

Chapter five



How do I create alongside relationships as I work
with Marianne and Brian?

Working in primary prevention

This story is about my work with Marianne, Brian and Samuel, as they became a family. By introducing a family with minor health needs I concentrate on showing how my understanding of alongsideness in supporting parents' learning about relationships emerged. Families in these circumstances are living their lives, they are not sick in ways that require treatment and may not be aware of health needs I notice because of my health visiting agenda. Relationships are more educative in a health promoting, people in a 'process of becoming' sense than occurs in secondary or tertiary work or the predominantly therapeutic work of primary care colleagues. My role here is about primary prevention of 'dis-ease' more than it is curative of troubled family relationships. It is therefore an account of learning for Marianne and her family where health gains to them emerge in the telling. In tandem, it is also an account of learning for me. I gain fuller understanding of my values, and health visiting skill. I show how my personal beliefs and values colour my agenda. What I know influences what I do and how I interpret experiences. This account is about modifying my practice and knowledge as I explore my personal beliefs.

The dilemma about the degree to which I should be client-led or take the lead in directing health needs is present. This dilemma and another about which client, parent or child, is focus

for my efforts, arises again in Chapters Six and Seven. Being parent-led and using educative methods does not mean the developing psyches of adults take preference over those of their children. I learn to notice possible influences on future mental health and to raise parents' awareness about alternative possibilities. I intervene earlier and more effectively. I learn to adapt alongside relationships in primary prevention to accommodate degrees of direction mothers expect through the stages of mothering and different ways women appear to make meaning of their lives.

Referring to notes made in my journal, clinic and child health records and conversations with Marianne and Brian, I recount work we did together from 1994 to 1999. Marianne's story is chronological. I also draw from other influences, which do not fit the chronology but added to my developing theory. I draw on conversations, experiences and reports, an anonymous questionnaire to parents, literature and conversations and experiences too numerous to record.

In September 1994, when I met Marianne and her 10 day old baby Samuel for the first time, the midwives had informed me that she had ME (see Glossary) and fatigue was a worry for her (child health notes, 23.9.94). I was told her husband Brian was supportive and that her mother was staying to help. I almost always visit by appointment because I believe people have a right to decide how they present themselves to me. I came to this conclusion when I had my own children and wondered why health visitors should try to catch people out. I remember an explanation a colleague gave was 'then I can see them as they really are', implying she would then have better information on which to base her assessment of their health needs. I think this denies people opportunity to be in charge of their lives, to decide their own priorities and what they want to share. Arriving unannounced like a professional spy could compromise respect, acceptance and autonomy for people. It is only in recent years that people have stopped offering to show me around the house to check its suitability for a new baby! This legacy of our history as Lady Sanitary Inspectors was perpetuated by medical model influences on health visiting authority and style. Neither do child protection issues usually need to be looked for in this way as in most cases I read the warning signs during visiting patterns such as described here. I discuss dilemmas presented by this conflicting agenda in Chapter Seven.

When I visit, I form impressions of the family's situation that I see and experience. I form a tentative working picture of the context of people's lives. Colour is gradually added to the picture as I come to know people better. Impressions are not usually written anywhere, just stored in my head. I shall try to create a picture here based on my memory. Through the window of the semi-detached house usual baby cards were a sign I had the right address. It looked homely. A glimpse of the living room revealed a sofa and several chairs covered with rugs. I wondered if money was tight. An impression hatched that this was a place where

people gathered. Signs of religious artefacts probably meant to be welcoming, made me feel like an outsider. Marianne's mother let me in. I remember she looked formidable and greeted me with the sort of respectful distance for a professional person that felt old-fashioned. I began to form impressions as I always do entering people's lives and becoming known to them. There are similarities and differences in all these experiences. Upstairs, Marianne invited me to sit on the bed. She was thin and pale, tired looking, which is usual for the tenth day.

Samuel lay on the bed, a deliciously plump baby weighing 4kg at birth. It is never hard to smile and say something like, 'Ooh, lovely, he's peeping at us'. I remember we gazed at him for a time and mused on what he might be thinking. Marianne asked how much he could see. I love being part of these magic moments between parents and children. Sometimes I point out that it is one. It is too easy, in a busy world, to let them pass unnoticed or not to have them at all. Marianne said something like, 'He's really good, no problem at all. The breast feeding is going well. I'm so lucky'. She recounted her experience of a normal, but 'long and hard' birth and her stay in the hospital. Asking about the birth is easy as a starter because mothers have often rehearsed their story several times before. After a few interested questions, the story comes alive. The details and moments of significance are unique and personal every time. The process of talking is a chance for her to make sense of her experience and for me to get a feel for what is important. Some mothers need to talk about the birth experience over and over again. Not so Marianne, she had an easy time.

She wanted to talk about ME. In fact ME seemed to be her main concern. I wondered if it was an important part of her identity - an explanation of herself? She spoke of how it affected her. Over the next couple of years we were to speak about it each time we met. Marianne said she felt easily exhausted. She'd had to give up her job and was worried about how she would cope with a baby when she had felt barely able to care for herself at times. My experience of ME was limited. My impressions were that this was a young woman dogged by ill-health. In her comments, I read a lack of confidence beneath signs that she was coping perfectly well with the baby. She told me some people did not believe there was an illness such as ME but her doctor, Bob Gibbs, understood. I was aware there was controversy about whether ME was a physical or a psychological illness but did not want to get drawn into discussion about that. I did not know enough about it. If ME was a working explanation of her symptoms, then that is what we needed to work with. As usual, I said I would try to respond to things she felt she needed from me rather than telling her what to do. I usually say something like, 'I'll be here and we can make it up together as we go along.' In my head, my aim was to concentrate on building Marianne's confidence in her abilities as a mother. This is my goal working with all parents but in this case, it seemed especially important. I did not feel the need to spell it out to her; it is just what I do.

I have noticed that some couples become attached to their midwives during the intense birth and postnatal period. This was not especially evident with Marianne, but it meant I felt no hurry to work at transferring her attachment to me or to rush close relationships. When I try to quietly and reliably 'be there', I can feel parents gaining a sense of who I am and what I might offer. We have a long relationship, usually over several years, and it grows as we share experiences and come to know each other. When I asked all parents in an anonymous questionnaire about our working relationships several cited 'you know me' as important. One wrote:

You have taken the time to know our family so that there is real consistency in your approach and we don't need to cover old ground every time we meet - this is VERY IMPORTANT and MUCH APPRECIATED.
(Questionnaire,1999:Q61)

In a taped conversation another mother said:

It's always nice to have some one who knows, if you know what I mean. You know where I am coming from. (Sonia's first interview,19.11.96)

Marianne was to recognise this too during our taped conversation (3.7.97). I find it hard trying to explain what my role might be because individual needs vary so much. I offer myself and try to be there, to be alert to potential health problems and responsive to questions as they inevitably come. For Marianne, I suggested what I offer every mother. I do not have specific field notes of this conversation, which occurred before the research process began. Having covered this ground so many times, I give an example of how it might have gone:

Robyn: My role is a bit different from the midwives and everyone else in the surgery. I'm mostly interested in all the things that keep you and your family healthy. The rest of the practice is more involved with managing ill-health. I am interested in all the things that keep you well. It could be anything. For you, it could be supporting you with the ME and helping with Samuel as you need.

Marianne: That's good to know. I didn't know what health visitors do.

Robyn: And I find it hard to explain sometimes because it depends on what you need. Now what would you like me to do next?

Marianne: Well I don't know what to expect. What do you usually do?

Robyn: I am happy to come as frequently or infrequently as you like. It's up to you. I usually offer to come once a week until he is around six weeks old as a starter, or you can change it as you like. Then you can come to the Drop-In or call me.

Marianne: That sounds good. (Common conversation)

Here I am trying to set the scene for a client-led service, however mothers at this stage frequently say they do not know what to expect so I make suggestions. Offering myself freely like this I rarely feel 'used'. Mothers who telephone a lot or want extra visits have genuine worries and value having them taken seriously. I take the view, if they contact me, they have a need. It may not be that *I* need to provide the answer, but I can help them to find it. I now realise that this easy, welcoming 'connection' creates a sense of belonging, which is at the heart

of our alongsideness and mutuality. The four visits over the early weeks cover the time when everything is newest. Questions and self-doubt seem ever present for some parents in their urgency to do everything right for this new special person. Anxiety levels are often high over what might look to others like a small thing. Just being there to say, in many various ways, 'That's OK, it's just... It'll stop soon', is often all that is needed to help parents cope with these early weeks. A bleeding umbilicus, spotty face or worse, very frequent feeds, inexplicable crying, worrying unsolicited advice from well-meaning people, are all features of the vast array of experiences rushing at new parents. Feeling exhausted from lack of sleep and the relentlessness of the job is almost universal and can put strains on relationships. It might be that having someone to tell is all that is needed in order to be able to bear it. In this way deterioration of relationships in the family might be avoided. In the questionnaire to all parents forty percent wrote about my being there when they needed help. You will notice in the quotations that some people wrote to me and others to Jenie who received replies in the Quality Unit:

Just that Robyn always was there for me, never in a rush, and gave me such a feeling of confidence. (1999:Q38)

You give me help + support when I need it...Tell me I'm a good parent, it gives me confidence + it is nice to hear it from someone professional as Robyn who has obviously seen lots of parents + is clued up to your personality as a person. (1999:Q55)

Parents sometimes appear self-conscious about all the questions they ask and make comments like, 'You must think, Ohhh new parents, worrying about everything'.

I can say, 'It's my job. You are doing just fine. Soon you'll say, "I can do this!" It'll be obvious when you don't need me any more'

Visits to Marianne were unremarkable in that she had no more than the usual variety of concerns about Samuel. He thrived with hardly a hitch. By three weeks of age he showed early signs of smiling. After another week Marianne reported indulging in quiet moments when they looked closely at each other and took turns 'speaking'. He made tiny movements and noises with his mouth. Tiredness was real. There were no magic answers for coping with Marianne's or Brian's, tiredness. Beyond 'taking the phone off the hook and sleeping when you can in the day', we did not explore the range of suggestions which sometimes seem appropriate such as importing help, going home to mum, moving to the spare room, taking turns in getting up in the night. Breast feeding was so successful that Marianne just accepted that she had to do it. I did not meet Brian at this stage but Marianne spoke only of his support. It seemed she saw him as the rock she relied on.

Family members did not seem to feature after the early days and close friends or members of the church were never mentioned as sources of practical or emotional help. It surprised me in this case where there seemed to be a church community. It is so common that parents face these early weeks, in fact their whole parenting career, largely alone. I wonder if the kind of help which is needed is just not on offer or is it that people now prefer privacy? In the taped conversation three years later, Brian volunteered that the church community was not all he would have liked. He spoke of his disappointment at attitudes he heard. Marianne said:

You can't rely on it necessarily to be a support. (Conversation, Marianne,3.7.97)

Penelope Leach attributes a fading sense of community to an attitude shift towards individualism where personal fulfilment and self-esteem, social recognition and rewards are focused on work. Success is separated from 'interpersonal aspects of living' (Leach,1994:3). Most people, she says want to be self-respecting, solvent citizens *and* good parents and find it difficult being both. Once social status and self-image are built through wealth accumulation, personal and pecuniary motives for work become inextricably entangled, unpaid activities degraded and satisfaction from other work, 'a rare privilege'. Speaking of the reduced sense of communal purpose and community structure, she writes:

Homes are essentially private, individual spaces, sealed from neighbourly intrusion by closed doors, fortified against criminal invasion by locks and bars and functioning as little more than a place for rest and relaxation after work, and a meal and clean clothes before it - unless, of course they contain children. If there are young children at home somebody has to be there with them all the time...one adult can fulfil all of a baby's needs for companionship and stimulation, but one baby cannot fulfil the far more complex needs of an adult. (Leach,1994:12-13)

Personal caring, which relies on intimate relationships at home, falls into direct conflict with working to support a chosen lifestyle. Weekly, I witness the dilemma posed for women when, just as mothering becomes rewarding and manageable, the time to return to work looms. I frequently hear, 'I like my job and I need to go back but I feel desperate about leaving her'. I see women's definitions of their identity, expressed through relationships of intimacy and care, made so clear by Gilligan (1982), reduced to a whisper by louder more dominant assertions of separation, achievement and money as legitimate aspirations for personal fulfilment. If parenting could be seen as a more personally fulfilling job, alongside others doing the same, more would want to do it and communities would become healthier more communal places (Leach,1994). Marianne and Brian did not give the impression they were striving for money to furnish lifestyle aspirations but I recognise it in the community around them. Marianne was in no hurry to return to her professional work. She appeared to genuinely enjoy her mother role and Samuel's company.

From identifying health needs to health enhancing activities

September 1994. Over the early weeks, as I thought about Marianne, I formed impressions from observations and conversation and used them to help me consider my future work. Here arises the contradiction that this enquiry hinges on. Who decides the health needs? The principles of health visiting which help clarify my aims with Marianne are to ‘identify health needs, raise awareness of health needs and facilitate health enhancing activities’ (CETHV,1977).

My work with Marianne took place at the time I was energised by the wish to encourage parents to find more democratic communication styles with their children than arose when physical punishments were used. This was where I was in my understanding. I wanted to stop something I knew to be harmful for children, before it became a habit for parents, and cause problems (Pound,1991a, 1993, 1994a,b). I had not begun to recognise that the values associated with democratic relationships were equally important for my relationships with parents. In fact, in 1994 I knew a lot about ‘rights’ for children, but I did not begin to investigate the democratic parenting literature until 1996 when I registered for this research. The broadening of my values to include all people is therefore developmental. In the chronologically later stories in Chapters Six and Seven, I demonstrate my attempts to live emergent values more fully. Opportunity to discuss democratic relationships with Marianne and Brian, as I found them in the ‘Crucial Cs’ (Lew, Bettner,1996), did not arise for another three years. However the influence of the Crucial Cs on my relationships and my advice to parents began to appear gradually before that time. The dilemmas central to this research, whether I should be client-led or pro-active, had not occurred to me in 1994. I just did it the way that felt right. Nor had I begun to explore the impact of my personal beliefs on my practice.

Returning to my impressions in 1994. I recognised Marianne and Brian appeared to have a religious affiliation. Experiences during my years researching children’s rights led me to believe that authoritarian religions may lead to beliefs about authority in which children should be unquestioningly obedient (archive notes,1991; Greven,1991; Rädde Barnen,1992; Strauss,1994; Pound,2000). Emblazoned in my memory is a kaleidoscope-coloured poster on the wall of a church hall where I ran a baby clinic. It was drawn by Bible study children and said simply:

we must obey

I found it hard working under these words when I was talking to parents about hearing children’s points of view. The puzzled minister took it down at my request.

Punishments may be seen as necessary to maintain 'respect' for authority figures and to eradicate wrong behaviour (Dobson,1988; archive notes,1991). In a previous research project a mother told me:

Naomi: A baby, when it does something wrong doesn't know it's doing it. It doesn't deserve a beating does it? How do you make it obey?

Robyn: I wondered if it is important?

Naomi: Yes because otherwise you've got a child which isn't under your control ... Its very clear that God wants the child to be disciplined. (Pound,1994a:32)

I did not know Marianne and Brian's points of view. My musings were triggered solely by my understanding that they, like others in my caseload, had a religious faith. I wondered how authoritarian Marianne's parents had been in her early years. I recognise that we form views of family relationships from our childhood experiences. By accepting or challenging our experiences it seems we either reproduce similar relationships with our own children or consciously question them before seeking new ways to parent (Pound,1994a). Marianne had not indicated any grievances about her childhood or shown concern for her future parenting.

I wondered if ME might be an indication that Marianne might not feel in control of some areas of her life. Encouraging her self-confidence was a priority. My impression that she might get postnatal depression proved to be wrong. Marianne remained optimistic. My health promoting role and probable regular contact was likely to give me opportunities to encourage this couple to think about their hopes for Samuel and their intentions for achieving them. Finding alternative methods of communicating with him could prevent them from slipping into a habit of using smacks, as may have been their childhood experiences. I did not tell Marianne of these thoughts at this time.

Creating a partnership with Marianne and others

Below, I have included a summarised chronology of our work together interspersed with information from other sources that show how both Marianne and I come to new insights.

October 1994. When Samuel was six weeks old Marianne brought him to the surgery for their postnatal examinations with the doctor. I suggested she could start coming to the Drop-In or appointment clinics, or telephone me, as she liked. Over the first year she brought Samuel on the bus almost fortnightly. Their visits stretched to monthly, then four times a year with occasional telephone calls. They came twenty-three times before Samuel started school (clinic records). The appointment clinics at the time felt clinical because they were in a surgery treatment room often linked with immunisation appointments. I felt rushed and suggested I could give more time in the Drop-In, which was open and public. Recently I moved the appointment clinic to minimise the hurry. The Drop-In has easy chairs, toys and books. I sit on

the carpet where I can move around, include the children in our conversations or play with them as we talk (Video One,6.11.96, page 140). Parents have noticed how I consciously try to include the children. One comment was:

My children look forward to Robyn's visits as she speaks to them just as much as she does to me. Health visitors I've had in the past have tended to ask me all the questions and not taken much notice of the children apart from the obvious reasons like weighing them etc.
(1999:Q15)

I make a point of welcoming people as they arrive and, if it feels appropriate, include them in the conversation. If a concern appears private we speak quietly or arrange another time to meet. I have noticed the sensitivity and caring that parents show each other. Although I keep asking if confidentiality is a problem, I have had no clear message that it is (questionnaires, 1999, taped conversations). Several parents commented about the value to themselves of conversations they have overheard. When three years later I asked Marianne about the clinics in a taped conversation, she said:

Marianne: It was the freedom. I was expecting it to be more structured, like every two weeks. When you said at the beginning, 'it's up to you when you come next', that threw me a bit. Then I realised the freedom was on my side. I wasn't under a regime, which was too strict.

Robyn: You didn't feel abandoned?

Marianne - No, no. Possibly that was part of my first reaction but it wasn't that you didn't want to see me. It was 'come when you want to'. Because of your personality, I knew it wasn't 'please don't come'.

Robyn: Do you mind that there are other people there?

Marianne: No, you know to expect that. I've got to chat to other mums. Sometimes it is interesting to hear you chatting. The mum last time who was worried about the baby who had been crying. You were able to reassure her.

(Conversation with Marianne,3.7.97).

It seems to be a pattern that families begin to make less regular contact after about a year as daily management difficulties become fewer, new friendships grow or work reduces the need for contact with me. Only a few families ask for home visits after six weeks because most mothers and some fathers use the Drop-In or telephone if they have queries. I will speak about working with families who have problems in Chapter Six needing to be more proactive in Chapter Seven.

Marianne received four home visits in the early weeks as well as visits for Samuel's eighteen-month and three-year development checks, and another to discuss his behaviour. I find home

developmental assessments important because children's emerging sense of independence causes parents to dig into their personal 'tool kits'¹ for skills in communicating with children. My being available for all parents at these key stages hopefully leads to primary prevention of more serious problems (Chapter Six). Talking about the child's developmental process creates opportunities for wider discussion including behaviour.

Exploring the qualities in our relationships

With Marianne and Samuel it was easy to be encouraging because everything seemed to go so smoothly although she regularly spoke of being tired. Samuel gained huge amounts of weight on breast feeding until the time came when he needed solid food. Marianne's list usually contained a few questions about things she needed to check. I cannot recall a single major problem beyond the usual reassurances and pieces of information that most parents ask for as they learn to cope with changing situations.

In the taped conversation three years later I asked:

Robyn: Can I ask about a comment a mother made? She said, 'Sometimes I bring a small problem and you say, "That's not a problem", and then another person asks something and you say, "that's not a problem". It's confusing. What is a problem? When do I worry?'

*Do **you** ever get the feeling that if it's not a problem, why do I come?*

Marianne: No, because to me it's reassuring. You never make me feel guilty about worrying. I find you reassuring that I was right to ask. It's the little things I think are vital. A little niggle can get wiped out by talking. In the beginning you were encouraging me to talk things through so I came to a decision myself. Now, I come to you having thought things through and just come to see if it agrees with your thinking.

Robyn: That's very interesting. So our relationship is different now.

(Conversation with Marianne, 3.7.97).

I will return to this point about our changing relationship later.

When I asked another mother, she smiled and nodded as if she had experienced it too:

Robyn: Is it because the problem isn't being taken seriously?

*Emma: No, it's reassuring. I **know** it's a little problem, and I think 'I know the answer, but I have to ask just to be sure'. It's sort of my duty to do my best for him. (Journal, 15.3.00)*

In the questionnaire to all parents, a quarter of the respondents wrote about the value of having small or 'trivial' issues taken seriously.

Sometimes you just want a chat, a bit of moral support. You probably wouldn't think it was important enough to make a formal

¹ The term 'tool kit' to describe parent's range of personal resources for coping with their children came from a conversation with Dr Penelope Leach and then figured in child's drawing on the leaflet *Do Children Need Smacks?* I produced for Bath Health Promotion Department in 1991.

appointment, but to be able to pop in can make a huge difference to your day and how you cope with it'. (1999:Q37)

Being listened to is stated as an important quality parents expect in health visitors (Twinn,1989:387). In the questionnaire sixty-three (93%) ticked that I do this for them and twenty-four (35%) added a written comment. Here is one:

She listens and empowers instead of just giving answers out of a book.
(1999:Q49)

I was moved to recognise the writing of a client with multiple problems including literacy. She wrote:

very is to talk to about any problems conering me or my child.
(1999:Q5, sic)

In a taped interview with an older single mother:

Carol: You did all the things my mother never did, you listened. It's true, you listened to what I was saying. You made me feel valued, you made me feel like I was a good mother ... Well it's almost like holding your hand really. When you've got a new baby and you just don't really know what the hell you're doing and you need someone to tell you that yeah, what you are doing is really good. Make you feel you're doing a grand job. So you **do** a grand job and so it goes on ...
Yeah, Mum was around. She's very good on a practical level, milk in the fridge, make sure everything's there for you. She'd **do** anything but she wouldn't sit and talk. On the 'phone, she gives you two minutes. You're in tears, you want someone to talk to and there's nothing there. 'Well I don't want you wasting your phone bill' ... You were there. You gave me your phone number, I knew I had someone who cared...knowing on a Wednesday I could just walk in there and sit down was really good ... it's reassuring isn't it? I think so any way. (Conversation, Carol,30.6.97)

I have had a problem getting negative data from parents when I ask their opinion of our working relationships. I am more likely to hear hypothetical stories or about other unnamed health visitors. I can ask myself do **I** do these things?. A letter speaking about an eight-month developmental check in another area, is an example:

Child experts are forever quoting 'praise good behaviour and ignore bad'. Perhaps they should apply it to their parents as well. There was no 'well done' for the fact that apart from an occasional jar of fruit, I cook all her food with fresh wholesome ingredients, only criticism that it didn't have any lumps in it! Nor praise for the fact that she is sitting up and supporting herself beautifully, only criticism that she wasn't crawling or rolling. If health visitors don't want to have a reputation as interfering old busybodies they should show an interest in the parents as well as the kids.
(Archive letter,4.7.97)

I recognise how easy it is on a busy day to concentrate on achieving ticked boxes in the child development book and not to respect the knowledge and autonomy of the parents. Criticism in the questionnaires was muted, tactful but clear, showing a contradiction in the way I work.

Eighty-seven percent were positive in the ticked boxes labelled 'helps me as much as I need'. Half of these added a written comment that I helped them to help themselves:

Robyn is good at making suggestions and then enabling me to fulfil those suggestions without taking control of the situation.. (1999:Q2)

Steers me around to being able to make my own decisions which makes me feel more able. (1999:Q33)

But amongst the positive written statements on every questionnaire eight added that they would have liked more direction.

First time mothers sometimes need to be TOLD HOW to do things by an expert. (1999:Q29)

When we've wanted advice occasionally our HV has been too keen to try and get us to the point of finding a solution, when we really wanted to be just told what to do. We wanted quick advice and reassurance not the very detailed sessions we had. (1999:Q32)

Half of these said they understood what I was trying to do or realised there may be no 'right' answer:

Sometimes, as a new mother who is perplexed and often tired, it would be more constructive to have one suggested mode of action against a specific problem. I appreciate Robyn is encouraging us to make up our own minds about which direction to take, it would be more appreciated to receive a little more directive help instead of 'well on the one hand you could do this, but on the other...' A balance of the two perhaps? i.e. directive when appropriate. (1999:Q47)

I sometimes feel that although I came looking for solid advice i.e. being told what to do about a certain situation, I do not always go away feeling I have received it. I do recognise that she is not an expert on everything to do with babies and that also there is often no right 'way' or answer. (1999:Q51)

One comment mirrored Marianne's assertion that our relationship had changed (1999:Q54).

In 1997, when I asked Marianne about our changing relationship she said:

Marianne: Our relationship has changed because we've got to know each other. So it's not like going to your doctor. You never get to know your doctor, like you know me, and I feel really secure in our relationship. I talk about little niggles which I wouldn't to someone I didn't know.

Robyn: Is that because we have the time to do it?

Marianne: No. I think it's because I feel very comfortable with you.

Robyn: I wanted to try and tease out what those properties are in our relationship.

Marianne: You certainly are a great encourager because I had a very low opinion of myself, and as a mum, and because of how you agreed with me it's really helped me to start

thinking 'perhaps I am doing things right' ... You are a brilliant listener. You don't try to foist your opinions on people. Your general manner is very welcoming. You come across as being very easy-going - probably isn't the right word, but at home with yourself and you will often tease out things, which I haven't actually come about. Because I'm at ease with you, I'd be talking and things would just come out, whereas with a health visitor who made you feel you weren't doing things quite right, it wouldn't. (Taped conversation, Marianne, 3.7.97)

From this conversation it is clear my initial perception of Marianne's lack of confidence was accurate.

Theory begins to develop

Here, I pause to consider theories about the ways women develop their 'knowledge'. Pearson (1991) spoke of changing relationships between mothers and health visitors being related to mother's development of 'common sense', 'professional' knowledge and their increasing desire for control in decision making. I concur with her finding that early on, especially in the antenatal period, mothers have little idea of likely problems and envisage a measure of control in the relationship. In the vulnerable days up to around eight months, they want specific advice and instruction, feeling let down if they do not get it. Once they gain confidence she found, they want a less directive approach. Recognising this change, Pearson suggests health visitors should move to functioning as facilitators as parents develop increased confidence and skill (Pearson, 1991:527). This begs a question about the different stages of parenting that the questionnaire respondents had reached and how much difference the research process made to later relationships? The questionnaire was carried out in April 1999, over three years into the study. None of the caseload canvassed was in the antenatal period before their first baby. Twenty canvassed (18%) had a baby under eight months of age while seven (6%) had a first baby under eight months. I cannot know how many of these replied.

From my observations, I suspect development of confidence through experience is usual, but personal attributes of the mothers may also play a part. Belenky et al (1986) examined women's ways of knowing and describes five different perspectives from which women view reality and draw conclusions about truth, knowledge and authority. The suggestion is that the self-concepts and ways of knowing of women may be intertwined. Perry's study of male students (1970) similarly offers 'positions' of male knowledge. Gilligan (1982) in examining Perry and questioning Kohlberg's (1981) description of the evolution of moral reasoning in males, found it more common for males to define themselves in terms of separateness, autonomy and objectivity. Women, Gilligan suggests, tend to define themselves in terms of connection and relatedness to others. I find it useful now, in 2001, to bear these perspectives in mind when considering the relevance and possible impact of my advice-giving. Here I summarise Belenky's stages, as I understand them.

Amongst socially, economically and educationally deprived women I recognise '*silence*' in a small number of women (Belenky et al,1986:23). Like Belenky I witness dependence on external authorities for direction as if 'deaf and dumb' - deaf because the woman feels she cannot learn from being told and needs to be shown, dumb because she feels unheard and voiceless. Others rely on being told - '*received knowledge*' - because they have little confidence in their ability to know and believe that truth comes from higher authorities (Belenky et al,1986:35). These women may be unaware of their tendency to shape their perceptions to match those of others and do not realise they could construct their own knowledge. Truth is black and white and received from people who 'know'. Belenky suggests experience of mutuality, equality and reciprocity are most useful in eventually enabling them to disentangle their own voice from voices of others and find their own capacity for knowing (Belenky et al,1986:38). See Helen, Leah and Julia in Chapter Seven.

The '*subjective knower*' turns inwards to trust her own personal search for right and wrong, which is there to be found within herself rather than in the words of others (Belenky et al,1986:52). Truth is an intuitive reaction to something experienced and felt rather than actively thought out, pursued or constructed. These women, Belenky says, did not gain this way of knowing from education or from supportive, stable, achievement oriented families but from changes in their personal lives leading to awareness of the failings of authority figures (often male) in their past (See Dee, Carol, Martine, Sonia). I agree with Belenky that the sense of disappointment and outrage is pervasive. This perspective may lead women to seek further education (1986:58).

'*Procedural knowledge*' is the voice of reason (1986:87). Most of these women once relied on a mixture of received and subjective knowledge, looking to feelings and intuition for some answers and external authorities for others. They moved to 'reasoned' reflection because old ways of knowing were challenged as the inner voice turned critical. They now lack the inner authority of the subjectivist and their faith in knowledge received from authorities. Having no truth to parrot, they become quieter and more measured as they seek procedures for ferreting out objective rather than subjective knowledge. 'Procedural' knowers described as suspicious of ideas, their own and other people's, use rational argument to find separate, objective knowledge and develop procedures for connecting with and analysing other people's knowledge.

'*Constructed knowledge*' is woven together strands of rational and emotive thought and integrated objective and subjective knowing (1986:134). For these women all knowledge is constructed and the knower is an intimate part of what is known in the quest to understand their world. To

learn to speak in unique and authentic voices they must jump outside the frames and systems that authority provide and create their own frames for constructing their own ways of knowing. Knowledge becomes relative and dependent on the context in which it is embedded. Constructivists become passionate knowers who enter into a union with that which is known. The search never ends as question and problem posing become prominent methods of inquiry. As health educator I now relate to the suggestion:

Educators can help women develop their own authentic voices if they emphasise connection over separation, understanding and acceptance over assessment, and collaboration over debate; if they accord respect to and allow time for the knowledge that emerges from first hand experience; if instead of imposing their own expectations and arbitrary requirements, they encourage students to evolve their own patterns of work based on problems they are pursuing. (Belenky et al,1986:229)

But as I return to Marianne's story you will see that in 1995 I did not yet understand this because I tended towards 'procedural' ways of knowing.

May 1995. Samuel came to the surgery for his eight-month developmental check. Marianne appeared to glow as we noted Samuel's progress and the ease with which she seemed to manage. He was a quiet observant boy. Sitting up he reached for things. I asked Marianne how she was going to stop him if he touched things he shouldn't have. This was a problem for her to answer because he was a reticent, not particularly adventurous, baby. She quite rightly gauged his behaviour to be normal for babies. When I rephrased the question and spoke about the future, she volunteered that she wasn't going to smack him. Marianne's warmth towards Samuel led me to believe that her intention was firm. This questioned my assumption that religious belief might predict an intention to use physical punishments.

Experience warned me that parents' intentions do not necessarily match what actually happens. Alternative ways of communicating may not be amongst the parent's personal resources. Many of the things we do seem to be automatic intuitive responses drawn straight from our own early experiences, and counter good intentions (Pound,1994a). A mother speaking during a previous research project:

Jackie: That is one of the awful things about it all, because what makes you up comes out never mind what you might hope to be like. You start to notice. I do try and apply some ideas that I have, and I keep thinking, now this isn't in line with my ideas. (Pound,1994a: 35)

I have witnessed the process of justification and acceptance parents are drawn into as they try to come to terms with what is happening. Gazing at new babies many parents say 'How can anyone hurt a baby?' Within the year about two thirds have smacked (Newson&Newson,1989, Smith et al,1995) I have frequently heard comments such as, 'I tap her hand because I have to teach her it's wrong. I wouldn't hit her hard. How can people do that?' Within another year it might be, 'I smacked her. It left a red mark. I felt bad. What else can you do if she won't do as

she's told?' In changing circumstances tolerance for physical force seems to rise as parents struggle to justify and feel OK about what they are doing, and themselves. These parents have no alternative strategies for relating to the child. I have watched this same gradual escalation and acceptance in families who go on to be the focus of child protection investigations. Here the process is complicated by many other issues and the progress of it is hard to halt (Chapters Six, Seven).

Murray Strauss speaking of American parents says:

Some parents who believe in spanking may be lucky enough to have such well-behaved children that they rarely 'need to spank'. Other parents who are strongly opposed to spanking may have a child who is so difficult to manage that they lash out despite their beliefs. (Strauss,1994:52)

It was through this time I was enrolled with a view to registering for this research. I was undertaking a literature review, thinking about the history of childhood, their 'rights' and adult perceptions of children. The media was still thinking about the death of Jamie Bulger at the hands of children in 1993. A spotlight focused on doing something about parenting, urgently. I was also aware of warnings about responding to 'moral panic'. Discipline continued to be part of conversations I had with some parents, including Marianne, when they settled to talk after airing their concerns. Television programmes², news items and personal stories frequently triggered conversation about physical punishments and family dynamics. Discussing emotive issues such as this with small groups in the Drop-In, where no one felt singled out, felt useful. Thinking back now, I see that these conversations might have been disturbing for some parents who had other more pressing agendas. I recognise my gradual shift towards creating connections through empathy, mutuality and reciprocity in terms of emotional support and shared learning from shared agendas. Sometimes surprisingly private issues are shared. Other parents who are present usually respond with caring. Sometimes it feels appropriate to offer a private conversation.

Changing my relationships

Now turning my gaze to research influences on my working relationships

January 1996, the process of finding a question in discussion with Jack Whitehead, and registering for educational action research, began to change the way I related with parents. By shifting the focus of the research question to myself, *How can I improve what I am doing here?* I could be more open about my purpose and enlist parent's help in finding answers. Together we were making our own enquiries, parents seeking better ways to parent while I asked *how could I*

² For example, The BBC programme for Q.E.D. called *The Family Game* 1.1.94 was about helping a family cope with a very hard to manage small boy.

be more helpful? I began to see myself as also the learner. My knowledge became more tentative and open to review as I asked questions and envisaged ways of finding answers *with* parents. I see this now as marking the beginning of my shift from 'procedural' to 'constructed' knowing (Belenky et al,1986).

June 1996. I began the research by tape recording semi-structured conversations with antenatal parents (Chapter Three). The first two conversations with Dee and her partner Joe were before their second child was born. I asked about their beliefs, hopes and expectations for their relationships with their children and my role in supporting their finding them. I began to become aware just how tentative I needed to be. Joe supported Dee's hope to create family relationships, which were very different from her own childhood:

Dee: I found it hard to imagine because I had such a bad relationship with my parents. I'd like to be close to them when they are grown up. I'd like them to want to come and see me and want to share their lives with us.
(Dee's first taped conversation, 12.6.96).

She felt influenced by *The Continuum Concept* (Liedloff,1975) and had chosen a completely child-focused method of parenting which she found hard to implement. Dee expressed defensiveness that other people thought her permissive for setting few limits to her first child's behaviour. My impression was that letting the child set the agenda for the family left her dependent and unconfident. It was clear Dee was not asking me for help in finding solutions. She seemed anxious that I might try to influence her.

Dee: I want to listen to my instincts, to hear what I feel, to find my own way in the end. I'll probably need to sort it out largely myself. I always feel the need to ask people, even when they give me answers I don't like. At least I've been given a chance to think about it. I doubt I'll just say, 'Robyn thinks this is the right way', and do it.
(First taped conversation, 12.6.96)

I found the same with another mother Martine who was also struggling while trying to create something new after early authoritarian family experiences. My offer to talk through the situation met polite hesitancy. In my journal I wrote:

She doesn't want to be talked into a situation where she would have to do something, which didn't feel right. (Journal 23.5.97)

She continued talking about the difficulty ending with a solution she had been resistant to hearing from me (allowing the baby to cry). She needed to do the thinking herself.

Another mother, Sonia welcomed the chance *to 'empty my head'* but also saw limitations:

Sonia: Anybody can weigh my baby and if that had been all it was I would have said, 'forget it, I'll take her down the butchers., But the difference is, all these feelings that I feel, things that I'm coming to terms with, they would have been kept in their little box.

Shut away. I wouldn't have confronted them now. Anything that helps me understand me can only help my relationship with W.

Robyn: Can you see anything I do with you might be dangerous?

Sonia: Yes when you cross that line - start giving advice. When you feel that you 'know it' and start putting on me how you would do it.

Robyn: If I were to tell you what to do?

Sonia: Yes, I can't think of an example but when you lose the appreciation of the fact that it's me. When you start thinking, 'why does she worry about that?' When you no longer value. (Sonia's first taped conversation, 19.11.96)

My instincts now are that I need to reassure parents that I will try not to tell them what to do but if it feels appropriate, I might tentatively offer resources while remaining tuned to how it is received. A dilemma occurs when I need to act against the parent's wishes in the interests of the child (Chapter Seven)

I return to Marianne's story.

July 1996, when he was twenty-two months old, Samuel and Marianne walked into the Drop-In. I reconstructed this account from notes made at the end of the day (journal, 3.7.96). Samuel was a quiet boy who gave himself time to size up the situation first before settling to play. I noticed him looking at another child who appeared more forceful. He let go of a toy when she claimed it. After a few moments watching her clutch it to her chest, he turned away, returning to his mother briefly before looking to find a new toy. Again I am able to compliment Marianne. It did not feel appropriate to voice my thoughts about bolstering his courage as she said:

Marianne: He is really no trouble. Everyone loves him.

She said she found him manageable most of the time but:

Marianne: We have times when I do things that I regret later ... shouting at him, saying things I shouldn't, getting angry with him.

Robyn: That sounds pretty familiar. It's hard isn't it?

I asked how she knew how to be a parent. Marianne looked thoughtful for a long time before saying:

Marianne: I think it's instinct

Robyn: Do you get a lot of advice? People in the church, your family?

Marianne: No, not really, my family are not near so I don't have a lot of contact with them...but some of the things you have said rang bells for me and made me think.

Robyn: What sort of things

Marianne: Like, saying 'no' to him...allowing him to explore...the degree to which he can remember things...does he always need to get it right every time?

Robyn: How do you know where to set the limits when he gets older and keeps doing things you don't like? How do you decide if just stopping him and reminding him is enough, or if a punishment is in order?

Marianne: This is a problem for me. I find sometimes, I can't just stop him. I have to mark it with something else as well - a punishment. (Journal, 3.7.96)

I wrote that Marianne appeared thoughtful and self-critical. Here is the problem working in this way. It focuses on what parents should **not** be doing. Setting standards for parents like this does raise awareness but may leave them feeling criticised and discouraged. I was using the best knowledge and practice skills I had at the time but felt uncomfortable. There was more for me to know. Later I came to realise that my emerging values of respect, autonomy and acceptance of people are denied by working in this way and I had yet to integrate the Crucial Cs. Whitehead suggests that it is by identifying times when values are denied in practice that learning and change occurs (1989).

Something more wonderful happened on this occasion when Marianne came to the Drop In. She announced she no longer had ME. I said I was delighted (journal, 3.7.96). I did not ask questions at the time but during the taped conversation the following year (3.7.97) she spoke more about it:

Robyn: When you describe your low self-esteem, you weren't actually very well.

Marianne: No, but it's just how I've been all my life. I didn't really have any reserves for anything when I had Samuel.

Robyn: Do you think you are a different person now?

Marianne: Yes I think I am improving with how I feel about myself and, yes, I think having Samuel helped.

Robyn: I'll never forget you coming to the clinic and saying 'I don't have ME any more', and I just thought that was the most wonderful statement I'd heard. Because you had made that absolute statement.

Marianne: I think I had to do that for myself, because it wasn't so much that I'd wallow in it if I didn't make that decision, but you can put so much down to it still. I mean I could say 'I've got ME' and you could almost accept it for yourself if you kept saying you've got it. You, well, not give yourself the symptoms, but you aren't free of it. Brian encouraged me to look at it specifically.

Brian joined in.

Brian: I was just thinking that motherhood is the beginning of a new era of their lives and so much potential can be instilled into that phase. If you come into the area of low self-esteem it may be an opportunity to reinforce the fresh start. People carry baggage with them from the way they were treated by their parents and their life in general and this is a crossroads. They can bring all that with them or they can decide they are going to do it differently. It can be an opportunity to drop some of the negative things. (Conversation, 3.7.97)

I was moved by Brian's insights and will speak more of them when I write about assumptions I held about religion and parenting. Meanwhile I was being influenced by other areas of my enquiry.

Looking for new ways of understanding family relationships

Earlier in 1996 I joined the STEP course for parenting facilitators to understand more about what good relationships consist of and how to help parents find them (Chapter Three:71). It helped me clarify democratic intentions in relationships and areas in family life where problems occur (Chapter One:20). Later, Karen John introduced me to the Crucial Cs version (Lew, Bettner,1996) which focuses on human emotional needs behind the goals of behaviour used in STEP (Dinkmeyer, McKay,1989). This format provided me with a solution for working with individual parents in one-off problem-solving situations. I began to experiment, using it when parents expressed concerns about their child's behaviour (Chapter Six). These skills were to be developmental. I was in the early stages of my learning in 1996 and implementation was patchy so although I was not consciously using the Crucial Cs directly with Marianne the ideas began to emerge in our conversations. I return to Marianne's story.

September 1996. In the Drop-In clinic Marianne talked with a mother who expressed impatience with her daughter because punishments failed to work. In return Marianne told a story. Following someone else's suggestion, she had tried isolating Samuel between two stair gates as a punishment for 'silliness'. It had not worked she said, because he seemed to like being there and didn't want to come out. The other mother said punishment would not 'work' if Samuel could not see the punishment as a direct consequence of his behaviour. 'He wouldn't learn anything from it' (journal,18.9.96). Marianne spoke of trying to find a balance between allowing Samuel make decisions for himself, and setting limits for him. She spoke about trying to give him choices as we had discussed and problems that arose when there really was no choice. She told of an incident that had happened:

Marianne: We were going out and I asked him, 'Do you want to go out?' Samuel said, 'No, don't want to.' I was a bit stumped because we had to go, but he didn't want to stop what he was doing. I had to wait and think how to get him to come.

Robyn: You were right to honour his choice. Could you make the choices more real? 'When we go will you wear the coat or the jacket? Shall we walk or go on the bus?'

I was beginning to use ideas from the Crucial Cs. Until now I had only used this tool in more lengthy sessions to help parents solve problems. I wrote in my journal:

I am really grasping the idea of parenting being a learning experience. Thinking about it in these terms opens up a different dialogue. (Journal,18.9.96)

While reading educational action research, especially McNiff (1996) I began to view health visiting relationships as 'educational' for families. I decided I would be clearer with parents that I saw myself as supporting their own unique learning about parenting (journal,19.8.96). I tried talking about educational relationships with parents. They looked confused and we went on as before. Unlike learners in other educational establishments parents did not seem to see

themselves as being in educational relationships with me (or with their children) (journal,7.10.96). Like Pearson and others (Chapter One:21) I find parents aware of the importance our relationship holds for them but, without acknowledging the educational process, they describe my role as being for problem-solving and support:

Sonia: No I don't see it as an educational thing at all. I see it as somebody I can go to...its support, its someone who can give advice and support. I have always been prone to be depressed. I like the fact that I feel I can talk to you...because we've taken the time, I've been able to really think.

(Sonia's second taped conversation,6.5.97)

October 1996. Marianne and Samuel again coincided with the mother who talked about problems with her daughter. This mother expressed regrets that she was mirroring some of the punitive experiences of her own childhood. Marianne volunteered that her father hit her when she came in late when she was fourteen:

Robyn: 'How did you feel about being hit?'

Marianne: 'I wouldn't do it, but then I was a very difficult child. They were very tolerant of some of the things I did and the clothes I wore.'

I am saddened when I hear people interpret themselves as 'difficult' when they were children because a more authoritarian person used power in a humiliating way. Children's faith in their parents seems to lead them to believe *they* are the bad ones and to believe the critical messages expressed in their parents' behaviour. Stories of childhood so often excuse even extreme abuse by adults because people interpret themselves as 'difficult' and at fault (Berger et al,1988). The long-term effects on self-worth are hard to calculate. I now feel more heartened by expressed anger than resignation to injustice because it indicates passion for change instead of defeated courage. Samuel was not having a hard time. His reserved and easy-going nature shone through every time I saw him. He was co-operative and Marianne's stories of home life were mild. Being quiet and tentative in his explorations, the problem to his mother appeared small compared with children with more fiery personalities. She was able to spell out her love and joy in him (journal, 16.10.96).

A review of child protection research concluded that a family climate high in warmth and low in criticism is protective in the inevitable ups and downs of family discord (DoH,1995:19). Samuel's situation could be described in this way. However, I needed to think about the contradiction here with beliefs I held about the role of religious commitment in perpetuating violence towards children. I had been shocked by the suggestion of a research colleague that some of the knowledge I used was founded on my prejudice about religion (journal,16.7.96). I wanted to know if my personal beliefs influenced my acceptance of people and decided to ask Marianne's opinion of her experiences with me.

Marianne and Brian's view of our work

July 1997. In an explanatory letter I outlined the research and suggested questions I would like to ask. Many of Marianne's comments are already presented in the text. With the possible effects of my 'prejudice' in mind I asked Marianne what she found useful in her contacts with me:

Marianne: To come to you and talk it through is affirming in that what you are feeling in yourself is right. Which is what I needed to carry on and feel happy in what we were doing.

Robyn: Well I have to say that it wasn't difficult for me to do because actually how you were being a mum was brilliant.

Marianne: But I think even if you were talking to someone who wasn't doing things right you would still be an encouragement to them, but you could get a health visitor who gave you the impression that you weren't doing things right.

Robyn: Obviously over the last three years you've come to know a tremendous amount about being a parent. I know I've come to know a huge lot I didn't know before.

Marianne: Yes but you've been an integral part. I can't say specifically what it was because it's all been just these little bits of affirming, not a great revelation I can think of... You were reassuring that each child is just so different and you didn't have to worry when they did and didn't do things. He was doing things later than his peers because he's generally been very happy where he is ...I firmly believe you've helped me grow because of our relationship, but that again, as you say is a two way thing.

Robyn: Do you feel challenged? Do I put you on the line sometimes?

Marianne: Yes. I think about disciplining Samuel, possibly. I know I've been excessive at times and realised that I was being too firm about things that didn't really matter. I am always aware of saying 'no' too much because of what you have said.

Robyn: Oh dear (Laugh)

Marianne: I'm always doing it. You said 'don't make it become a stand-off situation.' We're always having those. (Conversation, Marianne,3.7.97)

We laughed. I concurred with how hard it is to avoid conflict in trying to get them to do things.

Brian, although invited to join us, preferred to listen from another room. I believe he wanted to allow his wife to speak for herself. I am pleased to say he could not resist the temptation to join us towards the end and I had the chance to get to know him a little better:

Brian: The parallel I see is, I do some work with prisoners. You are basically trying to say to them, 'Look, draw a line under the past. This is a new start. The potential is incredible if you can be forgiving of yourself and be prepared to take the courage to grow'.

Robyn: How do you do it? Do you ask them who they want to be?

Brian: Well most of my discussions are on the back of preaching so it's in a context of faith. So basically what you are saying is 'If you can find a relationship with God then you will find yourself, who you are. If you can accept that he created you then there is an original created you which has original gifts, automatic potential. Along the way you have gone from that, worked against it'.

(Edited conversation, Brian, Marianne,3.7.97).

He seemed to be describing similar values motivating his work with prisoners to mine in health visiting. Speaking about the first visit he made to the prison:

Brian: I walked in. There were about 30 blokes all stood around. We started to sing a hymn. I looked around and suddenly I saw very hurt people, like hurt children. A whole bunch of people who were just incredibly hurt, and I think that was a sight which was given to me to be able to come to them in the right demeanour. To actually love them and reach them. The amazing thing is, talking from a position of faith, there's a person, excuse my French, covered in crap, covered in all the things that they've done and all the condemnations, all the problems, and I believe that God looks at that person and sees the beautiful person he created. I feel I have no business what-so-ever playing with any of that stuff that's hanging on them and the only business I have is to find that creative, that beautiful creation of God...to listen for it and nurture it.

Robyn: I see that completely, that's exactly how I see it.

Marianne: You see that comes across. You have that ability of seeing the best in people.

Brian: It's an attitude of faith and it's a lovely attitude to have. (3.7.97)

We all laughed and pointed to each other to pass on compliments.

It did not seem important to say that it did not arise for me from a faith in God (perhaps I was afraid of spoiling our connection). The values of an unconditional acceptance of the other person and beginning with the other's starting point was an aspiration for us both. He too is aware of needing to help people to like themselves and the importance of seeing goodness in people.

Later I wrote:

My impression from Brian is that he is doing very similar work to me in his relationships with the prisoners, only he calls it Christianity. He spoke of loving and forgiveness and acceptance and helping people to love themselves. (Journal,3.7.97)

Marianne's words were reassuring. I did not get the impression that they felt victim to my prejudice. Neither did I, when I read the replies to the questionnaire. 'Warmth', 'understanding' and 'acceptance' were very strongly represented amongst the ticked responses (questionnaires,1999).

Sharing the Crucial Cs with Rania, a Muslim woman, I wondered what difference it would make having Allah there on the sofa with us, 'so to speak'. 'I pray to God to tell me what to do', she said (field notes, Rania,27.11.98). The following week:

Rania: Bye-the-way my son's better, not perfect, but better ... it made me think about how he feels and how I feel. I used to work to what's right and wrong and now I take a wider around way...I think I now have a bigger, what do you say? - Vision - where before I had a narrower way of looking at it. (Field notes, Rania,9.12.98).

Here is the point, The Crucial Cs offer a way of taking a wider way around looking at the whole context. This is the best way I have found so far to meet my aim of improving family

relationships for children. Nearly a year later, I asked Rania what she had gained from the experience and was surprised by her enthusiasm:

Rania: It changed all of my life, even my life with my husband. (Journal,9.9.99)

I recalled her first account of trying to be in complete control in the house and the various forms of resistance she met from her husband and the children. I was impressed to find the now familiar emotional needs expressed in this family. I was now becoming able to respond to the needs of people from different backgrounds (journal,9.9.99).

Improving my listening skills

At this time I encountered a challenge which encouraged me to become a better listener.

August 1997. Visiting Anna, an older mother with her first baby, I found someone who talked incessantly, flitting from topic to topic, asking questions but never waiting for answers. When I tried to answer, I interrupted her concentration but seemed to contribute little. The midwife reported that she found this frustrating (journal,18.8.97). Reading Rogers during my search for the qualities of effective helping relationships, I was encouraged to think about being truly client-centred. I was moved by:

I have found it highly rewarding when I can accept another person...Each person is an island unto himself, in a very real sense, and he can only build bridges to other islands if he is first of all willing to be himself and permitted to be himself. So I find that when I can accept another person, which means specifically accepting the feelings and attitudes and beliefs that he has as a real and vital part of him, then I am assisting him to become a person: and there seems to me great value in this. (Rogers,1961:20-21).

Rogers calls it unconditional positive regard (1961:47). He suggests it is necessary to 'listen totally', meaning permit yourself to understand the other rather than spending listening time trying to formulate answers. This fully accepts the other and allows her to also become more responsive, to accept herself and begin to work it out for herself (Rogers,1961:21-22). I decided to try harder with Anna. In the next visit, again she rattled through her worries with the urgency of a teleprinter. This time, I tried to listen more carefully, uttering nothing more than affirmative gestures. When she had completed her list of worries she went back to the beginning and started going over them again. She explored the pros and cons of various possible solutions and ended by saying what she was going to do. With one of the problems I felt it necessary to give more information:

Robyn: Before you go on to the feeds, let's just finish with the eyes. The reason doctor didn't give you antibiotics was to let David build up his own immunity (sticky eye), especially as the other eye has cleared up by itself.

Anna: Yes, so I am just going to wash it with boiled water.

Robyn: Yes that's right. Now, the feeds? (Field notes, Anna; journal,22.8.97)

Anna took a couple of seconds to get back into her flow. I tried not to interrupt again. At the end I realised she had not asked me any direct questions but had talked for nearly an hour about the things that had happened and the sense she made of them. I felt I had made her feel sensible and capable. She already knew the answers but by putting them into words she could begin to trust herself (field notes; journal, 22.8.97). I began to feel less irritated by Anna. I allowed her thinking processes to flow and worked on becoming a more sensitive listener.

Back to Marianne's story.

October 1997. During his three-year developmental check I found Samuel to be amongst the tallest for his age group, on the ninetieth percentile, and slim. He appeared reserved but cooperative during my visit, contributing to our conversation towards the end with the spontaneous enthusiasm of a three-year-old whose interest is suddenly captured. On a locally produced Behaviour Questionnaire which Marianne had completed in advance, she described him as 'a little timid', and 'not markedly active'. This concerned her 'slightly'. He was 'sometimes difficult to manage' but it was 'more about if I am managing him well'. Marianne described his fascination with the new free-standing wood burning stove and her problems persuading him to keep away. He insisted on returning to the matches and wanting to light the fire. Marianne said she was sometimes 'short with his stubbornness'. He was resistant to toilet training. I was able to agree with Marianne that I also thought he was a healthy three-year-old. We agreed to talk separately about the toilet training at another visit (child health notes,10.10.97).

A week later, I visited with student nurse Vanessa. At first I found it hard to think of sensible solutions to his resistance to toilet training. I was aware of sounding vague and unconvincing. The behaviourist techniques I had learnt over the years felt unattractive at this moment. Vanessa picked up on it saying later that she thought I wasn't going to give any advice, 'and then you came up with something'. Not knowing what would work I said something like, 'I don't know yet. Let's keep thinking about it and we will come up with something' (field notes,20.10.97). I suggested leaving the toilet training for a while and looking at the emotional needs all people have, because that might help us to understand him. I was thinking this might offer insights into wider aspects of his behaviour, particularly maintaining his courage when faced with difficult things. As we went through the Crucial Cs framework from Marianne's point of view first, I could see her thoughtfully engaging with the ideas. Moving on to look at Samuel's emotional needs she identified times when he sought attention (*connect*) at the table some evenings. She said there were signs he might feel left out when she and Brian were talking. She identified a power relationship over wanting to light the fire (*capable*). He was usually persuadable so there was no major problem for her there. It seemed he might be avoiding the toilet training (*courage*). Marianne identified with the need to boost her own

courage because of her life experiences. I suggested lack of courage was not a big issue for Samuel now but was worth bearing in mind for the future:

Marianne: It is definitely worth thinking about to avoid him becoming unconfident like me.
(Field notes,20.10.97)

We were then able to go back to the toilet training and plan more closely how to give Samuel small manageable tasks in which his success could be guaranteed. We thought of ways of helping him to be 'in control' of his body by encouraging him to ask for a nappy instead of poo just happening. Poo would still be in the nappy to begin with but this was a step towards training. Marianne considered trainer pants during the day and encouraging him to change himself if they were only wet. The underlying philosophy was shifting responsibility, encouragement and low-key recognition of success. A previous experience had taught me that leaving children to train themselves does not always work. It may result in learning experiences important to the process being missed (Pound,1995b). As we summarised, Brian came in saying how interesting it had been. He had been taking notes! (journal,20.10.97).

On the telephone Marianne reported she had decided Samuel was not really motivated to be clean and she had decided to leave it. She said she had found the discussion helpful and felt better about it herself (child health notes,10.11.97) In February Marianne reported that Samuel had suddenly asked to go to the toilet one day and potty training was instantly accomplished (child health notes,20.2.98).

Marianne and Brian's response to this account

The generosity of Marianne and Brian when they read this chapter made me feel completely safe. The way they were during our discussion demonstrated their acceptance of me and the growth of my ideas.

Brian: You took a great risk showing us this paper. We have to respect you for that.

Robyn: There was something in the way you were with me which made it possible for me to do this enquiry

Brian: God set it up so we could learn from each other. It is the same, what you are doing for people at the very beginning of their lives and what we are doing later.

Brian suggested that I viewed the poster, **we must obey**, out of the context in which obedience was intended. He told me that it comes from the Bible, the word of God, when Moses led the people out of Egypt to the new land. God asked the people to remember his authority, believe in him and follow him through the hard times. They might otherwise have chosen easier options and not found or kept the better life.

Brian: For you standing there under the poster the meaning was lost. People interpret the Bible for their own ends.

Marianne noted that my descriptions of their house and her mother both surprised, and made them smile. She recognised herself in the account but was

not concerned that anyone else would, nor did she want anything changed.

Summarising:

Marianne: We have a relationship with God. You hear him in your prayers if you listen carefully enough.

Robyn: It is as if you are describing an 'alongside' sharing relationship with God.

*Brian: That's exactly what it's like. **People** are important to god, **all** people.*

(Conversation, Marianne and Brian,11.9.00).

Gathering threads to alonsideness in primary prevention

As a health visitor my aim is to improve mental well-being of children by supporting healthy family relationships. I find **my** relationships with the parents requires similar values and characteristics to those that work well in families. For me, alongside health visiting attempts to be client-led and educational. I aim to 'be there' for families, trying to see their world from their point of view, supporting parent's enquiries at their own pace. I now start with the premise that parents prefer warm relationships with their children and when realised, these relationships enhance well-being. My role now is to help parents create relationships they aspire to. I now place less emphasis on changing what **I** believe is wrong and use human emotional needs (Lew&Bettner,1996) for understanding why people behave the way they do and for supporting change.

My aim is to increase connections within families using alonsideness as a metaphor for democratic relationships in this context. This process appears acceptable and effective as I reduce my professional power and remain open to learning. I still form assumptions about what may be needed and am open to signs in children or parents that particular beliefs, behaviour or disharmony may indicate precursors for worsening relationships. I can make timely offers of help, but my assumptions remain tentative. Being proactive may be little more than enlarging windows of opportunity to air issues so parents can begin to formulate their own questions. This approach means I no longer talk about smacking with every parent, although I will if it feels appropriate. Parent's concerns about managing defiance is a common starting place. By increasing empathy for their children and raising awareness about emotional needs, more mutually rewarding communication and stronger connections emerge.

Reflection on my attitude about religious belief perpetuating violence towards children led to my realisation that seeing religious belief as a problem interferes with my values of acceptance and respect. Instead, I can help parents examine their intentions as they put them into practice (journal,27.2.97). Reflecting on a visit when a mother countered my offer of help with insistence that she would use smacks to control her eighteen-month-old child, I realised that arguing this point was counter productive. I need to be clear about my views so I do not condone smacking and respond to opportunities as they arise while working to maintain

connections with the family. This parent met no child protection criteria and her belief was not against the law. I wrote:

I feel the best thing for me to do is try harder to be there for her, not push the message, but make myself available and help her move at her own pace. This confirms my idea that in being proactive I also need to be sensitive to where people are in their beliefs and their social support set-ups...have the information available, but be sensitive to timing, how much and what next. (Journal.17.11.97)

I still feel uncomfortable about this and will speak about what it means for the child and my 'responsive responsibility' in Chapter Seven. This case shows how legal limits³ to parental behaviour would help practitioners in supporting change for children.

Understanding women's views of truth, knowledge and authority (Belenky et al,1986) and mothers' changing need for advice (Pearson,1991) is helpful for clarifying the information and delivery style that might be helpful for each mother. This provides reason to be responsive to expressed need, but I also need to be alert to clues about when to hand decision-making back.

While introducing the Crucial Cs in a training session with a group of health visitors we discussed family and health visiting relationships (journal,3.7.98). I told stories about times when I felt frustrated by parents. I had spoken up when I felt something was important because of the consequences I predicted for their children. I had acted more forcefully than usual and afterwards wondered about the effects on the problem and our relationship. Results were more positive than I expected in that our relationships seemed undented and problems began to be addressed in each case. A colleague with a challenging caseload said she often did not have time to 'pussy-foot around'. However she recognised parents sometimes did not let her back in afterwards. This was worse with new clients who did not know her. With others, this colleague expressed interest in thinking about our relationships as important to the process of our work. Following this discussion I wrote in my journal:

What I learnt from these two stories is that if you get it right most of the time parents are more likely to forgive you, trust you and give you another chance, or even listen to you when you push your luck. (Journal,3.7.98)

I begin to understand some features of 'getting it right'. Values appear important. In this chapter, *respect* for people and *acceptance* of difference join *equity* for children and *self-determination* in become motivating values for me to aspire to in my relationships. If I maintain respect when I feel the need to be more directive, if I place value on other peoples' points of view, and foster self-determination wherever possible, I believe my work will be effective. I can use these as standards to judge my practice. In the next chapter I look at qualities of

³ *Children are Unbeatable! Alliance* - action for legislative reform to grant children equal rights to protection from domestic violence.

alongsideneſs when a more directive reſponſe is neceſſary becauſe family problems are harder to ſolve.