

Chapter eight



Living standards of alongsideness translate into rights

In this final chapter I will explain how the energetic passion motivating my enquiry both sustained and nurtured the growth of my professional knowledge. I will show how by reflecting on my health visiting, and asking how I could improve the promotion of children's well-being, certain motivating values became clear. My understanding of the process of forwarding rights for children, notably less violence and more respect, expanded with the realisation that success is more likely if I also recognise rights for adults. The focus of my interest shifted from rights into values because of the practical usefulness of values for achieving realisation of rights. My motivation appears grounded in values not identified at the outset, but already informing my health visiting practice. These subconscious values were nurtured and expanded in an action research enquiry, in co-learning collaboration with parents and others, and blossomed into an alongside epistemology. In practice, alongsideness describes a way of being that is guided by a constellation of relationship qualities and values integral to creating and sustaining human connections. It is the nature and meaning of these values that I try to explicate here as I show their developmental emergence through my enquiry.

Living standards of practice and judgement

The living and evolving nature of my knowledge as practitioner is evident, I believe, in this thesis as I utilise existing theory and develop new theories while I practise. My health visiting is therefore both research-based and researching as I use, generate and evaluate my theories in an endeavour to know, improve and explain what I do.

Consistency of values through the accounts is also punctuated by contradictions, times when I failed to live my values, or they became difficult to live, in some situations. Greatest learning occurred for me when I became aware of these dilemmas and sought to understand so I could review the way I practise, situational constraints, or my own beliefs. In this way, meanings I found in the values were enriched during dialogical and dialectical relationships with other people. In turn, values became standards I use for judging what I do and identifying areas for improvement. It is because the values as standards of judgement emerge from my health visiting accounts, such as recorded here, that I offer them as 'living standards' for also judging my claims to knowledge. Here I summarise the *values* I use as standards:

Alongsideness has emerged as the central motivating value I attempt in all of my relationships. It relies on my *respect for people*, whom I see as being in a *process of becoming*, as I am myself. As I foster *connections* with people, often using *light heartedness*, I also need to *accept differences* in other people's beliefs. My endeavour to ensure individuals experience their *self-determination* calls for my *encouragement* of their process. At times when my decision-making is clouded by complex situations I turn to my *responsive responsibility* to maintain balance between acting for parents and the interests of children.

Rights evolve into values of alongsideness

Looking back to the accounts I have recorded, I look for evidence of the emergence and growth of my values as they are clarified and become more consistently embodied by me and lived in my relationships. In this chapter, I refer to experiences and publications I produced before the research began. In this way I show background to my intentions as markers for shifts I made as meanings emerged.

During the five years leading to my registration for this research I became passionately committed to raising awareness about rights for children and particularly problems that physical punishment cause for future mental health. The stories in Chapter Two (page 13) are true incidents that alerted my thinking and represent parenting practices that could commonly be observed at the time (Newson&Newson,1989). What was new was my noticing and questioning of them. I noticed I believe, because of a combination of my increasing interest in children's behaviour and my own particular history (Chapter Seven:174; Pound,2000). This was

a time of rapid growth of ideas for me. I recognised a mismatch between my primary preventive remit and the reality of the work I actually did. I knew how to act when abuse was suspected, and had skills for responding to parents' complaints about children's behaviour, but felt uncomfortable when I saw unashamed smacking and threatening of children. I found the subject difficult to broach but knew that when parents asked for help with children's behaviour the solution was to be found in 'warming-up' relationships, in clearer communication and reducing humiliation of children. An example of child-centred suggestions I made at the time can be found in *Help Your Child to Sleep*:

It is important to let your child take some responsibility for making decisions about himself. Most children appreciate the opportunity to make some decisions and take them seriously. The knowledge that he is trusted will not automatically mean that he will push his luck; in fact he is more likely to stick to his decision if it was his idea rather than imposition.
(Pound,1989:43)

Some parents never asked for help and blame and punishment of children could escalate. I had few skills for responding to such complicated dynamics and sometimes seemed to do little more than watch for parents' actions to be identifiable as abusive, warranting referral to Social Services. My concern also lay with children who remained unnoticed. Referring to the Newson's study (1989) I wrote:

The majority of parents in our society smack their children and a small percentage 'goes too far', inflicting serious injuries. An even larger number of children receive punishments which interfere with their mental and physical well-being but do not come to the attention of Social Services. If the norms of our society were shifted so that physical punishments were not an accepted method of teaching children and fewer people did it, then those who go too far will be the same percentage of a smaller number. (Pound,1991:290)

Gradually I realised the issue was really one of human rights for children of which physical punishment was just one visible consideration. I began to speak about equity of rights. I also began to write about respect:

Children have a right to be treated with respect and to have equal protection from humiliating and degrading experiences and all forms of violence. (Pound,1991:289)

In the years of high activity that followed, I concentrated my energies on trying to convince people and searched for evidence to prove that legal reform along with primary preventive action was the way forward (Pound,1990, 1994b; presentation,1995). I studied aspects of the social construction of children's lives and implications for their health (Pound,1993,1994a). My urgency to see change for children and my need to convince people seemed to lead to a polarisation of people's views in a 'you are either with us or against us' kind of way (Appendix V). I saw my cause as a positive force for good and action towards eventual legal reform as an unstoppable roller coaster. In a small research project (Pound,1994a) I integrated feminist theory for its awareness that research should involve and benefit participants as well as the researcher (Stanley&Wise,1983; Finch,1984). Grounded theory however, required me to

minimise my involvement with interviewees in order not to influence data (Strauss&Corbin,1990). Some findings I found hard to share with the participants because interpretations and predictions I made appeared critical of them (Pound,1994a:42). I continue to be uncomfortable about this document and became mindful of becoming more respectful of participants during this enquiry (Chapter Five:135).

I turned to the practical issues of influencing change for children so they could experience a more nurturing climate in family life. I wanted to find new ways of working but had no idea what these would be. I wanted to start with my strongly held belief in rights for children, especially freedom from physical punishments, at a time when this was not a widely acknowledged professional view. A conflict of intentions arose. How could I include parents in a process when my purpose was to influence their attitudes towards goals *I* had identified, notably more respectful relationships with children? I was so keen to foster respect for children it was not in the forefront of my concerns that my intentions were not respectful of parents. My desire to influence them persisted even though I had learnt that parents usually want 'the best' for their children sometimes without the knowledge of how to achieve it (Pound,1994a:44). I believed that I knew what was harmful for children but did not know how to help parents find alternative ways of relating.

My search for an action research question for enquiring while I worked caused a gradual shift towards more collaborative relationships with parents, which in time I came to describe as being alongside. In the beginning, the research was motivated by the ethical principles of previous research, rather than the motivating values that eventually emerged. Finding a methodology that allowed the question, 'How can I improve my practice supporting family relationships?' began the shift towards greater collaboration as I realised parents often ask questions such as, 'How can I get him to behave himself?' or 'How can I be a better parent?' I could be more open about my intentions when my question became one of co-learner, 'How can I be more helpful?' and included myself, 'How can *we* become better parents?' (Chapter Three:63).

Alongsideness

I began to see my enquiry to be in tandem with parents' enquiries as together we seek to understand and improve the effectiveness of our relationships and our work. The focus of my interest moved to my relationships with parents within their families as similarities between parenting, health visiting and collaborative researching relationships emerged (Chapter Six:138-144). In using and reflecting on the Crucial Cs model of human emotional needs, designed for working with children (Lew&Bettner,1996), parallels between all of these relationships becomes obvious (Chapter Three:71-72). Together, in effect, we stand side by

side and ask ourselves how we might begin to understand the concern before us for the good of all. Other people's characteristics cease to be the issue as in the dialectical process, the problem becomes external to us and changeable. We can place our energy into shared effort to find agreement about possible solutions or at least to understand the problem. Children can be invited to contribute, as they are able. If they are too young, this approach to problem-solving encourages parents' sensitivity to children's points of view in ways that practise a more inclusive way of being. My relationships with families attempt to model the ways of being they intend with their children.

Alongsideness has appeared in the vocabulary of BARG, as a way of describing educational relationships, in part because of my contributions. One member expressed concern that alongsideness sounded like a parallel relationship without indication of the importance of *connection* (BARG,19.11.01). I accept this point. For me alongsideness represents reduction in the power inherent in professional relationships (Chapter Three:78). By asking how *we* can learn and effect change together, our relationship becomes more reciprocal and responsive to all of our needs. Integral to alongsideness is the life-affirming spark of connection, which in itself is educational but so hard to represent in text (Prologue, Chapter Six:157; see below).

Respect emerges as key to alongside relationships in which personal autonomy is an important asset (Chapter Two:48). In health visiting, *'being there'* seems to describe both the relationship clients appreciate and responsiveness to the moment, in diverse ways (Chapters Five-Seven). I also find alongsideness works well in co-learning with colleagues (Chapter Three:62-64;73-81), supporting early years teachers (Chapter Four:101-103), and in community development (Chapter Seven:176-182). I now see alongsideness informing a new epistemology of scholarship for health visiting.

Respect for people and acceptance of difference

The shift towards collaboration in enquiries relevant to individual circumstances of families required me to think about my respect and trust in parents to seek improvement for their children and themselves as they feel able. I needed to become more responsive to needs parents identified rather than concentrating on my preoccupation with rights for children (Chapter Four:86; Chapter Five). Children's rights began to inform rather than lead our work together in my attempt to be effective. Respect for the parents became as important as the respect I desired for their children (Chapter Two:37). My reflections extended to seeing *myself* also worthy of respect because of my inherent worth as a human being as much as my having earned it as a professional (Chapter Two:45). I became aware of the enabling quality of the warm learning climate I experienced with BARG. They boosted my confidence showing me I had important knowledge. I wanted to replicate this life-enhancing climate for all of my

clients (Chapter Three:62-64). I believe the growth of *respect* as a value, grounded in reflections in my practice experiences, is especially evident in the resilience I show through accounts of work with very discouraged families (Chapter Seven:167-172).

However, a contradiction arose in my respect for parents. During the years when I was fact-finding about children's rights I became aware of the influence of religious authority for informing societal beliefs and actions, particularly towards obedience and punishment (Chapter Five:114; Pound,2000:372). I heard Biblical references cited in support of parents' commitment to using implements to physically punish because unquestioning obedience was important to them. Some said, hands are for cuddling and an implement should be used to formalise punishment of misdemeanours (Personal letters,5.10.90, 11.2.91). I saw books for parents by a Christian paediatrician who quoted the evangelist John Wesley's mother:

As self-will is the root of all sin and misery, so whatever cherishes this in children insures their after [sic] wretchedness and faithlessness ... the first thing to be done is to conquer the will and bring them to an obedient temper. (Dobson,1988:89)

Like the Newsons, I also noticed that committed use of implements to punish appeared more common amongst professional parents (Newson&Newson,1989). I heard health visitors and teachers express these views leading me to realise the environment children find themselves in amongst professionals might also be a concern. As this research began I had arrived at an assumption that parents with strong religious commitment might be more likely to be committed to using physical punishments as their parental duty (Chapter Two:44). In discussion with parents Marianne and Brian (Chapter Six:130) and a mother in a previous study (Pound,1994a:32) I realised that religious belief alone is not a reliable predictor of physical punishment of children. I needed to be more tentative in my assumptions about people's interpretations of their faith. Gradually I became optimistic that our enquiring process made warmer communication methods a more desirable option for parents so punishments of any kind were less necessary. *Acceptance of difference* is a safety net to my concerns about religious doctrine. I might need to consider the implications of my acceptance when I come across families using punishments that are not at present illegal (Chapter Five:135).

My search was for effective means of helping parents find appropriate alternatives to punishments and acceptable answers to their questions about family relationships. I needed accessible and easy to adopt answers available for *all* parents at the times they needed them. The Crucial Cs adaptation of Adlerian theory provided the means for putting my emerging values into practice in all of my relationships (Lew&Bettner,1996). These theories proved equally accessible for parents who sought to understand and improve their relationships with their children. I began to understand the significance for myself of feeling accepted and

connected with others. Respect for people as valuable beings is central. It encourages trust in people's ability to change and invites courage to not always be perfect, but to remain open to enquiry about improvement. This also applies to research (Prologue:10).

Self-determination and encouragement

The basic human need to believe in one's own capability is central to the Crucial Cs. Exploring my own childhood experiences I recognised the importance I now place in my personal autonomy. I wrote:

Recognising I work well when I am self-directed and can see good sense in what I am doing, has helped me clarify the importance of fostering self-reliance and being in control for others. (Pound,2000:368)

I now see self-determination to be a central tenet of aloneness in health visiting if I am to enhance parents' belief in their own ability to improve their lives and to nurture the same for their children (Chapter Two:48). From the Crucial Cs the importance of encouragement, as a way of engendering hope for the future, increasing perceived competence, self-worth and connectedness with others became clearer (Chapter Four:87). I now recognise encouragement to be an important attribute of helping relationships over fault-finding to stimulate change. Critiques from other people and my own uncomfortable feelings are important triggers for questions when my values are denied in what I do, but searching for negative data needs to be tempered with building on positive attributes. Concentrating on what is good about what happens already is energising and increases my understanding of qualities I believe to be valuable so I can enlarge on them and help to stimulate other people's reflection (Chapter Six:118). I believe that feeling encouraged and having a great deal of autonomy over my research and work direction has enabled my passion and optimism to endure.

The questionnaire to all families in 1999 confirmed that on the whole I encourage parents and foster their self-determination (Chapter Four:90-91). However, some parents appeared to be frustrated that sometimes I encouraged them to make their own decisions when they just wanted to be told what to do. The comments stimulated my new awareness that during certain stressful periods mothers expect more direct advice (Pearson,1991; Chapter Five:119). The need for more direction has similarities with a need people have to be 'held' in stages of their development or during crises in their lives (Chapter Three:97-98: Chapter Seven:178). The need for more direction might also be explained by particular expectations arising from their own life experiences and perceptions of their ability to make decisions (Belenky et al.1986:35). When giving advice I must avoid taking over completely and be sensitive to opportunities for encouraging decision-making appropriate to the moment. This mirrors relationships that work well with children. The human emotional need to be capable, count

and have courage, described in the Crucial Cs, widened my understanding as I embodied the values and attempted to live them more consistently in my relationships.

The power of connection and humour

Through reflection on the content of early videos and practice experiences my understanding of the power of connection between people for fostering well-being increased (Chapter Six). I began to recognise the value of connection between us for the quality and effectiveness of our work (Videos One, Two, Three). In Video Two we all appeared relaxed, co-operative and committed to exploring ideas in a process where everyone appeared included. For myself in BARG and in exploring practice experiences with clients and critical friends, I recognised the usefulness of challenge. Critique felt most acceptable when made in a climate of warmth and encouragement. My openness to hearing points of view not previously available to me appears sustained in the warm reciprocity of connectedness. I found parents struggling with tortured personal histories can be less defensive and more open to challenge and new ideas when they experience and can trust connection between us (Chapter Seven:Julia).

My inclination towards light heartedness and humour stimulated questions and exposed new awareness about myself and how I am with people (Pound,2000:373; Chapter Six:155-158). I now recognise the mutually available health-enhancing quality of truly connecting with another person, especially through humour. I have been encouraged to recognise 'life-affirming' qualities behind helping people transcend their despair and find hope and renewed energy in their processes of becoming. Appreciation of the power of connection through humour grew for me as I reflected on an incident with my young son. I concluded:

This was a magic moment of shared togetherness, a brief at-oneness and understanding of two equals, within a sea of possible misunderstandings between two inherently unequal people. (Chapter Six:157)

Process of becoming

The enquiry process moved me through several stages of understanding to reach the current integration for effective practice that you find me attempting here. Much of my learning was not through giant leaps but involved nuances of perspective or tiny additions to my knowing in dialogue with families, with supervisors and critical friends, in BARG and the HVRG (Chapters Three, Four). In response to 'nuances of perspective' in a draft of this thesis, Pat D'Arcy wrote:

This is why the narrative process, which self-study entails, is so crucially important - capturing microcosmic details entails 'macrocosmic' patterns to be perceived - overtime. (April, 2002)

Sometimes I made bigger more recognisable leaps in understanding (Chapter Two, *Robyn's best thinking today:33*) . Here is one example. In the process of exploring rights for children I

became child-centred in my outlook. This resulted in my blaming parents for their actions towards children. I felt motivated to educate parents for the sake of the children (Pound,1994b:192). Beginning to research practical means for improving the climate of family life, I found alongside relationships with parents in a co-learning process of discovery both acceptable for parents and effective (Chapter Five; Chapter Six). I found I often needed to 'be there' for parents in ways similar to those that children need. I concentrated on mirroring the relationships parents were trying to create in family life in our work together. For some parents the process was slow and they needed to be 'held' while they coped with and made sense of their personal dilemmas (Chapter Three:80). The shift to being parent-centred in the process of exploring my alonsideness caused a dilemma of balance (Chapter Seven:183).

In response to my Transfer paper (Pound,1998) Dr Leach asked where the children had gone in my research and if they could wait while their parents grew through self-realisation (Chapter Seven:162). In focusing my energies on understanding and supporting parents in their development, the interests of children risked being lost. Having thought about many facets of the points of view of parents and children, each in their own time, I now know that my purpose is to keep my intentions in balance for the benefit of both parents and children but with mental well-being of children as priority. We are all together in an endless process of becoming. Within families the well-being of one depends on the well-being and growth of others and I recognise my learning to be entwined with co-learners. This inter-dependence of self-enquiry has parallels with learning processes in psychotherapy (Rogers,1960) and the living educational theory approach to action research (Whitehead,1989; Chapter Two:28).

Responsive responsibility

In work with families who have multiple intractable problems, when children's needs risk being overshadowed by their parents' depth of need, I questioned how I balance priorities. I have sometimes found the balance difficult to understand when I act to improve well-being of parents, for the purpose of improvement for their children (Chapter Seven:172). After considerable reflection about this, I now realise I constantly need to remind myself that my responsibility is in responding to children's needs as priority, while holding family needs in balanced view. By helping parents understand their own need for self-growth I intend enhancing their empathy and ability to respond to their children. The insight that parents grow in their ability to respond to others when given unconditional positive regard and a safe place to think was strengthened for me in a family group (Chapter Seven:178). I can offer space for parents when I know the children's needs are held and acted on as priority. Sometimes parents' needs are so demanding of professional skill and scarce resources that I find difficulty maintaining balance in favour of the children (Chapter Seven:164). At other

times I may need to be creative in my alonsideness if I see change opportunities for children that appear to cause conflict with professional policies. A different priority balancing is required as I consider my obligations to professional protocol against creative opportunities for improving climates for children (Chapter Seven:174).

I now see that health visitor training, the scope of work supervision and available practical resources, do not take full cognisance of the needs of families in greater need when considering the needs of children (Chapter Seven:185). My question, 'how can I improve what I am doing?' is only a beginning to addressing this issue. Families with long-term complex needs also require psychotherapeutic awareness amongst professionals they meet if the task, beyond surveillance and practical help, is to improve family relationships for the mental well-being of the next generation. In the HVRG, as we listened to each other's stories, we wondered how our personal agenda altered the degree of involvement we were willing to engage in with our clients and to what extent we were meeting our own needs in these relationships (Chapter Three:75). Good supervision feels essential to help clarify confusion over what, amongst our experiences, awakens our personal histories and what relates to empathy for the client?

For these reasons I wonder if emotional safety for both could be at risk working in the way I suggest, without effective supervision. Kate Gammon reminded me of differing degrees of involvement health visitors make with clients, some acting on professional protocols of surveillance more than therapeutic engagement. She asked if personal safety or expertise played a part (conversation,27.10.01). Speaking about social workers Banks suggests practitioner perspective influences the degree of their involvement (1995:129). She describes some practitioners' radical commitment to equality for meeting client's need, while others respond to organisational rules and procedures for defining their professional expertise. While recognising health visitors find an approach appropriate for themselves, I wonder how supervision in tandem with reflective enquiry might enhance expertise and involvement.

My account shows that a gap between the current knowledge about the early emotional needs of children (Rickford,2001) and the criteria for assessing children at risk or in need (B&NES,2001:1.1-1.4) leaves a gulf of unmet need and a legacy for future mental ill-health. I now see this to be more serious than I first realised (Pound,1991:290). Social Service provision is financially constrained. Because the focus is usually linked with child protection procedures with emphasis on risk assessment it remains with those families in most serious need and possibilities for therapeutic and preventive work are jeopardised. Resources are often limited or withdrawn as crises subside.

What families often need is long term availability of support from people who are 'there for them', with unconditional positive regard and reliability seldom available to them. In this way parents are supported in containing struggles they may be ill-equipped to face because of their own early relationships. Because of the conflict child protection intention causes for health visiting relationships (Waters,1993), I realised that long term befriending such as this might be better provided by people outside statutory health, education or social services child protection agendas. To this end I set up an independent family support group (with crèche), which is firmly 'held' by a facilitator who has psychotherapeutic training (Chapter Seven:179).

Beyond working with relationships in individual families, health visitors are well placed to generate projects, which enhance supportive networks and a sense of community. Community action by local people can identify real influences on well-being and highlight appropriate action to meet concerns (CPHVA,1999:36). My awareness that family relationship expectations do not occur in isolation, but reflect cultural norms that also influence professional workers, led me to join a curriculum development and training project for workers with children at 'Tier One' (Chapter Four:104-107). In separate projects I also sought to influence responsiveness amongst professional relationships with children in educational settings (Chapter Four:100-103) and by training health care colleagues (Chapter Four:100).

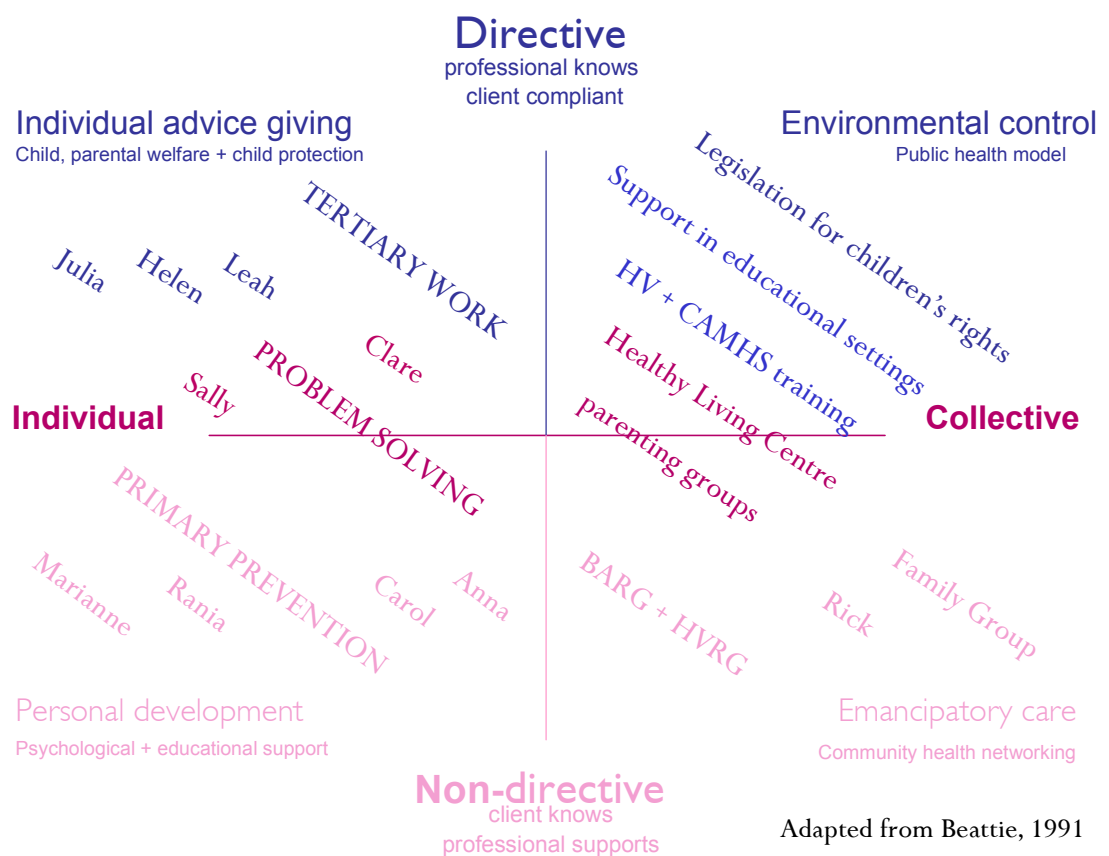
Focus on primary prevention

This enquiry has been in the context of a proliferation of interest in child mental health (Ahmad et al.2000), which recognises links with socio-economic factors (Acheson,1998) and legacies of social exclusion (DfEE, Social Inclusion,1999a), as well as the pivotal role prevention can play (DoH,1998; DfEE,1999b; DoH,1999b). As energy generated by this impetus predominantly targets those suffering from the effects of greatest need, I retain my commitment to prevention through promoting well-being across the social scale in the belief that effects are interrelated and mutually influencing. My energies have been active across all areas of need: primary prevention (educational), secondary prevention (problem-solving) and the tertiary (rescue services). The strategies I use involve all the arenas mapped by Beattie (1991), and modified by Twinn (1991:968), for the promotion of health.

In the adapted figure below I use graded colours to indicate changing relationships responsive to situations. I find alongside educational processes of becoming in dialectical relationships, that I describe as primary prevention, recognisable in 'personal development'. Areas coloured pink, I see as representing the preferred relationship for individual self-discovery (Chapter Five). More active professional intervention for solving problems that I describe as secondary prevention crosses towards 'individual advice-giving' (Chapter Six). Tertiary work, with

families, and child protection require more active direction but always with a view to encouraging self-determination when possible.

Community development projects (coloured pink), aim for collective ‘emancipatory’ action (Chapter Seven). My experience is that health targets required of funding applications (DoH,1998) and the agendas of the statutory bodies make it difficult for truly community-led activity. I see my role in the HLC as sustaining awareness about this bottom-up endeavour. The family groups, although firmly ‘held’ and motivated by clear values, intend to respond to group members needs over professional agenda. My awareness-raising activity for policy and legislative reform, and my teaching to influence professional relationships with children, I see as public health action to influence the ‘environment’ for children. I take an authoritative stance to act in response to evidence of need (Newson&Newson,1989: DoH,1995; Smith et al,1995; Chapter One:13-15).



An unexpected result of change for freedom

Ratification of the UN Convention by the UK (UNICEF,1995) and its subsequent influence on policies which affect children, have led to success from concerted effort to inform children of their rights (CRO,1995b). Teachers now comment that children know and demand their

rights but do not expect to take responsibility for their actions Chapter Four:101). School exclusions increase because of unacceptable behaviour (National Children's Bureau,1998) as teachers struggle to cope with young people who are no longer unquestioning of authoritarian climates at home or school but have not learnt how to take responsibility for themselves. Concurrently, increased awareness about emotional, behavioural and mental health issues amongst children and young people is attributed to a range of socio-economic causes (Acheson,1998).

I wonder what effect the knowledge gap between increased individual freedom and personal responsibility has on mental well-being. I see it as a knowledge and experience gap between expectations of what life should be like and realities of how to conduct democratic relationships. This theory-practice gap appears as real for many parents and professionals as it is for children. Social change has been so rapid that I believe it may take more than a single generation for acquisition of practical skills to match our increasingly democratic intentions. An environment in which children can learn to co-operate and take responsibility for themselves requires adults who are confident enough in themselves to guide and hold children while trusting them to take responsibility as appropriate.

Unity of moral purpose

I am interested in the apparent continuity of purpose throughout this enquiry and attempt to represent it in the following diagram. My passionate interest in rights for children demanded ethical considerations if I was to research the practicalities of realising their rights in family life (Chapter Two:49). Parents moved into view as I thought about how I could both research and work with them. My efforts began to encompass *their* human rights. My research and practice intentions are informed by ethical principles of beneficence, non-malevolence¹, justice and autonomy (Seedhouse&Lovett,1992), which have close association with human rights (Newell,1991). In using the human emotional needs model (Lew&Bettner,1996) with families, I found further associations between felt needs which enhance co-operation, contribution, self-reliance and resilience of people and the expectations of human rights. Rights represent formal definitions of the requirements of human beings in the form of external regulation, while human emotional needs are internally felt emotions with direct bearing on their subsequent behaviour (Chapter Two:46). Work to improve the lived experience of individuals by realising their basic emotional needs also works to realise many of their human rights.

¹ Common use in medical ethics: beneficence - doing good, non-malevolence - doing no harm.

Growth in my understanding about values motivating my work intentions emerged from discussions with families about their emotional needs and with BARG researchers about my research. As I thought about and confronted dilemmas that arose in my relationships, I came to clarify the values becoming implicit in alongsideness. I now ask if these values inform all of my relationships and if not, why not? I notice that when people's emotional needs are met, and I believe I have lived my values, the result could be described as democratic in shared understanding and decision-making (Chapter Six:137). Beyond the value of this work for individuals, I began to see wider potential of realised human rights for society. Daily, examples flood me of how lived values and realised emotional needs within families are the building blocks of co-operation and resilience in the larger community. Perhaps the most poignant, as I write this chapter, are the many perspectives of the events of September 11, 2001 in New York and the responses in Afghanistan. Amongst thousands of sound bites I heard on BBC radio one contributor stood out when he said,

The cause of democracy will not be affected unless we choose to affect it by our actions.
 (Today Programme, BBC Radio Four;12.9.01).

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

1996 ————— Emerging influence in research and practice —————> 2002

Here, I illustrate unity in the influences motivating and being integrated in my enquiry. **Evaluating my practice and this thesis**

I have described how human rights, which initially captivated me, became reinterpreted as the emotional needs of individuals. Actions to meet these needs in my work are motivated by values. Together, lived values and realised emotional needs provide a grounding on which democratic relationships can be built. In the course of this research, my insights were

awakened when I became aware that what actually happened in my practice did not always match my intentions. I recognised these occasions either because I felt uncomfortable about an incident or other people challenged my actions triggering questions and inner debate (Chapter Five:135). My gradual embodiment of the values I name, in ways which enable me to live them more consistently, is developmental through reflective enquiry and the writing of this thesis.

The range of meanings I continue to find in the values broadens in the light of incidents, questions about what I am trying to do and my understanding. Contradictions, times when values are difficult to live, are illuminated. These dilemmas indicate a gap between intentions and reality and show where search for improvement is needed. In this way my values emerge directly from practice experiences and are explored in dialectical relationships with parents, colleagues and research associates. Asking questions and identifying denied values leads to new understanding and improvement in 'what', 'how to' and 'why' I do things. This may extend my understanding in a fine-tuning way (Chapter Two:44; Three:57). On other occasions shifts were bigger (Chapter Three:62; Chapter Five:135; Chapter Seven:169). I now believe that newly acquired 'how to' knowledge is more likely to be embodied and influence my practice if it fits with beliefs and values I hold.

My standards for judging my own practice are therefore values that emerge as important to me in realising the relationships and outcomes I intend. Alongsideness is the influential value with its mainstays of connection, respect for people and self-determination. When I considered dilemmas or times when I felt uncomfortable, reflection illuminated reasons for my not living my values, and indicated diverse influences amongst them. For example, equality intentions underpinning alongsideness need to be tempered with an authoritative approach on some occasions (Chapter Seven). Reflection broadened my need to be accepting of differences amongst people's beliefs. Later, responsive responsibility described a reminder to be alert to the needs of children when I feel myself becoming absorbed by needs of their parents. As I continue to practice, further values or variations of values that I hold, are likely to emerge. Tensions appear inevitable and often useful for reviewing and generating values.

Alongsideness, with context dependant variations emerging from practice experiences, is an important motivator and safety net in striving for effective relationships with families. I therefore offer the alongsideness cluster of values described here as standards for understanding and judging both my practice and this thesis.

What are the limitations of my enquiry?

A narrative account to demonstrate improved practice and illuminate the diversity and process of dialectically created knowledge does not meet all the requirements of Clinical Governance (DoH,1999a). Quantitative 'criterion-based' audits of health needs and the outcomes of interventions are needed by PCTs for monitoring services and allocating resources. Output and outcome measures were not useful for answering the questions posed by this enquiry, but are within the scope of questions practitioners might ask while evaluating their practice.

Practice standards set by one practitioner may not easily be transferable for improving the practice of another. Broader horizons of standard-setting for improving effectiveness in questions such as, 'how can I improve what I am doing?' may be needed if aspects of professional practice that really impact on patient/clients are to be included in evaluation.

The embryonic stage of my alongside epistemology means that although it has been tested as it emerged in my practice and enquiry, relevance beyond myself has not been explored in any depth. While recognising that 'relational epistemology' is cited by others (Gilligan,1982; Belenky et al,1986; van Manen,1999) it is too early to say to what extent my alongside epistemology will become established in influencing health visiting research.

How do my experiences recommend action research in health care?

I have described reflective action research as a way of finding answers to concerns arising in practice. In my case, I needed a means of researching that would allow my strongly held views to lead the search for practical answers to questions I barely understood about how to work. I had no intervention to test, nor was I clear about what I needed to know. My motivation was to influence injustice to children in family life and to find better ways of promoting well-being. Injustice and misuse of power is frequently recognised by practitioners as an inhibition to good practice but does not often appear to motivate health care research (Cowley&Billings,1999:972; Meyer&Batehup,1997:179).

Finding a question that enabled me to ask, 'how can *I* understand, improve, evaluate and explain?' opened doors to less tangible aspects of practising that are so important to client experience and outcomes. I was able to explore a range of influences on the efficacy of my work, particularly how I present myself to others and how I react to the way they present themselves to me. In the process of exploring how I practise and the context of my concern, solutions emerged, which are informed by fundamental values motivating my intentions. By asking questions such as, 'which values important to this situation are denied in my actions?', influences on my effectiveness could be explored, making improvement possible. New ways

of understanding and improving my health visiting could be searched for, and equally important, I could begin to explain my intentions to colleagues and managers.

The strength of this approach is that it supports practitioner enquiries into matters that really interest them in their work. Concerns may be related to circumstances particular to an individual practitioner in, as Schön quotes Erikson calling, a 'universe of one' (Schön,1995:31). Enquiries such as these get to the heart of what is important in the 'how' and 'what' of professional practice and are recognisable to others doing similar work (see below). I hear post-registration nurses struggling to find research questions suitable for methodologies usual in academic faculties. A district nurse speaking of her interest in home treatments she saw used in Asian households was worried that some remedies may have contained lead and been harmful (conversation, district nurse,24.10.01). She wanted to be sensitive to cultural norms while securing the best health outcomes for her patients. Not being able to find a research question that satisfied her tutor, she said, 'I ended up only really doing a literature search and got a poor mark'. I wonder how much more illuminating this project could have been if she had been free to ask a question such as, 'how can I understand and improve patient care while remaining sensitive to cultural practices?' When I asked her she said, 'finding the information was useful but I really wanted to know how to go about doing it'.

I have felt the need to rein in my impulse to suggest colleagues undertake reflective action research into aspects of practice which interest them during academic degrees because there is no local tradition of research to support such enquiries in health care. I would like to offer my new research skills and play a part in supporting growth in what Schön calls the new scholarship. He says:

The problem of changing the universities so as to incorporate the new scholarship must include, then, how to introduce action research as a legitimate and appropriately rigorous way of knowing and generating knowledge ... If we are prepared to take it on, we have to deal with what it means to introduce an epistemology of reflective practice into institutions of higher education dominated by technical rationality. (Schön,1995:31)

Schön calls this an epistemological 'battle of snails' because he says, progress is so slow that it can hardly be noticed. I find the term 'battle' difficult because energy concentrated on defending one's perspective can snap shut intellectual openness to apparently opposing points of view (page191-192) . I prefer an alongside epistemological stance that recognises change is happening because of the emerging appropriateness of new ways of generating knowledge in practice. In Chapter Two I concluded:

My alongside epistemology moves me from an urgency to make others understand by using convincing explanations, towards a stance where I ask myself, 'how can I use my passion to engender a spirit of enquiry here?'. (Chapter Two:52)

Following a Crucial Cs workshop with school nurses I heard, 'this is interesting for my own children but how do I use it at work?' They were asking for practical answers I did not have. I suggested an on-going reflective research group, which could explore and share possibilities as they tried them in practice. Together they could create useful knowledge for improving this aspect of school nursing. I could support them in the process and learn myself. The question becomes 'how can I apply this theory to my practice for better outcomes for children?' also, 'how does this fit with good practice I already have?' The process of reflection in action is important because of the embeddedness of personal values in the practical applications of competent practitioners.

For dealing with real-world demands of practice, organisationally defined procedures might not provide the most useful guidance for the messiness of reality. Practitioner action research can begin to address the long recognised problem of realising research based knowledge in practice (Twinn,1991; Hart&Bond,1995:213,) and produce relevant, complex 'how to' knowledge in the minutiae of process (Ghaye&Ghaye,1998:91). Schön speaks with authority in his defence of practitioners' feel for situations and the tacit knowing implicit in their patterns of action (Schön,1995:29). Knowing, he says, is revealed *in* action when holistic recognition of a situation, judgement about what is appropriate and the skill of doing are observable in the moment. We came to this same conclusion in the HVRG (Pound et al,2001a,b).

Practitioner research is moving onto the agenda in health visiting. Twinn (1991) suggests reflective practice as a solution for her dissatisfaction with the ad hoc development of health visiting in spite of suggested theoretical frameworks. My point is that reflective action research is more likely to be acceptable and flourish if it is presented in a climate inclusive of other perspectives rather than expecting to battle with dominant paradigms previously used for understanding practice. I call for an epistemological alongsideness that celebrates approaches appropriate for generating the kinds of knowledge needed for improving quality, effectiveness and explanations by asking, 'how can we understand and improve this?'

Validity of theories emerging in my enquiry is enhanced by the multiple perspectives of issues that I explored through successive cycles of critical and rigorous enquiry. Reflexivity is scrutinised in 'intra-subjective' and 'inter-subjective' levels of questioning (Winter,1989:43; Lomax&Parker.1995:303). The rigour of this approach to 'systematic enquiry made public' (Stenhouse,1975:142-165) and on-going personal and shared reflexive critique encourages openness and unending opportunities for transformation of meanings about practice. My cycles of reflection, action and monitoring became a complex process of multi-issue, concurrent enquiries demanded by the complexity of questions I found (McNiff,1988:45).

Although I did not fully understand at first, I now find the idea of identifying living contradictions, times when my values are denied in my actions, useful for stimulating understanding and improvement (Whitehead,1989).

For me, the appropriateness of reflective action research lies in its dynamic responsiveness to the diversity of contexts we work in and individual commitment to doing a good job. Searching for new possibilities is on-going because people's expectations and therefore health visiting practice is modified by the personal development journeys of individual practitioners. Rogers' notion (1961) that we are all living in constant processes of becoming, encourages me to try to look on people positively and avoid needing to 'win' or act defensively if I am misunderstood or meet unfairness. When I remember that problems occur because people respond according to understanding they currently have, I am more likely to try to understand and act fairly myself so we *all* might move on together. Living theory describes knowledge emerging from this approach when practitioner accounts of learning emerge from the scrutiny of values we hold to be important (Whitehead,1989).

What aspects of this thesis maybe transferable to other practitioners?

This thesis presents the development of my current knowledge about 'what' I am doing, 'how' I do it and how I integrate it into my 'art of health visiting' (Pound et al,2001b:104). My tentative, 'living' theory of health visiting is likely to be of most interest to other practitioners who might consider its applicability to their own enquiries. By clarifying motivations for my health promoting intentions, obstacles to realisation of them are identified and possible changes towards improvement illuminated. Particularly, I spotlight the value gap between theory and practice as source of most learning. In my attempt to create an accessible account of my current practice I hope to communicate theories of what health visiting might be, which are stimulating for other practitioners. In turn, I expect responses to be useful to me as I continue searching for understanding so I can embody and live my values in all my relationships. In other words, by embodying values and theories *I* transfer them to other situations in the belief that I am more effective when I live them fully. This process of practitioners identifying what really matters to them, and exploring concerns arising when reality does not match intentions, is a function of evaluation for change, in line with Clinical Governance expectations (DoH,1999a).

The associations of intention I notice between human rights, ethical principles and emotional needs strengthen the validity and usefulness of values motivating my practice, by triangulation. Values becoming integral to my understanding of alonsideness appear recognisable by others as worthwhile motivators for good practice (Laidlaw,2001; Chapter Seven:180,181). I do not

however claim that values, as I have come to understand them, are transferable to other health visitors in exactly the way I understand them. This is because my meanings have arisen from my own particular life history and the interpretations I therefore make of my experiences (Chapter Seven:174; Pound,2000). Other health visitors may arrive at similar assumptions about their motivations, but details of their interpretation will also be context and history dependent and therefore unique.

Amongst insights arising from this research, my use of human emotional needs for understanding and improving relationships may be most obviously useful for fellow practitioners. A questionnaire to health visitors still working in the area, who attended at least one of my seven Crucial Cs workshops for colleagues showed three quarters use an aspects of it in their work (Chapter Four:100). Five use the Crucial Cs as a tool for more in-depth work in helping parents understand relationships (questionnaire, health visitors,October 2001). Three school nurses commented informally that they have used the tool with older children and parents. Training workshops with Tier One workers also attracted predominantly positive responses about anticipated usefulness for practice (Ahmad et al,2000; Workshop questionnaire,2001; Ahmad et al,2002; Chapter Four:106). A nursery manager and early years support worker reported the Crucial Cs now fully inform their approach to working with children after our work together (Chapter Four:104).

In health visiting, I found colleagues recognise dilemmas of balancing priorities such as I identified in Chapter Seven (conversation, colleagues,22.10.01). Each colleague's perspective carried it's own interpretation. The value I call 'responsive responsibility', to remind me of my obligation to children while I respond to parental needs, had differing meanings for colleagues. One spoke of her own childhood abuse affecting her empathy for parents, another of an alarming practice experience swaying her towards more actively seeking early help from other agencies, to avoid similar experiences (conversation, colleagues,22.10.01). Community drugs workers (GP practice meeting,19.10.01), teachers in BARG (BARG,27.10.01), health visiting colleagues and parents all spoke about balancing their own authority with efficacy for the client (student/child) in mind. For example, the drug worker's description of clear agreed contracts in which to 'hold' clients with warmth, respect and caring, appears to have similar properties to 'responsive responsibility'.

Discussion of these issues with health visitor colleagues created more personal questions worthy of further enquiry amongst ourselves (conversation, colleagues,22.10.01). In the same way, discussion about alongsidness triggered colleagues' reflection about their personal perspectives. Respect and self-determination appear recognisable as worthwhile practice values (UKCC,1992) but some colleagues expressed doubt that they are 'alongside' in ways I

describe, finding child protection relationships easier (conversation, colleagues,22.10.01). During these conversations I began to wonder if some nuances of difference between our individual perspectives might hinge on questions similar to those arising within myself about where control and responsibility lies (Prologue:9; Chapter Six:154; Chapter Seven). A health visitor colleague also training to be a counsellor suggested the depth one is able to work at with clients might depend on the depth worked to, and understanding reached, with oneself (conversation, colleague,17.11.01). This highlights the importance of individual practitioners enquiring and generating their own knowledge of practice in collaboration with peers. I witness dialectical processes beyond myself in these conversations. My values and those of my colleagues are likely to continue evolving in dialectical relationships such as these, amidst new interpretations and changing expectations. Schön points to a history of practitioners questioning, reflecting and reforming knowing-in-action in this way. He says:

In Lewin's work, we find the idea that a practitioner's reflection-on-knowing and reflection-in-action can give rise to actionable theory. Such verbally explicit theory, derived from and invented in particular situations of practice, can be generalized to other situations, not as covering laws but through what I call 'reflective transfer', that is, by carrying them over into new situations where they may be put to work and tested and found to be valid and interesting, but where they may also be reinvented.(Schön,1995:31)

Practitioners endeavouring to make sense of and explain their own practice experiences may find this thesis offers stimulus for understanding the space between what is known and how it is used in practice. I continue by reflecting on what my enquiring has achieved so far.

My contribution to health visiting knowledge.

This thesis represents an account of my emerging health visiting theories as I endeavour to enhance my support of developing family relationships and therefore children's well-being. My aim is to focus on relationships in the smallest developmental unit, the family, while being mindful of influences from society. Mutually rewarding relationships in alongsideness become contingent on all parties experiencing their emotional need to belong, feel competent and experience significance. For me, it means I start from trying to understand the concerns identified by others, while remaining aware of and attempting to live my own personal and health visiting agenda. This is a change from acting on concerns identified by myself. It illuminates a need to be self-aware in the pursuit of effective working relationships. The range and meanings of alongsideness emerge when competing intentions are balanced and understood. Alongsideness develops subtly changing forms in response to contradictory needs of people and circumstance. My alongside epistemology, emerging from, while improving my practice, is dialectically generated in dialogical collaboration with clients, colleagues and others as I embody and continually review values motivating my approach.

I believe I make a contribution to health visiting knowledge by demonstrating the development of an alongside epistemology for understanding, evaluating, improving and explaining my health visiting practice towards research-based professionalism. This new scholarship of enquiry offers health visitors methods for understanding and embodying their values and transforming them into living standards of judgement for improving and explaining practice. My explanation of the health-enhancing and educational possibilities of alongsideness in practising and researching relationships, embraces the complexity involved when diverse needs of real life are to be met. I illuminate the importance of personal history in the embodied values and living theories of health visitors. I believe the full significance of the possibilities of a new epistemology for health visiting enquiry will unfold over future years as others seek academic credibility for reflective practice and clinical governance (DoH,1999a).

To summarise, my contribution:

- ① develops my alongside epistemology in which values, generated and clarified in practice become living standards of judgement for testing the validity of my claims to knowledge.
- ② explains methods health visitors can employ to develop their own living standards of judgement for understanding, evaluating, improving and explaining health visiting toward research-based practice.
- ③ explains health-enhancing and educational possibilities of alongsideness that include complexity when diverse needs are to be met.
- ④ illuminates the importance of personal history in the values, agendas and living theories of health visitors.

Looking back and contemplating the future

You may have noticed a contradiction in this thesis in the absence of accounts of my own parenting, even though I asked the question, ‘how can *we parents* understand and improve our parenting? (Chapter Three:63). I can assure you my own parenting has been ever present and continues to inform my enquiry. Alongsideness has assisted my role as mother. The adolescent years of my two children as they grew to young men is punctuated by similar contradictions ranging between the confusion and joy characterising the personal learning narrated through this thesis. I appreciate Rowland’s words about silence being much more than the absence of words:

Just as the construction of a piece of music, or of a sculpture, it is the spaces as much as the material which carries the meaning of the work ... the spaces between the words carry much of the significance. Silence carries with it a wide variety of meanings.

(Rowland,1993:88)

Alistair's comment in the early years, *'we are anecdotes, not children'*, was heartfelt. I feel no need to further expose the lives of Graeme and Alistair, who have read much of this thesis, or of their parents Kip and myself. I do however recognise the need to offer support for families who ask for it, through adolescent years. I therefore intend supporting health visiting and school nursing enquiries to find appropriate ways to support children, parents of older children and teachers in schools. I will continue exploring possibilities for supporting family relationships particularly those in neglecting or abusive relationships.

In April 2002 I join the early years worker and a parent to introduce the Crucial Cs to the whole staff of a large infant school. We will follow it with a group for parents. I also envisage working to create an environment for nursing enquiry such as I found amongst educators in BARG. It is founded on recognition that access to alternative ways of knowing and enquiring is nourished in dialectical debate amongst people dedicated to trying to understand each other as they generate their own living standards of judgement. In the future, I intend using my understanding of alongside epistemology in research to ask, 'how can I use my passion to engender a spirit of enquiry?' In this way, my alongside epistemology should continue to become more full-bodied and useful.

Epilogue

Readers of a draft of this thesis raised important issues which extended and strengthened my understanding of an alongside epistemology. Most poignant was Pat D'Arcy's 'appreciative engagement' with my text. The style of her written responses in the margins, let me know she was 'with me' in trying to understand the development of my ideas. Warmth and connection is created by her comments. For example:

This is very clear! ...Go for it! (Prologue:3)

A very important and telling point. (:6)

Very useful to have this clear explanation of how you intend to proceed - it shows you are confidently in charge of your presentation and gives useful guidelines for the reader. (ChapterTwo:34)

I know the feeling! (:36)

I love the way you pin down your growing perceptions so clearly and precisely. (Chapter Three:57)

I like the way you remind us of your earlier quote - very appropriate! (:62)

Your eyes twinkle (Chapter Six:157). *I finished reading this chapter feeling uplifted.* (:159)

By trying to understand what was there through questioning, she used encouragement and connection to focus on what I was trying to say, rather than concentrating on identifying inconsistencies between my account and her own preconceptions. I felt competent in my effort to communicate and ready to hear her critique. Pat reduced the power bestowed by her academic seniority and created an alongside collaboration in which *she* was learning from my enquiry whilst extending it:

I think you need to explain this further I don't understand what you are getting at. (Chapter Two:34)
Yes! (:46). ha! (:49)
Maybe just a matter of perspective? (Chapter Three:66)
I would like to think I have also learnt to do this - but I fear I am a slow learner! (:76)
Now that I have read the chapter I can't relate it to this introduction. Rather for the first time I lose a sense of direction. (Chapter Four:82)
I would have difficulty here! (Chapter Seven:161)
I don't understand this juxtaposition can you expand? (:165)

This clarifies alonsideness as an epistemology. By an 'epistemology' I mean my theory of knowledge. I claim to have created an epistemology in which my values, generated and clarified in collaborative, dialectical processes of becoming, in response to diversity, become living standards of judgement for testing the validity of my claim to knowledge. Further, an alongside epistemology holds relationship as not only part of the generative process but integral to the knowledge itself. Beyond the 'embraining' of ideas from sources beyond myself, for integration into my living theory of health visiting, I show how theory-practice gaps are narrowed as theory is 'embodied' and 'lived' in my practice.

I find my alongside epistemology useful beyond my original purpose of understanding family relationships for the enhanced well-being of children. In my attempt to live the values evolving in this epistemology, I experience applicability for health visiting and researching relationships including those with experienced researchers. Placing value in the knowledge of practice requires openness amongst traditional holders of knowledge within the academy, to relationships with their students that embrace learning together.

Reflections following the viva voce with Professor Ghaye and Professor Ritchie held on 27.9.02 in the presence of Dr Martin Forrest

Ways in which I now understand and justify my enquiry as an epistemology.

In the title of my thesis:

*How can I improve my health visiting support of parenting?
The creation of an alongside epistemology through action enquiry,*

I claim to have created an alongside epistemology through action enquiry in my practice as a health visitor. I take epistemology to mean a theory of knowledge including its nature, genesis and justification. In my action enquiry I have used a dialectical process for generating theory (see below). By an alongside epistemology I mean a relational way of knowing (and being) that is important both to knowledge embodied in my health visiting relationships and to the

generation and justification of my knowledge of enquiry. An alongside epistemology is therefore personal, but is also generated collaboratively through a dialectical process, to create living standards of judgement for improving relationships. It is the centrality of relationship as a way of knowing, creating and justifying knowledge that is the contribution of alongside epistemology to 'living' enquiry in practice.

Submission of the thesis in May 2002 marked the beginning of a new reflective phase when I questioned my understanding of the alongside epistemology that emerged from enquiring as I practised. I am grateful for the opportunity to bring my thesis up to date with explanations of my developing understanding of the dual processes. I show the logic and justification of alongsideness as an explanatory principle for practice and of alongsideness as a standard of judgement for testing my knowledge claim as an epistemology. I will explain its potential for practitioner enquiries in health care beyond my own.

Initially, my aim was to generate a living theory of my health visiting practice to improve my support of family relationships for the sake of children's emotional well-being. Gradually I also began to distinguish an emergent alongside epistemology appropriate to scholarly action enquiry in caring and educational relationships. The two processes are mutually interdependent in that living theories of alongsideness emerging from my practice utilise an epistemology for enquiry that is grounded in and informed by alongsideness in practice relationships (see illustration page 225). Chapter Two, written in 2000, marked an important stage in the development of my understanding of my enquiry as epistemology and its particular relevance for practitioner research. I sought to explain an epistemological stance that is fundamentally different from that usually underpinning health care research (Chapter Two:32). To bring my explanation up to date, I now focus on the living theory of practice and the creation of an epistemology separately in an attempt to show their distinctiveness and their interdependence.

The generation of living theory

The research process to answer my question, 'How can I improve my practice?' led me to engage in collaborative dialectical questioning of my intentions and actions to sustain a search for possible answers and further new questions (Whitehead,1989, 1998, 2000a). The result is ongoing scrutiny and generation of embodied values² as standards of judgement appropriate to my health visiting relationships. By questioning the meanings of values I hold to be important in my practice, my understanding of them and the creative possibilities for future practice are extended (Chapter Seven:172-173). Clarification of the values that motivate what I do, help me understand my practice and provide principles to guide me in the search for effective

solutions to contradictions that arise. In this way the values I claim to have embodied, and live as I practise, are my living standards of judgement that are clarified through the enquiry.

Contradictions between values I claim guide my practice and the reality of my actions as experienced by others, highlight inconsistencies requiring exploration in the search for improved effectiveness. Values as guiding principles for practice are rigorously examined through the enquiry, extending their meanings and illuminating new values (Chapters Two:36, Three:67, Seven:172). The 'improvisatory realisations' (Winter,1998) I create as explanations are continually open to testing and clarification as I attempt to live them more fully as I practise. Embodied values become transformed into explanatory principles and into standards for judging what I do and for identifying areas for improvement (Chapters Four:94, Eight:201; Whitehead,1989).

By 'living' theories I mean that my explanations for my learning, as I seek to live my values more fully, are continually open to critique and review as they are experienced by others in various contexts (Chapter Five:119); when contradictions arise in practice situations (Chapter Seven:175), or because of contradictions within myself (Prologue:9). It is by exploring the ragged edges to alongsideness that my living theories of health visiting continue to be generated. Representation of these theories, for the purposes of this thesis, is through the accounts of my coming to understand them as they emerge and are clarified in my practice, and how I live them for the benefit of families. More commonly they are represented in the relationships I have with people. Values that I claim to have embodied and live in my practising relationships, which constitute them as explanatory principles, do not lend themselves to representation as the stand alone propositional statements of traditional theory. Pring offers a traditional view of theory:

'Theory' would seem to have the following features. It refers to a set of propositions, which are stated with sufficient generality yet precision that they explain the behaviour of a range of phenomena and predict what would happen in the future. An understanding of these propositions includes an understanding of what would refute them. (Pring,2000:124-125).

As my values are my explanatory principles of my practice, they risk losing their complex meanings when isolated from the accounts from which they were generated or from the real 'lived' relationships experienced by others.

I agree with Banks (1995:29) that a 'list approach' to values may have limited use if the values are not personally held and scrutinised by those expected to live them in their work. However, discussions with colleagues and living theory researchers (www.actionresearch.net) lead me to believe there may be common core values associated with the committed endeavour

² For an explanation of 'embodied' values of practice see the Prologue (:6-7).

of improving well-being and learning for a social benefit (Chapter Three:62-63). Respect for people (Chapter Two, 47); enhanced sharing of power (Chapter Four:107); learning as a living process that begins with what people already know (after Rogers, I this call a 'process of becoming' - Chapter Two:26) are amongst values commonly cited and personally interpreted by practitioners and action researchers. For me, 'alongsideness' as a valuable way of being embraces these and other values under its relational umbrella (Chapter Eight:187).

Exploration of practice relationships in this enquiry relies on collaborative dialogue in which my emerging tentative theories are scrutinised in reciprocal reflexivity with parents and research associates who may also be exploring aspects of their own relationships (Chapter Three:54). In a spirit of co-enquiry we challenge each other's assumptions about relationships and examine our accounts of experiences in the interest of clearer understanding of them. Over time, my understanding of my relationships has expanded and my practice changed (Chapters Three:61-62, 63; Five:129-131). An important distinction of living theory is that my practice precedes my theory creation as I seek answers to questions arising within myself, from my practice experiences and from the critique of others (Prologue:5; Chapter Five:119). I am grateful for Moira Laidlaw's insight into the uncertainty that arises from grounding living theory enquiry in practitioner's knowledge and practice rather than the theories of others:

... because we go from practice to theory, rather than the other way round, we don't have those foundations of certainty to start from, and thus things are more tentative and confusing and feel risky. (Shared e-mail, Moira Laidlaw, 4.1.03)

My emergent theories are founded on my previous knowledge and embodied values grown over a lifetime of personal history and practising relationships (Pound,2000). My theories of how to practise are therefore grounded and tested in practical experiences and may be questioned by the theories of others. Traditional theories can offer critique that may stimulate deconstruction and renewal, confirmation or extension of my own emergent theories (Prologue:3-4; Chapter Four:85, 92).

My living theories of health visiting represent my claim to be coming to know and strive to improve what I do. Theories are represented within descriptions and explanations of my developmental journey. Other practitioners describe them as useful to their own reflective enquiries (Chapters Four:100,106, Eight:205). No colleague however, has reported that my explanation of alongsideness fully mirrors her or his own. Values as explanatory principles for actions emerge from our own constructions of our cultural, historical, moral, political, ethical, aesthetic and spiritual lives in the context of our practice (Ghaye&Ghaye,1998:42). It is this individuality of interpretation in practice within unique contexts that gives living theory self-study an advantage over traditional methods of researching educational and caring relationships. For this reason the alongside epistemology described below may have more use

for enabling the enquiries of other practitioners than my own living theory of practice. This is why I attempt to clarify its distinctiveness in this thesis.

The creation of an alongside epistemology

As the thesis evolved my awareness grew that another important finding was emerging. I recognised a closely intertwined relationship between my living theory of practice and the supporting epistemology. The mutual interdependence of the two appeared as I began to understand how the epistemology grew out of the living theory whilst also informing it. The living theory provided the ground for creating and testing the speculative epistemology. Alongsideness appeared increasingly important for its potential in scholarly enquiry appropriate to both collaborative working and collaborative enquiring in caring and educational relationships that are relationship-centred. The unifying of research and practice relationships into alongside enquiry for client and professional together has potential for changing practice and creating explanations of practice. I believe the role that alongsideness as an epistemology can play in creating and exploring relationships could liberate other practitioners in quests to know, explain and validate what they do, as it has for me. It offers richer possibilities for enquiry than is usually available for informing the knowledge base of health visiting practice. Living theory action research is growing in education faculties but I found little experience of it in local health care faculties. I needed to find explanations that might create opportunities for colleagues in relationship-centred professions who wish to undertake health care research. Explanations of the alongside epistemology therefore needed to be different from my own personal theory of practice. So how do I explain the logic and the justification of alongside epistemology?

A research colleague's question about 'the object' of this epistemology awakened my awareness of the link between my ontology (way of being) and epistemology. The alongside epistemology is a *relational* way of knowing, being and generating personal theories of practice relationships (Chapter Eight:202). It recognises practitioner ontology as integral to ways of knowing and doing in relationship-centred practice. It is founded on the individuals' previous knowledge, including the embodied values that are lived and clarified as they emerge in reflexive collaborative enquiries (Whitehead,1989; Winter,1989:38).

This epistemology uses dialectical logic to search for questions and answers that expand understanding by exploring and synthesising possible meanings. It embraces contradiction as the nucleus for *generating* theory (Osborne,1992:110). A contradiction (or antithesis) to the emergent theory (or thesis) exposes a tension and creates a space for generating and synthesising expanded or alternative explanations in reflexive, collaborative dialogue. By

generating, I mean that by exposing mutually exclusive opposites amongst tentative ideas in a climate of challenge, a creative space supports collaborative deconstruction and rebuilding of theories (Chapter Seven:174; Ilyenkov,1977). This is fundamentally different from traditional epistemologies that search for contradictions to negate a theory (hypothesis) and disprove it (See Pring above; Lakatos&Musgrave,1970; Chapter Two:32). Alongsideness is practically and epistemologically 'inclusional'³ in its ability to integrate diverse perspectives in order to allow meaning to emerge. In other words, through its dialectical logic alongsideness is able to hold both the discrete parts and the whole context together under an idea (Prologue:8; Whitehead,1993:70). Consensus here does not mean that variations of perspective are discarded in the interests of general agreement, but that differences in meaning are acknowledged in the search for shared understanding. In this way alongside epistemology extends the possibilities of living theory enquiry making it appropriate for relationship based co-enquiry in practice. Living theory action research described in this way is a new approach to researching and practising for health visiting.

This thesis represents the 'unit of appraisal' for my alongside epistemology (Whitehead, 1993:54). By unit of appraisal I mean a representational form for my claim to know my own personal and professional development and my enquiry as an epistemology. It offers a linguistic abstraction of my process to discover the meanings of relationships for practice and as an epistemology for practical enquiry.

Validity of alongsideness as an epistemology is justified through the internal coherence of explanations within their contexts, and the external coherence of the explanations with theories from other disciplines (Chapter Eight:200). The validity of alongsideness as an epistemology is also justified by its pragmatism⁴ as a way of being and knowing in practice relationships (Cole,2002:55). By this I mean that alongsideness not only works in promoting learning and change (Chapter Three:68, 79), but co-enquirers (including parents) also draw upon its core values, integrating and reconstructing them into their own theories of how to *know* and *be* in enquiring relationships (Chapter Eight:190). In the process, embodied values of enquirers are transformed into living standards for judging and explaining their claims to know.

How I now see the nature of the relationships with others involved in enquiry, particularly in terms of power.

³ Inclusional - a term coined for this purpose by Alan Rayner (www.bath.ac.uk/~bssadmr/)

⁴ Pragmatism - a philosophical movement asserting that the meaning or truth of a concept depends on its practical consequences. *The New Penguin English Dictionary* (2000)

My understanding of the explanatory principles of alongsideness as an epistemology for enquiring and practising relationships has continued to develop since the viva, particularly in terms of power. I approached the viva determined to live my values of alongsideness there too. The questions felt entirely fair. However, from the experience I have come to understand more about the influences of power on alongsideness. I now understand that I do not always have the power to decide the style of interaction, although I can be guided by my principles in my responses. This helped me consider how, on the other hand, my professional power could be frustrating for clients and colour their responses to me.

As candidate, I now recognise that I could not be alongside in the way I try to be with clients and peers because it was the examiners who held the power to ask questions about the validity of my thesis. The purpose of the viva was for me to defend the thesis I had created. The onus was on me to offer explanations rather than tentative ideas towards explorative ends. After the viva when we were waiting for the examiners' responses, I expressed doubt to Martin by saying that I had felt defensive at times and hoped I had not been too forceful. His kind reply that he thought it appropriate that I defend my thesis made me laugh at myself. I realised the irony of my confusion about being 'alongside' in my usual way. In this case, we were not in a shared dialectical process of question and answer in a search for possible meanings. I needed to summon an air of authority about my subject, provide clear explanations and be certain enough to 'defend' my thesis, under the critique of examination.

I find this experience useful for helping me recognise challenges to alongsideness in practice and in enquiry. It reminds me of the relative powerlessness of children in family life and some common experiences of parents as health visiting clients (Kendall (1991)). Kendall's findings shaped my need to understand whose agenda I work to and prompted questions about effective relationships. The viva experience reminds me *why* I developed alongsideness in which I attempt to reduce my power in my health visiting relationships and to encourage parents to consider doing the same for their children (Chapters One:22, Two:50, Five:152-154). To explain this further I need to describe the professional climate in which I create my practising relationships and enquire.

Changes in health visiting relationships over the last century reflect changes towards increased public participation and greater personal responsibility in the society it serves. Dingwall and Robinson in their defence of health visiting highlight some aims and tensions:

*Health visitors are public health nurses whose main work has traditionally been unsolicited routine visiting of all families with young children for the purposes of **health screening and health education**. The history of their occupation provides a case study in the conditions under which the surveillance of domestic behaviour in a liberal democracy becomes possible, of the working practices that sustain it and of the ideological movements that can destroy it. If home care is to be **shaped***

by the felt needs of the carers and the cared, it will be argued that such a proactive system of population surveillance is essential. The search for need must be an overriding objective of social policies and organisational designs. (Dingwall&Robinson,1993:163, my emphasis)

A tension arises between universal 'health screening and health education' of a population, and care 'shaped by the felt needs' of individuals. The first implies that health visitors screen and interpret health needs in order to decide health education agendas, while the second suggests that health visitors respond to the felt needs of individuals (Chapter One:19). This tension is also described as being between surveillance for policing and controlling as a mechanism of the state, or as education for serving clients' needs (Cuesta,1992). Although health visiting moves towards a client-led service, parent health records and shared identification of need, in 2003 the same occupational tensions continue to influence health visitors' interpretations of how to practise.

The tensions are not diminished by the move for health visiting to take a more 'public health' approach (CPHVA:1997). Conflict emerges between a top down public health agenda, influenced largely by epidemiological and medical models of health assessment, and a bottom up community development approach that supports individuals and communities in identifying needs and taking action for themselves (Chapter Eight:198). For family visiting, the tension is evident in debates about what records we should keep and how much data should be collected for organisational and policy-making purposes. In my view, tensions between our roles in acting for the state or for individuals and communities continue to influence the way health visitors perceive and create relationship styles and the focus of our work.

The same tensions are evident in this thesis as I identified a health need for children but asked myself, 'whose agenda am I working to?' Through the enquiry, I clarified how I could hold professional views of social need, as in a public health approach, and create relationships that encourage individuals and communities to identify their own needs and to access resources. I needed to learn how to amalgamate both. By integrating Adlerian theories of human emotional need (Lew&Bettner,1996) into my values, I was led to trust parents to want positive futures for their children and to strive to achieve it when able to utilise the resources within themselves and from others. I came to realise that problems I identified in what parents' were doing with their children were often also recognised as problems by parents, because of the emotional impact on the family. I could be more effective if I supported parents in identifying their own family relationship needs early and supported them in planning their own solutions (Chapter Six:146-152).

My enquiry-in-practice relationships with families shifted to being co-enquiry in which I value parent's choice in accessing my service and in how they present themselves to me. As a result I

rarely make unsolicited calls (Chapter Five:109). Initially, I reduced my professional power in terms of giving advice so much that in the anonymous questionnaire no one, even amongst those with child protection issues, cited my telling them what to do as a problem (Chapter Five:119). Several, however, said they would have liked *more* direction from me. For parents at risk of abusing or neglecting their children, the obligations of my role continue to mean that I need be honest about my concerns and take responsible action on behalf of the vulnerable. I need to balance the child's needs with those of their parents for positive outcomes for children (Chapter Seven). Challenge such as this does not negate alongsideness as a guiding principle but calls for dialectical reasoning in my search for meanings appropriate to situations. Here collaborative support is necessary to help me make sense of the small percentage of my caseload for whom alongsideness appears to become less of a shared educational activity and may, for a time, even be temporarily suspended (Chapter Seven:189-196).

Enquiring-in-practice means that parents are not co-researchers in the traditional sense of reflexively collecting evidence towards the presentation of a research report. They might not even be aware that they are engaged in 'research' with me. I hold to their being co-enquirers however, because of the nature of our relationships. I believe it would be hard to find more dedicated searchers for understanding and change than amongst parents who experience a problem and wish to find better ways of relating. The key here is a passionate need for understanding within a search for improvement of a social situation. In the process *I* learn about *my* practice relationships. I learn how to have power and how not to abuse it. I learn to be honest when I experience conflicts of interest. My alongside epistemology is continually open to challenge and review as I invite parents' involvement in my enquiry, while they invite me into theirs.

A parent's recognition of a need implies experience of a 'lack', sometimes feelings of inadequacy and an assumption that others know better. In Adlerian terms, the pursuit of power is a human response for transforming feelings of inadequacy into regained control and personal significance. It may be taken further in a search for superiority (Chapter One:17). I found that by having confidence to yield my power as knowledgeable professional; by working to connect with others; by being tentative and open to having questions of my own, I can encourage creative energy for shared enquiry. This has been described as a 'life affirming' energy that I call educational (Chapter Six:157). In other words I came to alongsideness as a way of being more effective in helping families to find better ways of relating, especially in difficult situations where power might interfere with communication (Chapter Seven:174). I now recognise it is easy to reduce my power and share control with others if I have it, but not so easy to claim it if I do not.

I have felt defensive at times through this enquiry (Chapters Two:49, Four:107) when I experienced a need to summon authoritative knowledge I could use to convince other people (Chapter Eight:188). Now, I recognise that I rarely feel defensive with clients partly because of the power my professional status bestows, but also because I now understand that we are all living our processes of becoming that start with what we know now. I have learnt that people's behaviour towards others is usually in response to felt emotional needs. We are most open to learning when our emotional need to connect in relationships and to feel competent are realised. How can I be sure parents feel able to be frank with me if they perceive me as having professional power? In terms of evidence in my generation of explanatory principles, clients' contributions are made and considered for their likely veracity amidst the *whole* of the relationships from which they are collected. My interpretations are checked back with those involved and explored for alternative possible explanations in the interests of rigour (Chapter Two:42-46). Other people's claims to have learnt from me or my own observation of their changed behaviour provides a kind of triangulation. Collected data is compared and may create contradictions for exploration amidst my emerging explanations. This thesis is an account of my learning that is grounded in evidence of the learning processes of my clients and others. My explanations are offered for critique in research conversations, in the way I live my values and offered for scrutiny through this thesis. A criterion for judging action research reports is how believable it is (Clarke et al:1993; Lomax,1994:123).

Confidence in my growing ideas sometimes becomes entangled in lack of confidence about my being one who knows (Prologue:9). Here lies the determined contradictory thread that runs through my self-discovery process. In future relationships when I feel subordinated to the power of others, my values of alonsideness can encompass expanded meanings that summon confidence to be clear about matters of significance to myself.

My current understanding of the potency of reflection for improving practice.

So dialectical reflection is the nucleus of my alongside epistemology. It is useful now, to consider what reflection means to me in self-study, shared enquiry and practising relationships. I recognise reflection as an attitude to life that 'has potential to enlighten and empower' and can 'reframe the problematic' (Ghaye&Ghaye,1998:3). Reflection then is about wondering and reflexive thinking. By wondering I mean experiencing openness to possibilities beyond my immediate assumptions. I can be creative in imagining possible answers to queries and dilemmas. By valuing ideas, my own and other people's, and through recognising that they arise from our unique styles of knowing (Chapter Four:92), I can feel free to ask questions about

why events occur and we behave as we do. To assure rigour in the generative process, reflexivity applies to each phase of the enquiry (Chapter Two:43-46).

Wondering arises from curiosity. Why did that experience feel so good? Why do I feel uncomfortable about what happened? Wondering is often a private experience in its initial stages. Sometimes in the act of relating with others I am aware of making decisions about what to do on the basis of intuitive assumptions about an appropriate way of being. Sometimes I notice that I do not begin to think about the significance of an experience until I find myself describing it to others or writing in my journal (Ghaye&Lillyman,1997:47). Multiple influences that challenge or confirm my emerging ideas create a process of finding out. Ideas arise because of the importance they hold which until that moment may have remained unrecognised in my subconscious. My meanings are constructed on my current knowledge and ways of creating it (Ritchie,1997:25; Pound,2000:366).

The reflective processes of this enquiry have helped me begin to understand and explain my relationships. I am coming to know myself (Rogers,1961:61). By attempting to understand what is happening in co-enquiry with others, I extend my understanding of the meanings of relationships in tandem with the reflective processes of others. This is the point of reflective co-enquiry as relationship-based practice. We learn together. Trustworthiness and authenticity of interpretations I make are most usefully checked through the influence of our interactions on each other. In lived relationships influences are felt and personal. They might only be known from the mutual energy generated, from reported benefits or from changed behaviour.

In written texts the process is different. I try to engage you, reader, with my account without knowing your response. Does it touch something within yourself that causes you to reflect on your own situation? One measure of authenticity and usefulness may be that it moved you, even to tears (Moirá Laidlaw, video response to the thesis,8.7.02). The stories in Chapter Seven continue to awaken my feelings of inadequacy in dealing with vulnerable families. Reflecting with others I begin to feel the worth, extent and further possibilities amongst questions being framed (Chapter Seven:170). Observing other people's reactions, listening to their interpretations and recognising the experience of our being together helps me clarify what ideas and values might be shared and which feelings are particular to myself. I recognise the excitement of McIntyre and Cole as they discover possibilities in researching-in-relation:

We focus on the role of the other in self-study and suggest that both the quality of the research relationship and the process of researching-in-relation engender a level of understanding and knowledge development not possible through independent self-study. (McIntyre&Cole,2001:5)

Which models of reflection do I use?

I now use a version of Jack Whitehead's action planning as described by Jean McNiff⁵ Questions such as, 'what is important to me in this situation?', 'what concerns me about this incident?' and 'how can I live my values more fully?' prompt thoughtfulness in problem solving. This model is useful for introducing living action research to colleagues in our new Community Practitioner Research Group. To help parents, colleagues (and myself) to become reflective about relationships-in-practice I use the Crucial Cs model for thinking about human emotional needs and why we behave the way we do (Chapter Six:147; Lew&Bettner,1996). The Crucial Cs creates a common language for thinking about relationships (Chapter Seven:169).

The limitations of the approaches used in the thesis to communicate the essence and problematics of my enquiry.

Presentation of my self-study of practice risks reading like the victory narrative of someone feeling content, complacent even, about the knowledge and skills I have clarified and claimed to practice (Chapter Four:84). 'Where are the problematics, the unresolved contradictions?' the examiners asked. Does my account, which presents stories that lead to positive outcomes, risk alienating or disempowering readers? If it does, it represents the very opposite of what alongsideness is about (Chapter Four:107).

Focusing on positive qualities that I value and hope to achieve, I ask how I can live these more fully in all areas of my life. My search for contradictions is also founded on learning to celebrate what I do well. My shift from an apologetic stance (Chapter Three:67) to feeling confident enough to say, 'I am good at this', was a fundamental shift (Chapter Four:93-94) that bolstered my optimistic approach towards people. I moved away from concentrating on the negative traits of people (Chapter Six:154). I became less transfixed by analysing the 'ugly' aspects of our world, that previously left me feeling angry, immobilised or likely to behave badly as I responded (Chapters One:15, Eight:188). I adopted a 'bottom-up' alongside approach that asks, 'how can we improve by extending the good things we value?'

For this enquiry, I asked how I could improve what *I* was doing because *that*, primarily, was the question I needed to answer if I was to positively influence relationships around me. Guided by both living theory (Whitehead,1989) and Adlerian theory (Lew&Bettner,1996) I concentrated on promoting optimism within critique. Here another tension emerged between trying to make things better or 'allowing people to stay with their pain' (Chapter Seven:177). It

⁵ www.jeanmcniff.com *Action Research for professional development. Concise advice for new action researchers* (2002).

appears to relate to competing points of view that I tried to integrate. Psychotherapy (Rogers,1961), suggests ‘acceptant listening’, allowing talking space so people find out for themselves, while the cognitive behaviour therapy of Lew and Bettner (1996) leads reflection on emotional needs towards effective ways of behaving. This tension relates to other questions I experienced about whose agenda we work to (Chapter Five:119) and who my client is? (:117). All of these antithetical tensions remain. It is up to me to make professional judgements about appropriate responses in line with values generated in the ‘swampy lowlands’ of my practice (Schön,1995:27)

Presentation of the process of my learning journey has resulted, inevitably I believe, in a tidied-up text (Connelly&Clandinin,1990:11). It is impossible to recount the myriad of experiences that prepare the ground for new insights to take hold in self-study. My account concentrates on significant moments that germinated amongst less tangible influences on my knowing. New insights continually emerging in the course of writing changed my understanding and demanded tidying of the account in an effort to assure a coherent read (Chapter Two:33). My primary purpose is therefore to show how explanatory principles emerged and change occurred in my practice.

Was I wary of showing my many imperfections? Did I wish to present a tidied text to show my best side? To a certain degree this may be true. In my defence I would like to add that presentation of every stage of my thinking process could make monotonous and confusing reading when others might legitimately say, ‘how come she is so slow in understanding this?’ One reader of a draft of Chapter Seven wrote in the margin, ‘I wondered why you were going on at such length about this, then I remembered it was *your* self-study’. Here again is the point of self-study action research. It is my personal journey of both coming to know my values *and* working at living them more fully in my practice. In common with Jean McNiff,

I am not here claiming that I have all the answers and am an example of good practice. I am claiming, however, that I am learning, which I believe is good practice, and my learning has led to social benefit. (McNiff,2001:142)

Representing a changing climate of complex relationships in a linguistic form has its limitations. Barely tangible but essential nuances of ways of being are likely to be lost. I can write about a life-affirming energy (Chapter Six:157) or what has been called a total communication style (Chapter Three:69), and I can report that others have seen it, but how do I show you what it is? How can I demonstrate the energy I feel in connection with another person or why it is unachievable with someone else? I can write an account that you might find moving because it provides access to your recall of similar emotions, but I cannot assure your entry into mine or know if you have similar experiences to draw on. I cannot know how you understand what I have written or be sure you know what I meant.

I find it hard to explain sensations of the excitement, light heartedness or despair I feel or the intuitive professional facemask I sometimes rely on. Representation is easier when lived in real life discussions (Chapter Four:106). In my work with parents and in workshops my task is easier because we live the process together. We can each capture a memory of pleasurable experience in our relationships. Our purpose is to recognise and feel the value of the experience rather than analyse and reproduce it in the vocabulary available to us. Finding words helps personal reflection and the sharing of meanings but does not offer full entry into the inner worlds of each other's imaginations. Identifying memories of positive relationship experiences uncovers values so we can *feel* what we hope to reproduce in more challenging situations (Chapter Four:84). Reflecting on negative emotions can engender empathy for unmet emotional needs and reactive behaviour for ourselves and others (Chapter Six:147). I found it difficult to represent these temporal shifts beyond saying they have happened (Chapter Seven:178).

Another concern is frequently asked of self-study enquiries, 'Is reflective self-study sufficient?' and how is it useful more generally? (Day,1993:86; Noffke,1997:329). These are questions that burn with urgency, particularly since my viva. How can my thesis influence health visiting, health care research and be of social benefit more widely? (Chapter One:16). How do I recommend self-study as useful to policy makers and employers who continue to wish to translate relationship-led health visiting into quantifiable audits applicable for wide generalisation? How can I encourage colleagues to undertake self-study enquiries when there is no local support in academic health faculties? How do I create interest in health care Research and Development Units about practitioner enquiry that both integrates theories for practice *and* generates valid theory *of* practice?

Some answers may come by reflecting on another tension that dawned as I prepared a presentation for a 'Health visiting and public health' seminar for our Trust (9.6.02). How do I begin to balance 'bottom-up' alongsideness, which is reciprocal, opportunistic and avoids propositional or public claims of certainty, with 'top-down' authoritative presentations of knowledge that claim generalisable credibility and wide usefulness? By prioritising alongsideness in practice as the focus for my research, the wider social contexts and structures in which we live and work became interesting for the obstacles and opportunities they presented (Chapters Four:100-107, Seven:179). Alongsideness at its best is active collaborative mutuality towards sharing ideas for change. It makes no grand claim to completeness or superiority because alongsideness is about 'living' enquiry. It means my efforts are not widely explained beyond those involved and I have not practised the skills to do so. Here lies a new direction for future enquiries as I share my alongside epistemology.

To answer the concerns of Day (1993) and Noffke (1997) that self-development through reflection may not be sufficient if it remains in the domain of the individual practitioner, I recall a quote from Ghandi, quoted by Moira Laidlaw (2001),

***Be** the changes you wish to see in the world.* (Mahatma Ghandi)

I believe this thesis shows the influence of my research beyond myself. I am reassured by Jean McNiff's exploration of the social benefit of action research (McNiff, 2001). She summarises by quoting Mead,

Never underestimate the power of committed citizens to change the world.

In fact, it is the only thing that ever has. (Mead,1973)

If this thesis has moved you or stimulated your thinking about your own relationships in your practice then it has been worth writing.

How does alongside epistemology differ from living theory?



Living theory of my health visiting practice is:

- alongside in which I reduce my power and value the process of enquiry
- dialectical generation of embodied values for relationships in practice
- founded on an infinitude of previous knowledge and values of practice
- created by collaborative, critical reflection with self, others, texts
- contradictions to values scrutinised for extending and creating meanings
- speculative explanations, continually clarified and tested in practical experiences
- embodied values transformed into standards for judging practice

Theory of my practice is:

- my claim to know and to have changed my health visiting practice
- represented as descriptions and explanations that include standards of judgement
- may offer reliability for the enquiries of other practitioners

My creation of an alongside epistemology is:

- a relational way of knowing, being and generating theories of practice relationships
- founded on previous knowledge including embodied values
- reflective collaborative enquiry grounded in practice and experience
- dialectical logic that searches for questions and embraces contradiction as the nucleus for generating values (guiding and explanatory principles).
- celebratory of a process of becoming, openness to critique and ability to hold both parts and the whole in view at the same time
- justified by its internal and external coherence, relational pragmatism and values transformed into living standards for judging claims to know
- may be negated when power is exercised
- a way of generating personal theories of living for a practical social benefit
- represented in a thesis as the unit of appraisal

Theory of my scholarship:

- offers a new scholarship for enquiry always in tandem with practice
- can liberate practitioners in understanding, improving and explaining practice
- has potential for caring and educational relationships
- creates a linguistic abstraction for communicating integrated meanings. as a part of the discovery process

mutually interdependent