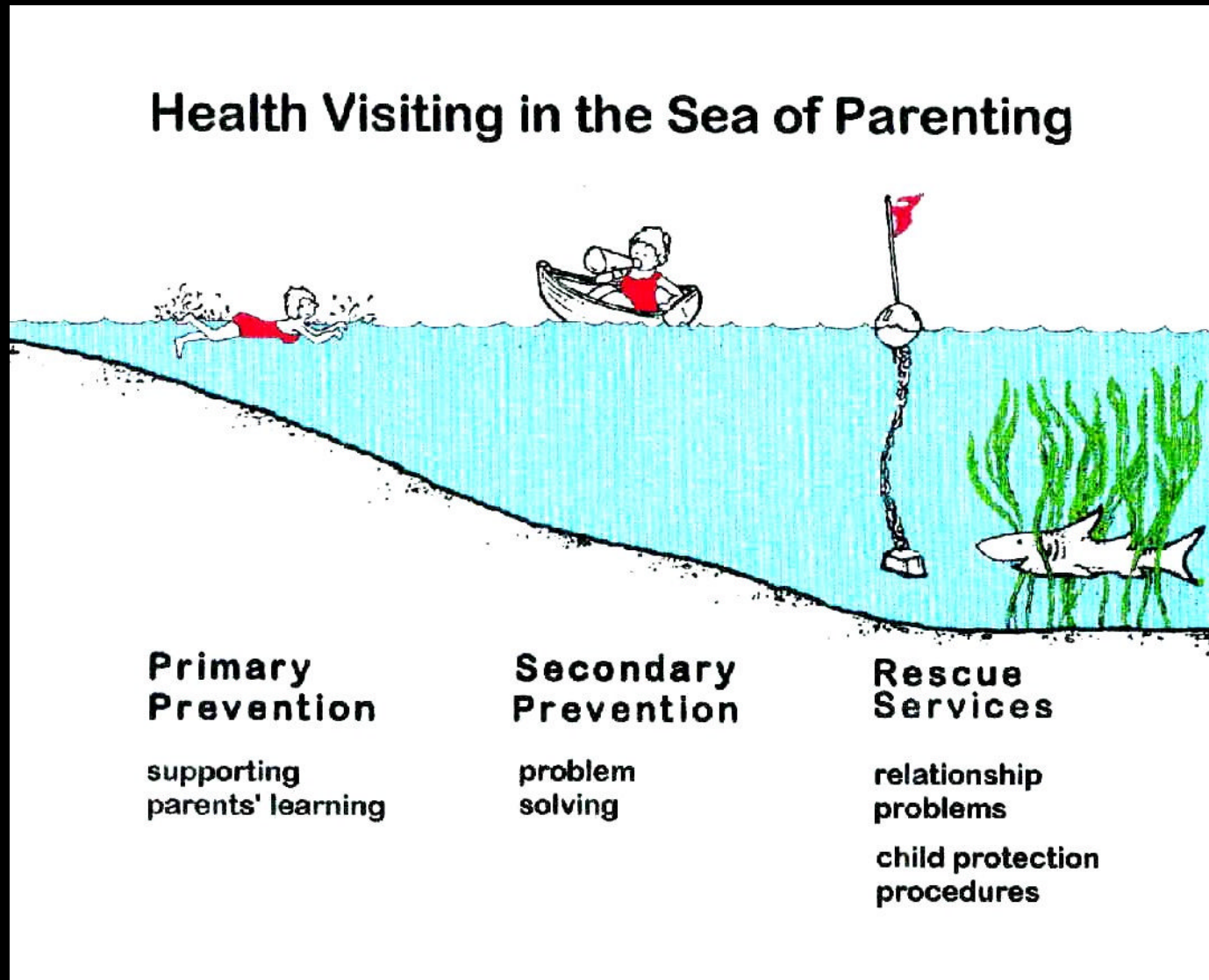


and social housing



discouraged people
live here too

I was also working with families in deep water with greater needs



and realized I was using the same ways of being

reflective action research

4. facilitate health enhancing activity

... they have the same emotional needs

These families need to experience more of the relationship qualities they may have learned not to trust

- ° my respectful effort is important
- ° to feel likeable and worth knowing
- ° to feel skilful and able to contribute
- ° to feel '*I can cope*'

tertiary rescue and restoration



alongsideness includes containment
+ responsive responsibility as professional
... sometimes I ask who is my client, the parent or the child?

I am thinking of Julia a young mother who had been in care herself. Her first child was removed for adoption because of her chaotic life. Keeping her next two children is paramount for her.

At times she is so depressed she doesn't cope very well. She doesn't trust Social Services and refuses their help. My role is to encourage her coping and to be hopeful. I help her avoid the gaze of social services. I try to 'be there' long term, it's been 11 years so far.

Our relationship is important to her. Julia describes me as her 'mate' but qualifies it by saying, 'I know you'll tell me if I get it wrong'. We often talk about their emotional needs and most of the time things are nearly good enough.

I constantly balance risks with the advantages of working like this. I constantly worry about not doing enough especially when things are not going well. My emotional engagement is essential. I see what I am doing here is a concentrated version of what I expect to do for everyone.

reflective action research

I began to ...

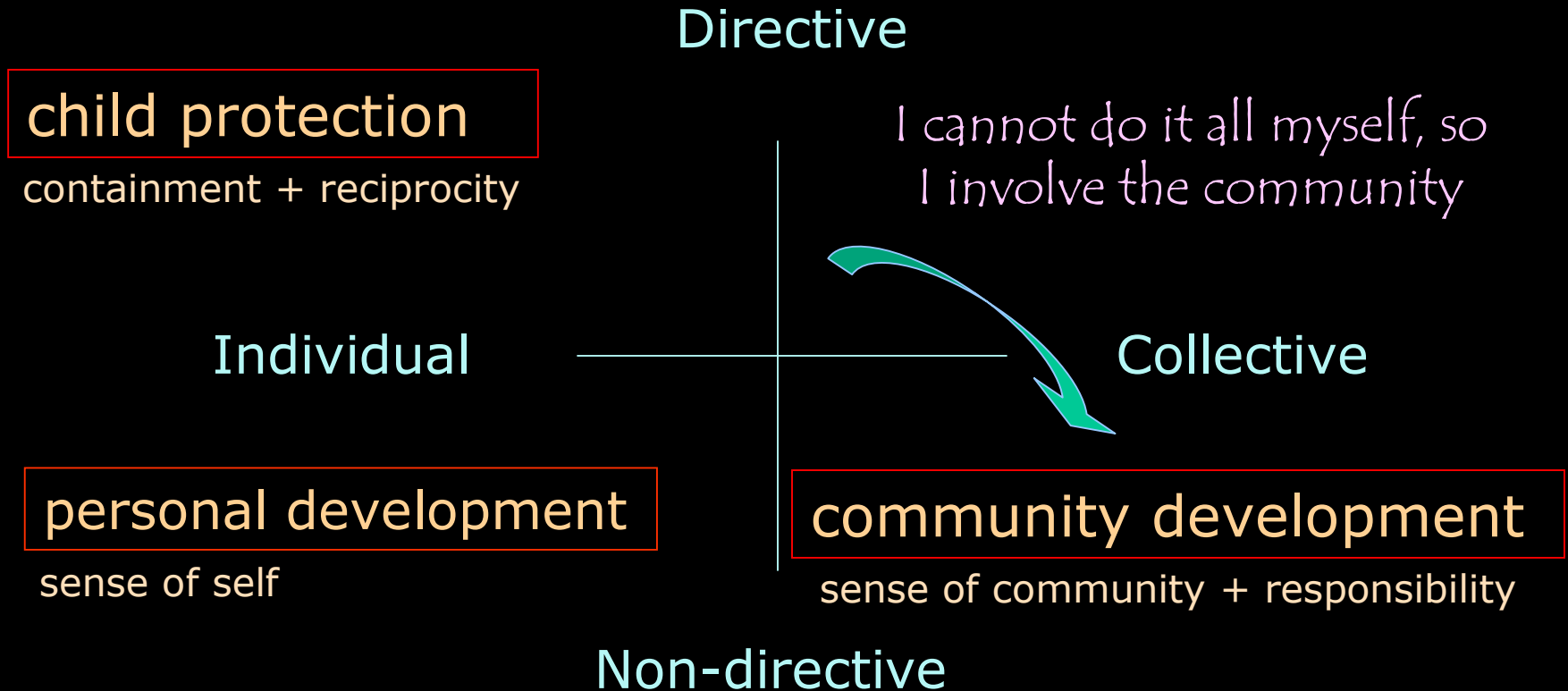
- understand human emotional needs (Lew & Bettner)
- respect inherent human worth I find in people
- value the knowledge people already have
- start with their agenda (keeping mine in mind)
- value autonomy + the power of connection
- understand the discouraging effect of feelings of inadequacy

... and see relationships as similar in parenting, health visiting, researching
... but discouraged isolated families need more

reflective action research

4. facilitate health enhancing activity

tertiary rescue and restoration



...action towards social inclusion and creating a sense of community

I see so many families coping alone

- having difficulty creating and sustaining relationships
- falling out with relatives and neighbours
- wary of professionals because of their life history
- living in social isolation

I am thinking about Lyn who described herself as a hunt saboteur as a way of explaining her anger and aggression particularly towards people in authority.

Her pregnancy resulted from a relationship involving heroin and violence.

She was edgy and wary of me but needed help to get suitable housing.

Lyn wanted a good life for her child but is plagued by self doubt and anger at injustices she sees. I said I would be there for her I enlisted her help in setting up an independent family group and crèche on the estate with no other remit than as a place to be.

It is a lifeline for her. She has moved from being hunt saboteur to working to establish complementary therapies in the estate.

the family group became possible because of other community activities ...



before + after school clubs
public consultation
activity groups
food co-op
mental health groups
complementary therapies
carnival and more

London Road Partnership

how do I explain the values motivating my decisions?

alongside values

are an umbrella explanation for my values...

connection
connection

self determination

respect

process of becoming

accept differences

light heartedness

responsive responsibility

...what has research got to do with practice?

reflective action research

- illuminates values as guiding principles
- values act as standards of judgement
- promotes collaborative reflection with all involved
- looking from the 'inside' out (rather than as observer)
- for tentative 'living' explanations
- that are context dependent (and influence social formations)
- and inclusive of the both the parts and the whole
- for evaluating, improving, understanding
+ explaining professional practice (Pound, 2003)


to illustrate how the values are 'living' ...

my thinking continues to change in line with my emerging values

A circular diagram of Robyn's thoughts and values, arranged in a clockwise spiral. The text is color-coded: green for general values, purple for goals, red for subjects, and blue for research relationships. The text includes:

- my concern is: child-centred ... parent-centred ... people becoming themselves
- my action is focussed on: public health ... individual families ... people in community
- change achieved by: challenging beliefs ... parenting training ... realised emotional needs
- my work often decided from: my agenda ... parent's agenda ... a shared agenda
- learning comes from: raised awareness ... goal setting ... alongside relationships
- my motivating passion: children's rights ... equality ... respect & autonomy ... acceptance ... values
- my aim is: less hitting .. improved relationships .. democracy .. enhanced connections
- subjects: families myself people people in a process of becoming
- research relationships: partnership collaboration co-learners in dialogue
- knowledge is constructed ... knowledge is personal ... knowledge is living

Robyn's best thinking today



...but this doesn't show how I live my embodied values

... it is the **lived experience** of my clients that is important.

These shared experiences are also life affirming for me.
The challenge is to share lived experiences that are health enhancing and find ways to explain it ... to test the validity of my claims to know what I am doing.

This is an attempt to 'bring the embodied knowledge of a practitioner into the public domain so that it can be widely shared' (Whitehead, 1989).

So in research terms ...

how do I justify alonsideness as my living theory of practice?

alongsideness is justified by its coherence across all areas of my research process. It shows:

Unity of moral purpose

Human rights ... equity for children ... respect of views ... protection from abuse and neglect

Ethical principles in research ... beneficence ... non-malevolence ... justice ... autonomy

Values .. alongsideness .. self-determination .. connection .. process .. responsibility

Human emotional needs ... connect ... capable ... count ... courage

Democratic relations .. shared interests .. diversity .. partnership .. responsibility

1995 ————— Emerging influence in research and practice —————> 2002

and by its pragmatism

alongsideness

as a way of knowing and being in practice

- not only works for promoting learning and change
- but co-learners share the core values
integrating them into their own
- alongsideness transformed into standards for
explaining and judging my claim to know

and finally ...

Lilla puts it simply...

If you've come to help me
you're wasting your time.

But, if you've come because
your liberation is bound up with mine,
then let us work together.

Lilla Watson, Aboriginal educator
(Wadsworth, 1997)

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