

Professional and Practice-based Learning

Nick Hopwood

Professional Practice and Learning

Times, Spaces, Bodies, Things

 Springer

Professional and Practice-based Learning

Volume 15

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Professional and practice-based learning brings together international research on the individual development of professionals and the organisation of professional life and educational experiences. It complements the Springer journal *Vocations and Learning: Studies in vocational and professional education*.

Professional learning, and the practice-based processes that often support it, are the subject of increased interest and attention in the fields of educational, psychological, sociological, and business management research, and also by governments, employer organisations and unions. This professional learning goes beyond, what is often termed professional education, as it includes learning processes and experiences outside of educational institutions in both the initial and ongoing learning for the professional practice. Changes in these workplaces requirements usually manifest themselves in the everyday work tasks, professional development provisions in educational institution decrease in their salience, and learning and development during professional activities increase in their salience.

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- understanding and making explicit the complex and massive knowledge that is required for professional practice and identifying ways in which this knowledge can best be initially learnt and developed further throughout professional life.
- analytical explications of those processes that support learning at an individual and an organisational level.
- understanding how learning experiences and educational processes might best be aligned or integrated to support professional learning.

The series integrates research from different disciplines: education, sociology, psychology, amongst others. The series is comprehensive in scope as it not only focusses on professional learning of teachers and those in schools, colleges and universities, but all professional development within organisations.

More information about this series at <http://www.springer.com/series/8383>

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Professional Practice and Learning

Times, Spaces, Bodies, Things

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*For: Alison; any parent who has struggled;
and the many professionals who work
tirelessly to help all children get the best
possible start in life.*

Series Editors' Preface

Series Editors' Introduction for Professional Practice and Learning

A key goal for the book series Professional and Practice-based Learning is to provide a space for theorisations born out of practice and well-informed practices to be promoted. That is, to illuminate and elaborate the nature of professional work, its learning and how experiences in practice setting contribute to understanding work-related learning processes. As such, it welcomes and is supported in its efforts to achieve this goal through contributions that acknowledge the complexity, situatedness and nuances of professional practice, the kinds of capacities that such practice comprises and what needs to be learnt and bases for understanding how that learning can arise.

This, broadly, is the kind of agenda that Nick Hopwood's volume entitled Professional Practice and Learning: Times, Spaces, Bodies and Things seeks to fulfil. Earlier contributions to this series have offered accounts from sociological, cultural psychological and philosophic traditions. In their own ways, each contribution has assisted in informing, broadening and nuancing our understanding of practice-based learning experiences as directed to learning the kinds of capacities required by the professions, on the bases of how these are considered, captured and valued through these perspectives. This volume seeks to make a different kind of contribution through sounding out, progressing, and test-benching a set of theoretical precepts whilst concurrently elaborating an account of professional practice and its learning.

Advancing a perspective grounded in socio-materiality and through a broadly ethnographic method, this volume offers something fresh and nascent, albeit set largely within sociological framing. Whilst founded in the traditions of practice theory and socio-materiality, the perspective draws on a broader range of explanatory perspectives than just those referring to the social suggestion, and this breadth is justified in terms of the complexities and nuances that the ethnographic study demands to be addressed. Space, bodies and time are added here. The practice

setting referred to is far from clear cut in terms of professional practice and the guarded confidence of how such an occupation should be practiced, which is the suggestion that is sometimes projected by professions and professionals. The confidence of professional practice is tempered by the advocacy of parents and parenting. Hence, the seemingly incognate suffixes in the title, for instance. The project is to be descriptive of professional practice and learning, seen as entwined yet able to be made sense of separately. Perhaps it is for these reasons that the author of this volume invites readers not to work through the text in a linear way, but to dip into the text at different points across that length in response to particular themes, interests or purposes that prompts them to engage with it. Connections and connectedness of the kind emphasised in the text are, seemingly, at the heart of this invitation.

However, there is an intentional and coherent structure to this volume with its 11 chapters that are divided into three distinct sections. Mimicking a well-ordered doctoral dissertation, the first section outlines the project, the context of the inquiry that informs so much of this volume, elaborates the explanatory premises (i.e. socio-materiality) used and the method deployed (i.e. ethnography). The next section then, following such an ordering, variously reports and elaborates four aspects of the professional practice that is the source for the concurrency of theory-building and explanatory endeavour. Then, in the final section, two sets of resolutions, the first characterising professional practice and the second about learning, and one of conclusions are offered to the reader, thereby completing that ordering.

Through these elements, the links amongst them and their elaboration of both an account premised in socio-materiality and informed by the detail evinced by the empirical work emerge distinct contributions to this field. These include accounting for an instance of professional practice that elaborates it in terms of comprehensiveness and complexity, not reducing it to elements that can be captured for administrative purposes and measures. Given the range of factors and their interrelations that comprise that practice, and their learning there are no easy conclusions about how those capacities can and should be developed. What are implicitly critiqued here are efforts such as contemporary higher education provisions, the standards that drive them and the kinds of learning they privilege. Instead, something of the range of considerations that comprise how professionals come to practice and learn are set out in this volume and in ways that render those provisions potentially poor and piecemeal.

In these ways and others that readers will identify for themselves, this volume contributes well to the goals of this book series and the project it seeks to advance.

Regensburg, Germany
Paderborn, Germany
Brisbane, Australia
January 2016

Hans Gruber
Christian Harteis
Stephen Billett

Preface

What Kind of Book Is This, Whom Is It for, and How Should It be Read?

I hope that this book will be of interest to a number of audiences, each with a different purpose, background, and prior knowledge base. Four in particular come to mind, although there may well be more.

In some ways the reader I imagined most frequently while writing this book is another educational researcher, perhaps more specifically someone with interest in questions of workplace learning, professional practice. If this is you, some of the references and concepts that I draw on will be very familiar; others may be glaring in their absence. Chapter 2, which describes the research site, might be particularly important as an introduction to an unfamiliar context, while Chap. 3 might reveal differences in our theoretical understandings and perspectives. The book is offered as a contribution to and extension of sociomaterial and practice-based approaches, what Paul Hager calls a third tranche of workplace learning research, embracing an overarching metaphor of emergence. On this basis I hope it offers something different, perhaps challenging, in terms of the account it offers of professional learning and practice. There are no doubt problems and lacunae in my account (I acknowledge the absence of critique and detailed attention to affect several times), and I look forward to joining the conversations in which these and other issues will be thrashed out.

Another reader I have in mind is the educational ethnographer. I have been fortunate to participate in whole conferences and special interest groups formed precisely around this community. I recall my early days as a doctoral student, reading school-based ethnographies from cover to cover (Willis, Beach, Lacey, Walford), and the influence of Delamont, Atkinson, and Hammersley in my formation as a particular kind of educational researcher. Again, Chap. 2 will be crucial, given that a parenting service may seem a strange context for an educational ethnography. To you, I hope that the methodological account in Chap. 4 offers some meaningful space of recognition, and that the opportunity to journey with me through

the detail of empirical data, getting close up to the actions and artefacts of life on the Residential Unit, offers something of the vicarious pleasure I experience when reading ethnographic accounts of schools, universities, and other educational institutions.

I am aware, too, that I may also be addressing an audience with no a priori scholarly concern for questions of education, professional practice, or learning. As I devoted myself to exploring practice theory, I sought out both the original theoretical texts and the accounts of empirical studies where perspectives and concepts had been put to work. Perhaps, then, you are reading this book out of an interest in practice theory or sociomaterial approaches, particularly, maybe, Schatzki. To you I confess that I have appropriated Schatzki's and others' concepts playfully, perhaps mischievously or even wrongly (in the sense counter to the original author's intent). In my defence I point to Schatzki's own admitted "appropriation" of Wittgenstein's and later Heidegger's work, and argue that for me, the concepts come to life, and bear fruit, only in contact with empirical material. If a little bit of bending reveals something of relevance and value in my empirical work, so be it. To this audience, Chap. 3 will offer a key positioning, while Part II may be the most rewarding.

Of course I cannot forget a fourth audience (and the order bears no reflection on their importance): those who work, or plan to work, in similar professions or settings to those described in this book. This may be child and family health nurses, parent educators, social workers, psychologists, speech pathologists, child-care workers, and many more. I hope this book meets you in a recognisable but perhaps not instinctive space: one in which you can see yourself or features of your work, but perhaps notice new things. In my many interactions with the staff of Karitane since completing my fieldwork, one of the most rewarding and exciting forms of feedback I have received is when professionals have made comments such as: "Yes, that's exactly what we do, just not in the words I'd have used!" or "Hmm, I wouldn't have described my work to you that way, but I can see how it makes sense". It may be in Part III where the most immediately useful tools for (re)thinking about your practice are provided, although I anticipate that each of the four dimensions explored in Part II will reveal aspects that you may recognise but perhaps not have addressed so directly in the past. I have gained confidence from comments made by practitioners that the account I offer affirms and perhaps reveals anew, the craft, skill, and expertise in their work, and the valuable contribution it makes to families and society at large.

There may be other audiences of course—perhaps readers from organisational studies, or those like my co-presenters in the *Time, Space and Body* conference for whom there are different points of connection and shared interest. To you, indeed to all my anticipated readers, I have tried to present ideas in a meaningful and intelligible way. As I have intimated above, I am not convinced a linear reading of this book will always be the most useful or fruitful. To that end I encourage dipping in and out, jumping around—what we might call an emergent approach that follows the signposts forwards and backwards wherever they point somewhere that seems interesting.

Acknowledgments

The research that underpins this book was undertaken under the very privileged conditions of a 4-year Chancellor's Postdoctoral Research Fellowship at the University of Technology Sydney (UTS). This gave me time to read widely, explore new theoretical fields, and undertake prolonged ethnographic fieldwork.

Alison Lee, who passed away in 2012, helped me secure the Fellowship by imagining an agenda focused on theorising professional practices differently. I was also fortunate to obtain additional funding through the UTS Early Career Researcher Grants scheme. This enabled me to add collaborative and international layers to what would otherwise have been a solo and Australian affair. Importantly, this brought Teena Clerke into the fold, whose input and insights have added immense value to the project overall, including a publication (of which she is first author), exploring the forms and benefits of asymmetry in ethnographic research teams.

One of the pleasures of academic work is to feel at home among and be supported by globally distributed communities of like-minded scholars. In this regard I must acknowledge Madeleine Abrandt Dahlgren and her colleagues in Linköping University, Tara Fenwick, Bill Green, Stephen Kemmis, Paolo Landri, Davide Nicolini, Theodore Schatzki, Sue Clegg, Catherine Manathunga, Barbara Grant, and many others with whom I have had helpful and often challenging theoretical conversations.

My approach to understanding learning as a social and material phenomenon initially developed through the strong intellectual community of the Oxford Centre for Sociocultural and Activity Theory Research (OSAT) at Oxford University Department of Education. In particular I wish to acknowledge Anne Edwards.

At UTS, I have benefited from close collegueship and support within the School of Education from Ann Reich, David Boud, Donna Rooney, Elaine Lally, and Sandy Schuck. Cathrine Fowler introduced me to the world of child and family health practices and in particular Karitane. In Karitane, I was made extremely welcome by Deborah Nemeth, Robert Mills, Jane Kohlhoff, Lynnette Finch, and all the staff on the Residential Unit at the time. Though them, and the many families who let me share in their experiences at Karitane, remain nameless here, I

remain hugely grateful for their generosity and trust. Sharlene Vlahos, Sally Lee, Fefe Lawson, and Marjan Khajehei have continued to support the project in its later phases. I have been supported and inspired by Crispin Day, Lucy Harris, and many others at the Centre for Parent and Child Support (South London and Maudsley NHS Trust, Child and Adolescent Mental Health Services, Kings College London), home of the family partnership model.

Ethnography remains a significant part of my academic being, and I must thank Geoffrey Walford for introducing me to what ethnography can do, and David Mills for challenging my ethnographic vision.

Finally I would like to acknowledge my partner, family, and friends. I hope all readers will understand my sincere appreciation for what it means to be supported, listened to, and loved.

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Acronyms

ALD	Actual Level of Development
ANT	Actor-network Theory
CHAT	Cultural Historical Activity Theory
EBM	Expressed Breast Milk
EPDS	Edinburgh Post-natal Depression Scale
FPM	Family Partnership Model
KPCS	Karitane Parenting Confidence Scale
NUM	Nurse Unit Manager
VMO	Visiting Medical Officer
ZPD	Zone of Proximal Development

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Part I
Professional, Theoretical,
and Empirical Foundations

Chapter 1

Introduction

Key Questions, Themes and Arguments

This chapter sets the agenda for the book. It poses a series of questions that come out of contemporary sociomaterial and practice-based approaches to understanding professional practice and learning. Theoretical foundations are laid, including a preliminary explanation of the four dimensions of times, spaces, bodies and things. Justifications for their exploration in separate chapters are provided, acknowledging the slippage across dimensions. The primary arguments presented in greater detail, and substantiated empirically in later chapters, are outlined here. The setting for the empirical work through which theoretical ideas are put to use and developed through the rest of the book is introduced: a residential parenting service in Sydney, Australia. The chapter outlines the structure of the book, and concludes with a brief consideration of the role of critique in it. The account developed through the book constitutes a critical intervention in the fields of workplace learning, and studies of professional practice, while revealing features of learning and practice that help us understand how professionals cope with challenging work, establish effective partnerships with service users, and make a positive difference in the world.

How might we produce different accounts of professional learning and practice? What if learning and practice do not just take time, but instead produce times and have rhythmic qualities of their own? What if space isn't just a container for learning and practices, but is produced through and produces them? What if learning isn't a (just) question of mind, but (also) one of the body? What do learning and practice look like if we trace their intimate bundling with the material world of things? Sociomaterial and practice-based approaches to understanding processes of work, learning and organising have blossomed in recent years, and prior work in this area, and broader social philosophy, is indeed what has made the posing of such questions possible. In this book I join others in taking these questions

seriously, undermining troubling dualisms (Hodkinson 2005) and offering a distinctive account through a thorough uptake of particular concepts in the analysis of unique empirical material.

Professional practices are undergoing significant changes on a number of fronts. The idea of the professional making decisions based on individual discretion, and accountable through siloed professional organisations and clearly bounded notions of professionalism is increasingly hard to sustain (Evetts 2014). One important thread relates to shifting relationships between professionals and the wider public (service users, clients, patients). Strong policy rhetoric has emerged advocating coproduction (see Fenwick 2012). What do these changes mean for professional expertise and learning in practice? In this book I explore these questions with specific reference to the idea of partnership between professionals and families in services for families with young children. I explore how partnership practices involve entanglements of expertise and emerging forms of knowing between professionals and parents, how they infuse professional practice with an intensified pedagogic dimension (see Hopwood 2013b, 2015a, 2016) and how they create challenges for practitioners in dealing with knowledge that is uncertain, tentative, and often partial. Rather than taking a view of codified knowledge and evidence being implemented by individuals in practice, my approach highlights aesthetic and collective aspects of how professionals cope with ambiguity, and support service users through pedagogies of the not-yet-known.

This book refers largely to a specific site, which acts as a kind of ‘clearing’ (see Schatzki 2007) through which these questions and issues can be seen in a distinctive way. Empirical material was generated through detailed, ethnographic study of professional practices at the Residential Unit at Karitane’s Carramar site in Sydney. The Unit accepts up to 10 families each week, offering 24-hour support from Monday morning until Friday afternoon. Families are referred to the Unit for help with issues relating to sleeping, settling, feeding, and toddler behaviour. The purpose is not to change children but to build parents’ confidence, and to equip them with a range of strategies they can use in responding to their children, beginning a longer journey of bringing about the changes they seek in family life. This book explores the work of the Unit in terms of professional practices and learning. Staff on the Unit, as in many other services for families with young children, work in partnership with clients, adopting the specific rubric of the Family Partnership Model (FPM; Davis and Day 2010; Day et al. 2015). As the framing of professional practice shifts towards one that is more entangled with the knowledge, circumstances and actions of others, we need to re-examine questions of learning in the conduct of work.

The theoretical approach I take joins and furthers a now diverse series of developments that are referred to variously as sociomaterial approaches (Fenwick et al. 2011), and a ‘practice turn’ (Schatzki et al. 2001). More specifically I take up Schatzki’s practice theory and philosophy, and bring this into contact with a range of other approaches. These include the notion practice-based studies (Gherardi 2006, 2012; Nicolini et al. 2003), which move us closer

to questions of knowing and learning, and offer us the notion of texture or connectedness in action, which is a key conceptual anchor throughout this book. I expand the notion of texture in an account that highlights four dimensions: times, spaces, bodies, and things.

These dimensions are, I argue, essential in three senses: that they constitute the ‘essence’ of texture; that if one is taken away, some crucial part is lost; and in the sense that no texture can exist outside of them. Exploring them in detail brings us into productive contact with an even wider range of theories and concepts, including the work of Lefebvre (2004) and Shove et al. (2009) on time, Massey (2005), Thrift (2004, 2006, 2007) and others on space, Grosz (1994), Haraway (1991) and Johncock (2014) on bodies, and Knorr Cetina (2001), Jensen (2012) and others on materiality. Basic features of a Vygotskian understanding of pedagogic processes are also drawn upon, particularly in Chap. 10. As the book proceeds I argue that these diverse theoretical lenses are consistent enough to justify their being woven together, with the crucial issue being whether doing so casts useful new light on the empirical material in relation to the bigger questions posed above. The Schatzkian underpinning or foundations for the book also mean that this constitutes one of a growing number of contributions to literature that apply and develop his work through empirical enquiry and analysis, something that Schatzki (2012) advocates most clearly.

Many practice-focused orientations to understanding professional work place special emphasis on purposes, moral imperatives, or ‘goods’, including those taking up Aristotelian notions of *phronesis* and practical wisdom (e.g. Kemmis and Smith 2008; Kinsella and Pitman 2012). Schatzki’s (2002) view is that practices are shaped or governed by the ends they serve, what is being worked towards, and attachment to those ends (discussed further in Chap. 3). I find it fitting to approach questions of professional learning and practice in such a non-neutral way. An understanding of accomplishment that is manifest in performances of professional work, and the demands placed on professionals to cope with ambiguity, uncertainty, and provisionality in the knowledge that emerges as they do their work, must not lose sight of why they are expending such effort, fuelling the desire to learn in practice (Jensen 2012), and of the ‘passionate attachment’ (Gherardi 2009) that professionals have to their work. Through such an approach, we can embrace aesthetic qualities of professional learning and practice, while remaining conscious of regimes of accountability and responsibility (see Hopwood 2014c).

The central arguments that I develop in the book can be summarised thus:

1. Practice and connectedness in action have four essential dimensions: times, spaces, bodies, and things.
2. Professional learning is entangled with but analytically separable from practice.
3. Professional learning involves changes in connectedness in action (texture) that further the ends of practices through meaningful changes in the way practitioners interpret and act in practice.
4. These changes include producing new textures, repairing, modifying or restoring existing ones, or maintaining them in light of other changes. This is based on the idea of stability and change as co-present features of practices.

5. Professional learning in practice performs both connecting and sensitising functions through textural and epistemic work. Attuning is central to both of these.
6. Professional practices that accomplish and unfold through partnership with service users have an intensified pedagogic dimension. This has implications for the nature of professional learning: it creates particular imperatives to learn and foci for the use and emergence of professional expertise.

These arguments are based on an *a priori* position concerning the relationship between practices and learning. This is discussed further in Chap. 3, and centres on my view that professional learning arises through practices, but not all practices bring about learning. I refer to this as an asymmetrical or non-reversible relationship between learning and practice. As such, I take a view that enriches the diverse perspectives put forward in recent volumes that offer a good sense of the contemporary state of play in research on learning in work and professional practice (see Billett et al. 2010, 2014; Fenwick and Nerland 2014; Green 2009; Hager et al. 2012; Malloch et al. 2011).

While keeping the notion of professional practices and learning as ends-oriented and morally active, I acknowledge that questions of affect are not fully developed in the account that follows. This is not because affect is not important, nor that the ethnographic data would not support such an analysis. It merely reflects the need to focus and draw boundaries of scope around this particular project.

So, for now, I will round off this introduction by creating a sense of what professional work, in partnership with parents, aims to achieve, on the Unit (this will be discussed in greater detail in Chap. 2). The words of parents speak powerfully to the positive changes that a short stay at Karitane can bring about. The following is an excerpt from letter sent to Karitane by Fiona,¹ mother of Fabi, August 2011 (reproduced in full in Chap. 2):

Before my week at Karitane I was so incredibly down, flat, emotional, anxious, nervous, exhausted... the list goes on. I didn't know myself or how to be myself anymore. I felt like I was under a heavy grey cloud and everything around me had turned from vibrant beautiful colours to black and white. I so desperately wanted to not feel this way, but I had no strength or energy to change things... I felt like I was failing every step of the way. Failing my baby because I could not get him to sleep on his own, failing my partner because I had no time or energy for him, and failing myself because I just didn't know who I was any more... Since returning home, Tom, Fabi and I have done really well. Our baby is sleeping in his cot at night (and even in the day!) and his daddy can put him to bed awake now too! Fabi may still wake up to twice a night, but we know how to deal with it now, and how to read his cues. As his mum I have so much more energy in the day to ENJOY my baby!! My baby is not textbook, but what good part of life ever is! Sometimes in life I think we just need someone to help us turn the mirror back towards us to remind us of the strength we have inside (it is a heavy mirror to turn alone when you are so tired!).

¹All names used in this book are aliases.

My purpose in this book is not primarily to uncover how such remarkable changes are achieved, although the account, particularly in Chap. 10 does provide some novel insights into these processes. Rather, by presenting this excerpt from Fiona's letter I hope to draw readers into the fascinating and socially crucial practices of the Residential Unit, and to provide a strong sense of the telos of those practices.

Structure of This Book

Having set the broader theoretical and empirical scene, I now turn more to the book itself. In the process of outlining its structure, I add further comment on the four dimensions that form a major structural as well as conceptual feature. In doing so, I add to the outline of the key arguments presented above, and rehearse important ideas that are woven throughout later chapters.

This book is divided into three Parts. Part I, 'Professional, Theoretical, and Empirical Foundations' introduces the research site and professional practice context, theoretical perspectives and key concepts, and the ethnographic basis of the study. Part II, 'Four Dimensions of Professional Practices and Learning', explores connections in action, or textures in terms of times, spaces, bodies, and things. Part III, 'Professional Learning, Partnership and Practice' sharpens the focus on professional learning in the context of partnership-based work with clients, and includes a final concluding chapter in which various lines of argument developed throughout the book are brought together.

After this chapter, Part I continues with Chap. 2, which provides brief background as the general role of parenting education and child and family health services. It then focuses on the research site, describing the Residential Unit of Karitane in Carramar, Sydney, its professional composition, and the families that it supports. Evidence pointing to the difference a stay on the Unit can make for families is presented, and readers are introduced to its primary spatial and temporal structures. The concept of partnership is explained, as a particular variation within broader notions of coproduction, and the FPM is outlined, as it is the approach that has been adopted by Karitane, and indeed across many similar services in Australasia, the UK and continental Europe.

Chapter 3 locates the theoretical approach underpinning this book within a broad and relatively recent turn towards sociomaterial and practice-based theories. Schatzki's practice theory is a primary point of reference, including the foundational notion of site ontology and its strong concept of materiality. The key concepts that run throughout the book are introduced, such as emergence, prefiguration, practical intelligibility, relationships between practice and activity, the forces governing practices, and ways they hang together. As indicated above, Schatzki is not the only theoretical influence on this work, and other important outlines are outlined here, too, including Gherardi and colleagues' notions of knowing in practice and aesthetics. The chapter then rehearses the four dimensions

that form the focus of Part II: times, spaces, bodies, and things are mobilised in particular, theoretically informed ways consistent with the broader approach. The outlines of the specific concept of professional learning in practice developed in Chap. 9 (Part III) are also sketched. Further concepts are introduced throughout the book, where they are taken up more exclusively in particular chapters (including, for example, concepts of the zone of proximal development and scaffolding, in Chap. 10).

Part I finishes with Chap. 4, which describes the empirical basis for this book. It approaches the methodological account from a practice perspective, as well as demonstrating the rationale for an ethnographic approach as one of several that are particularly well-suited to sociomaterial, practice-based studies. Ethnography is acknowledged as a contested, varied methodological terrain, and the practices adopted in the field for this study are located within this broader context.

Part II explores four essential dimensions of professional practice and learning, focusing on connectedness in action, or texture (after Gherardi 2006). It links most directly to the first key argument listed above. Chapters 9 and 10 of Part III develop arguments that link these textural dimensions directly to questions of professional learning, mapping onto the remaining (second to fifth) key arguments.

Each of the four dimensions is considered in turn through Chaps. 5–8. Chapter 5 focuses on times as multiple, enacted and emergent phenomena, establishing these qualities as themes that run throughout the remainder of the book. Practices that treat time as if it were objective, linear and ‘used up’ are explored, as are those more closely attuned to what Schatzki (2006, 2010) terms ‘activity time’, in which we can see past, present and future occurring at a single stroke. The notion of practising multiple times is then developed with reference to times of children (age, development, learning and posture), times of the playroom, and (drawing on Massey (2005) here), times as a coming together of trajectories. A Lefebvrian-informed (2004) analysis of rhythms follows, before a discussion of routines including those of handover and the weekly yet in many ways ‘weak’ timetable enacted through professional practices of the Unit.

Chapter 6 adjusts the analytical point of departure to one grounded in concepts of space and spatiality. The first half of the chapter holds particular physical spaces still—the Unit itself, the playroom, the nurses’ station, and family homes—while examining the multiple, fluid enacted spaces that are brought into being through different practices. A different approach is taken in the second half, where ideas of public and secret practices are presented, as well as the movement between them: here, there is no prolonged dwelling in particular physical spaces.

In Chap. 7 the focus switches again, now to bodies, beginning with the idea of body geometries (Hopwood 2013a, 2015b), picking up spatial questions that arose in the previous chapter (see below for a discussion of the slippage between these Chapters and their respective concepts). The body work of attuning and noticing is then subject to detailed examination, including through sounds, visions, multi-sensory actions, and the idea of collective noticing and attuning. The exploration of body work continues with a section that focuses on professionals as they interact with clients, attending to face, voice, posture and movement. Finally, the fuzzy

edges of the body in professional practice are explored (see Green and Hopwood (2015b) for a full volume dedicated to the wider issues here).

Chapter 8 rounds off the exploration of the four essential dimensions of texture with a focus on materialities. This begins with a spatial framing, looking at the corridors, client suites, and playroom. The focus then shifts to organising work and the whiteboard, communication book, clients in residence sheets, and signatures. Materiality is shown to play crucial stabilising functions, illustrated with reference to bubble wrap and scrap paper, objects around the nurses' station, pens and associated textured intimacy in epistemic work, and the rhythms of clipcharts. Finally echoes reverberate from the previous chapter in the examination of materialities that transgress the body.

I have already signalled in the outlines above, that the four dimensions resist separate treatment. Indeed, on a deeper theoretical level such separation is awkward at best, perhaps even contradictory. Practices and the textures they produce cannot be distilled into purely temporal, spatial, embodied or material forms. I will develop this point further below, acknowledging the conceptual slipperiness in play, before providing a justification for my approach.

The concepts themselves resist separate treatment, and seep across the boundaries between chapters. For example Massey (2005) and Lefebvre (1991, 2004) argue that time and space are not the residual of the absence of the other. Cooren et al. (2005) talk of spacing and timing as 'hybrid achievements', while Schatzki himself refers to timespace, and activities as temporalspatial (2009, 2010, 2012). Bodies and things are similarly problematic in their distinction, as bodies are of course themselves material entities (Schatzki 2002). Haraway's (1991) cyborgs are just one articulation of the fuzzy boundaries of the human body and the incorporation of objects into the body (see also Grosz 1994; Hancock et al. 2000). Other sociomaterial approaches such as actor-network theory (ANT) take a strong, symmetrical view, undermining any distinction between the human (bodies) and non-human (things) (see Fenwick 2012).

Bodies have rhythms (Lefebvre 2004; see also Hopwood 2014b), and human knowledge and experience of time can be understood as arising through the body (Johncock 2014). Similarly, the experience of place can be understood as proceeding from the body (Schatzki 2001a; Thrift 2004). Lefebvre (2004) writes that there are no things outside of rhythm, that objects inscribe themselves with the use of time with their own demands. Goodwin's (2007) account of anaesthetic practices links spatial dimensions, tools and devices bodily arrangements and choreographies with the development of embodied knowledge. Here spaces, bodies and things are brought into complex contact with each other, choreography infuses a temporal dimension, and mind/body dualisms are disrupted. Bode (2014) talks of rhythm as a continuum that can be perceived spatially or temporally, a 'totality of the human body' (p. 65) that cannot be separated from machinery (i.e. things) that is 'dead yet living' (p. 61). Thus in his work times, spaces, bodies and things are all apparent, pushing against and into each other and resisting division.

These slippages and seepages are reflected in Chaps. 5–8. For example, Chap. 7 begins with a discussion of body geometries that might just as easily have been

approached from a spatial perspective in Chap. 6. This awkwardness is somewhat overcome in the incorporation of prior ideas in subsequent chapters: I begin with times and temporality, and incorporate a sense of temporality in the discussion of space that follows. The chapter on bodies incorporates temporal and spatial dimensions of embodiment, and slips forward into the discussion of things and materiality that follows. Part III addresses this problem more adequately, cutting through the data and concepts in a different way, enabling features of professional learning to be explored without having to hold times, spaces, bodies or things so separately.

If the separate treatment of times, spaces, bodies and things is so problematic, why attempt it? Because each offers a distinct point of departure, and invites connections to literatures and concepts that enrich the analysis of practice. I am not alone in seeing the value of such an approach. Shove et al. note:

The following paragraphs explore these options first with respect to time, and then to space. In many ways, this is a silly thing to do: space and time cannot be split apart. However artificial it might be, separate discussion is nonetheless revealing... (2012, p. 127).

In a similar way, flavour of each chapter of Part II is very different: they highlight distinctive aspects of professional practices and their textures. They raise different questions, make different features visible, and provide different conceptual tools with which to (re)examine common empirical material. I suggest that this has a diffractive quality, after Barad (2007), in which concepts and data are entangled in purposefully different ways for analytical purposes.

Others have written on these themes, notably McLean et al.'s (2014) edited collection *Exploring bodies in time and space*. Phenomenologists have long worked with ideas of lived space, lived body, lived time, and lived human relations, echoing three of the four dimensions I have named above and written about elsewhere (Hopwood 2014a). Dixon (2011) weaves issues of time, space and the body into her analysis of literacy practices in primary schools, which focuses centrally on power. Thus I do not claim that paying attention to times, spaces, bodies and things is particularly new or unique. However, the way that I do this, as essential dimensions of connectedness in action, conceived within a broader practice theoretical and sociomaterial framework, and with a view to understanding professional practices and learning, is distinctive. It does, I hope, offer something new and valuable.

Part III brings questions of professional learning into sharper focus. It revisits the notion of partnership between professionals and clients, and explores how this reshapes and intensifies professional learning in practice. Chapter 9 focuses on professional learning as attuning, and explores its connecting and sensitising functions. The former is discussed in terms of intimate outsidership, the latter in relation to working with epistemologies characterised by uncertainty, provisionality and partiality. Professional learning is understood as a process through which connections in action are produced, modified, maintained, repaired and restored, furthering the ends of practices through changes in interpretations and actions.

The chapter concludes by looking in detail at handover practices, conceiving them as emergent practices of professional learning rather than simply as transfer of information. Different forms of handover are distinguished on the basis of their (more or less) choreographed qualities. Throughout this chapter, reference is made repeatedly back to the textures of times, spaces, bodies and things elucidated in Part II.

Chapter 10 maintains the sharp focus on professional learning, but now looks at the expertise and learning involved in aspects of partnership work by virtue of its pedagogical in nature. In the context of the Residential Unit, this refers to ways in which professionals help to bring about change in families by facilitating parents' (and children's) learning, rather than solving problems directly for them, or through care or therapy. This is not to discount the caring and therapeutic approaches and expertise, nor their contribution to the outcomes that are achieved. However it is to say that partnership infuses relationships between professionals and families with a pedagogic dimension. Keeping the focus on *professional* learning in practice, this chapter explores the expertise and emerging knowledge work involved in supporting change. Vygotskian concepts of the zone of proximal development and scaffolding are deployed (in a very basic form) here, and a new notion of nanopedagogies is presented and explored. Nanopedagogies are distinctive practices that rest on professional attuning and learning in practice, following a sequence of noticing something that might otherwise be overlooked, attaching meaning and significance to it, and attributing agency to parents. Finally, Delamont et al.'s (1997) concept of pedagogic continuity, originally developed through a Bourdieuan analysis of doctoral education, is reworked here in Schatzkian terms as a form of 'general understanding'. Again, this chapter does not lose sight of the times, spaces, bodies and things discussed previously.

Chapter 11 presents some brief concluding thoughts, highlighting key arguments emerging from the main text, and considering how they constitute a response to the questions posed at the very beginning of this chapter. It also acknowledges limitations of my approach and identifies a number of questions and issues that remain unexplored, outlining an agenda for further research. Anticipating the direction that the book takes, I devote the final section of this introductory chapter to questions of critique.

What, No Critique?

I expect that many readers will notice, and perhaps be puzzled or even troubled by, a lack of critique in this book. I conclude this chapter by suggesting that there *is* critique here—implicit in the theoretical approach, and oriented towards what has been overlooked or silenced in many accounts of professional learning at work. The critique is not, however, focused on the practices of those professionals whom I shadowed and observed.

One colleague emailed me after reading draft material:

The piece foregrounds theory in a big way. But should theoretical work not be a tool for a larger intellectual project? And isn't that bigger project one of using our scholarship to comment on and engage with the woes of the world, i.e. developing a space for critique and debate?

He was driven by a sense that I painted a very rosy picture of life and work on the Residential Unit. Indeed I do. My response to his comment is both 'no' (to parts) and heavily qualified 'yes' (to other parts). What some may take to be an absence of critique is a deliberate choice. By critique I do not just mean making negative value judgements about practices on the Unit, but also a wider sense of scholarly critique, implied in the quotation above, that operates through processes of questioning and deconstructing driven by a curiosity about how things might be different, or even better.

After the months spent shadowing staff on the Unit, a process made possible only through their openness and trust, I would not feel comfortable using this book as a vehicle to publicise the rougher edges of their work. In my view, staff on the Unit work incredibly hard to do challenging work as best they can. Of course this is not perfect—no professional practice ever could be. My approach to writing field notes was not to write anything that would lead me to worry, or any reader to be uncomfortable, should I leave my notebook lying around and it be picked up and read by someone else (see Chap. 4). However, I did notice some aspects of practices that seemed to be serving the Unit's ends and its aims to work in partnership less well than others. I raised these with relevant staff members, and without fail they were already known about, often with plans in place to address them. The most important point is that at no point during my analysis did I feel that this decision and approach compromised what I was trying to do. At no point did I feel that the work of finding out where a practice theoretical approach to understanding professional learning in practice could take us was undermined.

I was, and remain, strongly influenced by the work of Anne-Marie Mol, who in *The Logic of Care*, wrote:

Our theoretical frameworks seem to be too exclusively adapted to the task of 'criticism'. They unmask. They tend not to explore or build ideas but to undermine them. (2006, p. 90)

For me there is something powerful in thinking about empirical and theoretical work that can articulate striving for the good, how people accomplish difficult work in professional practice, even if imperfectly. During my time in the field I increasingly felt there was an opportunity in working through my empirical material to build a (perhaps refreshingly) positive story. This is not a book of economic crisis, pending breakdown in health services, or tentacles of neo-liberalism reaching to the innermost features of our lives. It is one of practices that produce some quite amazing effects in response to the everyday challenges of coordinating work across multiple professionals and professions, dealing with partial, provisional and uncertain knowledge, wielding professional expertise while working in partnership with people who are often vulnerable and of low self esteem, building nuanced

approaches to complex problems when at best all that can be done is to ‘try and see’ based on a combination of attuning to families and informed, aesthetic judgements (see Chap. 10).

I don’t follow my colleague in imagining the larger project to be about commenting on and engaging with the woes of the world. I do not unpick the work of staff on the Unit and show how it produces docile children, governing family life at a distance through technologies of routine, reproducing values and practices that may be reflective of particular class, cultural, ethnic, or racial contexts. Parenting services may well be described on these terms drawing for example on Rose (1999), or Walkerdine (1990). Nor do I comment on this kind of work in terms of surveillance and power, as has Wilson (2001), although it is clearly important and valuable to do so.

But, and this is a big *but*, the way this story is told offers an important alternative kind of critique. To quote my colleague, the ‘woes of the world’ that this book addresses are not those of practices of parenting, or health professionals, nor their management or government. The critique is ingrained in every sentence that attends to one or more of times, spaces, bodies, and things, in every moment where emergence, ambiguity, non-linearity, and unstable epistemologies of knowing in practice are apparent. Criticism is levelled at accounts of professional practice and learning, that have ignored or not paid adequate attention to these dimensions. Edwards and Nicoll note:

Workplaces need to be examined for the spatio-temporal ordering of practices and the actors drawn into them in order to move beyond the totalizing discourses of, for instance, the knowledge economy, globalisation, performativity, and even workplace learning itself. (2010, p. 179)

I agree, and add that as well as ‘spatio-temporal ordering’, through the four dimensions of times, spaces, bodies, and things, we can enrich and extend the agenda of refreshing, revitalising and re-orienting our approach to understanding professional practices, learning, and the relationships between them. The book does unmask, in that it reveals features of learning and practice that may otherwise have been overlooked. And it does, I hope, avoid Mol’s lament in that it builds a different vision of professional practice and learning, one that eschews and escapes some of the shortcomings of past work, but no doubt produces and becomes entangled in shortcomings of its own. In critiquing the theoretical basis for posing and addressing questions about professional practice and learning, this book opens up new ways to understand crucial shifts in the nature of professional work, such as moves towards coproduction or partnership. In doing so it provides new ways to pay attention to professional work, to attune, notice, interpret significance and, through this, build towards practices that more effectively and consistently enact their values and achieve the moral goods around which they are oriented.

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Chapter 2

Professional Context, Research Site and Partnership

The Importance of Services for Children and Families

This chapter describes the professional practices under examination throughout the book, and the site at which my empirical work took place. The role that services for children and families play in addressing major social problems linked to disadvantage and inequality is explained. Relevant features of contemporary public policy in Australia are presented to illustrate local inflections of international agendas around services for children and families, rehearsing the idea of partnership, which is taken up in more detailed at the end of this chapter. I then focus directly on the Unit itself, describing the professionals who work there, and the families they support. Evidence demonstrating the difference a stay on the Unit can make to families is then outlined. The description of the Unit as the site of research continues with discussions of its spatial and temporal characteristics. The next section introduces the idea of partnership within the context of global (health) service reform, and provides details of the Family Partnership Model (FPM), the approach adopted by Karitane and many other services globally. The chapter concludes by linking partnership to questions of pedagogy and professional learning in practice.

This book is based on an ethnographic study of the Residential Unit run by Karitane in Carramar, Sydney. Every week, up to ten families become resident on the Unit, receiving support from a multi-professional team with issues relating to parenting of children under the age of four. Issues relating to children's sleep, settling, feeding and behaviour patterns are important, because they are woven into the broader fabric of family wellbeing, child development, and social participation. Supporting families with young children is key to addressing problems of social disadvantage and inequality: acting early to help give all children the best possible start in life, while acknowledging that many parents face significant challenges in doing so. Understanding this context is crucial as it frames the broader

purposes or ends around which the professional practices documented in this book are oriented—a central feature of a Schatzkian (2002a, b, 2003) approach to understanding practices (see Chap. 2).

Many child and family services, including the Residential Unit, offer support with what might seem like mundane, even trivial, issues. These include how much children sleep, how they go to sleep (settle), when and where they sleep, how, how much, what, and when they eat, toddler tantrums and how they play and interact with siblings and other children. These form the ‘bread and butter’ focus of professional practices on the Unit and in many services for children and families. Others focus specifically on more complex issues, including speech and language development, coping with chronic illness and disability. Whatever the particular focus, such services are at the front line of state-led interventions to provide support to families who need extra assistance.

Socioeconomic disadvantage—people’s access to material and social resources and their ability to participate in society (ABS 2013)—is strongly linked to children falling behind early on, which has long-term negative impacts (DEEWR 2009; Maggi et al. 2010). There is conclusive international evidence that the first five years are pivotal in children’s learning and development (Kilburn and Karoly 2008). In Australia, the Productivity Commission (2011) therefore advocated a focus on disadvantaged children and families who would benefit most, and delivering cost savings to the nation. The priority is to minimise the gap in outcomes for children affected by disadvantage.

All Australian States and Territories and the Commonwealth are therefore committed to ongoing funding for family support services (Productivity Commission 2011). These services take a range of forms and include universal approaches that engage with all families, regardless of their status. Others are targeted to families affected by poverty, social isolation, low literacy, drug and alcohol abuse, or mental illness. In such cases, children’s and parents’ wellbeing is often deemed to be at risk, and intervention is offered with the aim of strengthening protective factors, and breaking cycles in which disadvantage is passed on to new generations. Focusing on parenting in early years offers significant benefits because this is where economic returns are highest (Heckman 2006, 2012; Conti and Heckman 2012; GLA 2011). Cost-benefit analyses show early childhood parent education programs can more than pay for themselves by reducing future costs associated with poor developmental outcomes: for every \$1 invested in early years, between \$2 and \$17 can be saved later on (Kilburn and Karoly 2008). The economic case for early intervention is incredibly strong.

Many services capitalise on the huge influence parents can have on child development and wellbeing (Heckman 2012), aiming to build families’ resilience and social connectedness. Examples include home visiting, toddler clinics, residential services, telephone advice lines and peer support programs. Day care, preschools, kindergartens, playgrounds and crèches are, of course, also important, but are not a focus here. In the latter, professionals work directly with children, while the focus in this chapter is on services where professionals support parents.

Parenting is known to have a significant influence on children's physical, social, emotional, linguistic and cognitive development (Bronfenbrenner 1979, 1986, 2005; Reeves and Howard 2013). Furthermore, it is known that providing support for families can mitigate vulnerabilities and strengthen protective factors, including secure parent-child attachment (Harnett and Dawe 2008). This is important given that large numbers of children face circumstances of disadvantage that threaten their physical and mental health, educational performance, and subsequent economic and social opportunity (CDC 2007; Maggi et al. 2010). Disruptions in secure attachment between young children and parents, ineffective parenting and relationship breakdowns can not only have immediate negative effects on health and wellbeing, but can effect future development and perpetuate social inequality and disadvantage. If unaddressed such effects can be perpetuated across generations (Stanley et al. 2005).

However, the effects of social disadvantage can be reduced and social mobility boosted through educational support to ensure effective caregiving by parents and help families to meet their goals (Ermisch 2008; Kelly et al. 2011). The Millennium Cohort Study found that family routines, psychosocial environmental factors, and learning in the home are all potentially important in close gaps in income and other measures of social disparity (Kelly et al. 2011). The importance of parenting practices was central to the *Harlem Children's Zone* project, in which support for parents was folded into a multi-stranded approach that also addressed schooling and neighbourhoods (see Tough 2009). Its 'Baby College' was created in light of Geoffrey Canada's conclusion that if one wants to change the lives of Harlem's poor children, then starting at kindergarten was too late" (Tough 2009, p. 58). Parents are not to blame for these larger social problems, but parenting is without doubt an important lever for change in promoting social mobility and mitigating the long-term effects of disadvantage experienced in the early years (Paterson 2011).

The evidence in favour of helping vulnerable children by supporting parents and developing strengths in families is incredibly strong (Heckman 2012; Johnson and Kossykh 2008; Kilburn and Karoly 2008; Shonkoff and Phillips 2000). An 'ecological approach' seeks to strengthen the whole family system, fosters social connections, and is sensitive to particular issues each family faces (Bronfenbrenner 2005). This is taken up in this book with respect to the idea of partnership, specifically the FPM (see below). The physical and mental well-being of all family members significantly affects outcomes on a range of measures, highlighting the importance of addressing parents' experiences of anxiety, depression and other mental illness (see CSSP 2003). The next section shows how arguments and evidence relating to the need for and value of early intervention in general, and partnership-based approaches in particular, are now reflected in relevant Australian policy.

Relevant Features of Australian Policy

One of the fundamental values underlying state support for parents concerns the desire among governments to ensure their youngest citizens have the best possible start to life. I will now outline how this is articulated in policy in contemporary New South Wales (NSW), the Australian State in which Karitane is based. Details provided here will provide further explanation of the links between parenting challenges and the wider social issues discussed above. Nationwide, the Melbourne Declaration on Educational Goals for Young Australians (2008) aims to promote equity and excellence by reducing the influence that socioeconomic disadvantage has on educational outcomes. Policy in this area is closely tied to protecting children's safety and wellbeing as a fundamental priority. In Australia this is currently articulated at a national level in the Council of Australian Governments' (2009) *Protecting Children is Everyone's Business* framework. More recently, the Australian Research Alliance for Children and Youth (ARACY) facilitated the development of the National Action Plan for Child and Youth Health and Wellbeing, or *The Nest* (ARACY 2013). This was a response to statistics placing Australia in the middle third of OECD countries on half of a range of indicators relating to child safety, development, health and wellbeing, and the bottom third for a quarter of those indicators. Parenting behaviours are identified as a key focus, particularly with respect to parents' role in ensuring children are loved and safe.

Keep Them Safe (KTS) was the NSW Governments five-year (2009–2014) plan, introduced in response to the Special Commission of Inquiry into Child Protection Services in NSW. It was active during the period of study undertaken for this book. KTS aimed to ensure that 'all children in NSW are health, happy and safe, and grow up belonging in families and communities where they have opportunities to reach their full potential' (NSW Government 2009, statement by Linda Burney, Minister for Community Services). Specifically it pursued a number of outcomes for children and young people, as listed in Table 2.1 (see Cassells et al. 2014 for the report evaluating this initiative).

Outcome 4 in Table 2.1, referring to physical, emotional and social needs, points to the importance of basic but not necessarily simple issues relating to

Table 2.1 Intended outcomes of keep them safe

No	Descriptor
1	Children have a safe and healthy start to life
2	Children develop well and are ready for school
3	Children and young people meet developmental and educational milestones
4	Children and young people live in families where their physical, emotional and social needs are met
5	Children and young people are safe from harm and injury
6	Children, young people and their families have access to appropriate and responsive services if needed

sleep, nutrition, freedom from pain, distress and anxiety, opportunities to play, socialise, feel loved and so on. However the best possible start to life for children depends crucially on the health and wellbeing of their parents. The *Child and Family Health Nursing Professional Practice Framework* (NSW Department of Health 2011) identifies the importance of addressing parents' needs. It recognises that there are many determinants of physical and mental health that are specific to or acute in early childhood and early parenting, and that these apply to both children and parents.

'Protective' factors or conditions can mitigate the effects of challenges and disruptions in families, and can be strengthened through timely access to relevant health, education and community services (Harnett and Dawe 2008). Among these factors is the presence of a secure attachment between a child and his or her primary caregiver; this is key to an infant's social and emotional wellbeing (Bowlby 1988). A child with a secure attachment to his or her mother will regard her as a safe space and look to her when they feel distressed. If a parent experiences sustained fatigue, emotional strain, and social isolation, this attachment may be at risk, and there may be direct effects on child or parental physical and mental health, including onset of perinatal mood disorders such as post-natal depression. Child and family services aim to counter this risk by building resilience, promoting parenting confidence, self-efficacy and social connectedness.

Ian Harrison (the Visiting Perinatal Psychiatrist at Karitane), quotes Donald Winnicott's (1964) well-known aphorism, 'There is no such thing as a baby'. What was meant by this was that descriptions of a baby are nearly always actually descriptions of a baby and someone: infants are essentially part of a relationship (Harrison 2007). This captures the focus of child and family services such as the Residential Unit at Karitane on relationships between children and parents. This relationship is the primary context for development in the early weeks and months, and remains a key part of a child's social, physical and mental environment for several years.

The principle of early intervention appears recurrently in policy documents, and is a key feature of the *NSW 2021* plan covering all services for the State of NSW (NSW Government 2011). This identifies child wellbeing as a priority area, and commits to focused early intervention to prevent the worsening of problems faced by people in already tough situations, supporting some of the most vulnerable members of the community. *NSW 2021* recognises overwhelming evidence that the experiences of childhood have enduring effects throughout life (NSW Government 2011). It advocates a partnership-based approach to supporting families, which will be discussed in more detail later in this chapter.

So, the case for intervention to support parents with young children is strong. This does not imply treating parents as hopeless or helpless. Nor does it constitute unasked-for government intrusion in private family matters. Further extracts from the letter sent to Karitane by Fiona, mother of Fabi (see Chap. 1; reproduced in full later in this Chapter), show how she had tried many different approaches and sought out multiple forms of support before her stay on the Unit"

Asking for advice almost perpetuated the problems and my negative feelings. I Googled about getting your baby to sleep, read books, talked to family and friends and basically received a load of confusing and conflicting messages. I, like I'm sure many mothers, had lost so much confidence from my lack of sleep. I felt like I was failing every step of the way... (extract from a letter received by Karitane, August 2011).

There is much that can be done to minimise this risks and give the healthy, happy and safe start to life that young people deserve, and that society owes it youngest members. *Keep Them Safe* states:

Every child is part of our community and all children should be cherished and valued. Their care and protection goes to the heart of our society's wellbeing. Parents and families are their best carers and protectors. The community and government support them in this role and there is no more pressing priority. (NSW Government 2009, p. 1)

This book explores the practices and learning in practice that unfold as professionals go about their everyday work in one service for parents with young children. It is to the specifics of this setting that I now turn.

The Residential Unit of Karitane

Karitane is one of several organisations in New South Wales, Australia, that provides a range of services for parents with young children. It runs two Residential Units; this book focuses on the one in Carramar, established in 1996, which deals with more complex cases and families with children up to four years of age. Up to ten families from across the state become residents each week, arriving on Monday and departing on Friday. I will introduce the professional staff, and then give a sense of the families whom the Unit supports. After presenting evidence demonstrating the impact a stay on the Unit can have, I outline its more basic spatial and temporal structures. This is offered by way of giving relevant context about the site of the ethnographic study upon which this book is based. Consistent with the practice-based thread that runs throughout this book, I use the term 'site' both in a standard methodological or ethnographic sense of where fieldwork was conducted, and in the Schatzkian (2002a, b, 2003) sense, taken up by Nicolini (2011) of site as a particular instances of practices bundled with material arrangements. As a site of this kind, the Unit can be understood as a *clearing*, a space where particular phenomena can be shown up, and made sense of (see Nicolini 2011). The phenomena of interest here are the broad questions and key framing themes outlined in Chap. 1, relating to professional practices and learning, underpinned by contemporary sociomaterial theorisations.

All information about the Unit's staff, layout and routines is correct as of the time of fieldwork in 2011. Several changes in the workforce composition, architecture and scheduling have occurred in the interim. The present tense is used in describing the Unit for stylistic purposes, but refers specifically to the period of study. I begin my detailed description of the Unit by considering the professionals

whose work forms the focus of this book, and continue with a focus on the families who attend each week.

Professionals and Clients

The Unit is staffed by a combination of health and childcare professionals, and hotel services, administrative, maintenance and security personnel. During the period of study the team comprised thirteen Registered Nurses (RNs), seven Enrolled Nurses (ENs) (three with parentcraft qualifications, one with a mothercraft qualification), two Mothercraft nurses, one Nurse Unit Manager (NUM), one Clinical Nurse Specialist (CNS), two playroom coordinators qualified in childcare, two social workers, one clinical psychologist (who left mid-way through the study and whose position was replaced with the second social work role), two visiting medical officers (VMOs)—a paediatrician and psychiatrist. The nursing staff and playroom coordinators are dedicated solely to working on the Unit, while other health professionals share their time between the Unit and other services at Karitane, or other institutions. A clinical nurse consultant (CNC) located within Karitane's education services provides regular support and training for the Unit's staff, and sometimes offers relief in case of staff illness. All these team members are female, except the VMOs. They range in age from 31 to 61 years, with two thirds of the group being under 40.

Seven have been working at the Unit since its opening in 1994, with a further six having been in continuous service since 1996 or 1997. The professional workforce is notable for its stability. Seven nurses work full time, with the remainder part time, their contracted hours ranging from eight to thirty hours per week. The playroom coordinators job share, with one working Monday to Wednesday, the other covering Thursdays and Fridays.

In addition to this core team, the Unit has two dedicated administrative personnel, one of whose roles includes collating data from client satisfaction surveys, with the other responsible for typing and storing medical records. The hotel services team perform catering and room preparation (laundry etc.) duties for families. A masseuse visits the Unit twice a week, offering affordable massage for clients and staff, and a hairdresser visits once a week, for families. A Sister of Charity also visits on Friday mornings to run a self awareness group for parents. A security guard patrols a number of buildings overnight, and visits the Unit to escort staff to the car park when they finish the afternoon shifts (around 10 pm), and to be with parents who wish to smoke (they have to do so outside the building).

Turning now to focus on clients, the Residential Unit offers support for families with children under the age of four years across the state of New South Wales. The service is free to families, although there is a small boarding charge to cover meals. The state pays for the service, but private health insurers often meet costs for clients with appropriate insurance cover. The Unit functions 51 weeks of the

year, and with approximately 10 families per week in residence, supports around 500 families each year. Karitane also has a second Residential Unit in Camden, and Tresillian, a similar organisation, offers similar services also in NSW. Residential Units are provided in other states and territories in Australia, meaning that across the country each year thousands of families with young children are supported through services like the one studied.

The Residential Unit is not a universal service delivered to all families, but a tertiary service delivered to those where specific need is identified. Families are referred to the Unit, either by a local doctor (GP) or other professional in the community. Some families will have had prior contact with Karitane through its other services but for many this will be their first and only engagement. During the period of study the time between referral and residence on the Unit varied from a few weeks to several months. This waiting period, and the number and kind of families in residence each week takes into account the number and age of children, complexity of cases, parental availability, and an assessment of urgency.

The residential services are quite well known among families, and often parents actively seek referrals from their doctors or other health workers. Many have been experiencing challenges for some time, and feel they have tried everything: a week on the Unit is often seen as a last chance lifeline. As a norm Karitane accepts all families referred to them, distributing them between the Carramar and Camden Units according to age of child and complexity of case. However, some conditions of entry are maintained, ensuring that staff and clients are safe, and that parents are in a position to take on the challenge and benefit from what is offered. Parents who are actively using illegal drugs or who have just stopped using will normally have their place held until they are free from the effects of substance abuse or its withdrawal. On one occasion during the study, a single father was referred to the Unit, but he did not have stable accommodation, and the difficult decision was taken to defer his referral until there was a suitable home environment to which the process of support could be oriented. Chapter 6 explores the close, sometimes 'haunting' connections between the spaces of the Unit and those of families' homes.

The Unit operates a well person policy that applies to staff, children and parents. Given the confined environment, viruses and infection can spread very quickly, and signs of colds, coughs, flu and other illnesses are watched for closely. If parents or children arrive with such symptoms, or develop them during the weekly cycle, they are asked to leave. Depending on when in the point of the week this happens, they may be offered a rescheduled week at a later date.

The families who come to the Unit experience parenting challenges typically relating to difficulties with settling, frequent night-waking, catnapping, breast-feeding, solid food intake, or toddler behaviour and tantrums. The 215 families in residence during my time on the Unit displayed a remarkable diversity of characteristics: living in urban, suburban, regional towns, and isolated rural homes; with nuclear and extended families, single parents; first-time mothers, older mothers with several children; families who had used IVF or double-donor processes; Australian-born as well as migrants from South East Asia, Europe, Africa, South America, the Indian Subcontinent and the Middle East (no Aboriginal or Torres

Strait Islander families were resident on the Unit in the weeks I was there). Everyday practices on the Unit are conducted in English, but translation services are provided if needed. A number of measures and indicators are used on the Unit in order to assess the client intake each week. A brief examination of these data during the period of study is useful in giving a flavour of the overall client population.

The Edinburgh Postnatal Depression Scale (EPDS)¹ is used as part of admission to screen for anxiety and depression among parents. It produces scores between 0 and 30, with higher scores signalling greater levels of depression. The mean, mode and median score for all clients during the period of study was 10, while 30 % of mothers scored 13 or higher—a key benchmark, taken to indicate that mothers are likely to be experiencing a depressive illness. Item 10 asks about thoughts of self harm, and during the period of study 21 clients (8 %) indicated having had such thoughts, with 3 % noting they occurred sometimes or quite often in the past 7 days. These figures show that anxiety and depression are common among parents who stay on the Unit. The admission process includes routine screening for domestic violence, and 11 parents (4 %) reported being victims of some kind of domestic violence, including verbal abuse. On average one week in three during the fieldwork period there was at least one parent present for whom these additional complexities and vulnerabilities are present.

Staff also use the Karitane Parent Confidence Scale (KPCS) on admission and discharge. The KPCS is a tool used to measure how confident parents feel on a range of issues, and gives an outcome score between 0 and 45 (see Črnčec et al. 2008). During the study, the mean, mode and median score on admission for all parents who completed the survey was 34, the lowest score being 4 and the highest 45. Clients' confidence as parents varies greatly on their arrival.

From one week to the next, the client intake changes considerably—in some weeks high depression scores are more prevalent, in others parents express greater degrees of confidence. The range within each week varies, too: on some weeks, the group of parents cluster around similar EPDS and KPCS scores, in other weeks there are dramatic differences between them. See Hopwood and Clerke (2012) for a detailed analysis of these weekly variations.

The issue of deciding which members of staff are assigned to each family is not a trivial one. Professionals working on the Unit have a range of backgrounds, interests, experience and qualifications. The NUM and In-Charge nurses seek to exploit this when allocating nurses to families for each shift (other health professionals and the playroom coordinators are not allocated to work with specific families).

¹The Edinburgh Postnatal Depression Scale (EPDS) is used to assess a parent's mental health. It is used for both mothers and fathers on the Unit, including those with older children (up to 4 years of age) and who therefore lie outside the traditional 'postnatal' period. Its use with these groups is validated. The scale consists of 10 items, each with 4 possible responses, scored 0–3. The maximum score is thus 30, and the minimum is 0. All items ask respondents to check the answer that best reflects how they have felt in the past seven days. Items relate to symptoms of clinical depression including feelings of guilt, sleep disturbance, suicidal ideation, low energy, and being unable to experience pleasure in activities usually found to be enjoyable.

For example, some nurses have qualifications and particular interests in lactation, and are thus matched with families who have identified breastfeeding issues as something they wish to work on. Other nurses are more experienced in working with toddlers, and are allocated to families with older children whenever possible. However, the process of allocating staff to clients is complex and mediated by a range of other considerations.

Where possible, attempts are made to provide families with a consistent set of relationships with nurses. However nurses will not always work with the same families throughout the week. This can reflect decisions aimed at protecting staff from over-exposure to highly complex and demanding cases in a short period of time, or ensuring more junior staff also have opportunities to work with challenging families, teamed with a more experienced colleague. Varying the staff assigned to families can also expand the expertise to which families have access, and bring fresh ideas to sticky problems. Spatial considerations also play a role, too, with attempts made to allocate nurses to families in adjacent rooms, or at least rooms in the same corridor. This makes staff more visible and readily available to families, and makes listening out for cries, or parallel settling of more than one child at once, much easier. The role of multiple professionals working with any one family creates challenges in providing continuity and coherence of support. Chapter 9 explores the professional learning in practice that makes this possible, while Chap. 10 details several forms of pedagogic continuity—ideas that are stable and infused across many practices and interactions. Having introduced the professionals who work on the Unit and the families whose lives it aims to change, I will now turn to focus on this change in more detail.

The Impact of Professional Support on Family Life

This section reconnects with the first part of this chapter, which discussed the importance of services for families with young children. It presents both quantitative and qualitative evidence pointing to the kinds of outcomes that may result from a stay on the Unit. In order to monitor the progress made with families each week, comparisons are made between parents' scores on the KPCS (see Črnčec et al. 2008) at admission and discharge. Hopwood and Clerke (2012) examined these data in detail and key outcomes of their analysis will now be presented.

The mean KPCS score at admission for the period of study was 34 (see above), and by discharge this had risen to 40. The overall picture is clearly one of increased parental confidence—this is important because the primary aim of the Unit is not to produce changes in children's sleep, feeding or behaviour (although these are often accomplished), but rather to develop parents' confidence and skills. The KPCS is validated to demonstrate a clinically significant improvement in confidence when an increase of 6 points is gained (Črnčec et al. 2008). This applied to 45 % of clients during the study period, and the overall mean change of 5.7 is very

close to this. In many non-residential services, such a change might be expected to take several weeks or months, so the change achieved on the Unit in a Monday–Friday period is remarkable. It should be noted that a change of +6 is not possible for parents whose confidence at intake is above 40 (the maximum possible increase is +5). Sometimes the scores remain the same, or even go down (6 % of cases). This does not necessarily represent failure or regression: parents may not have fully acknowledged the challenges they were facing, or may learn more about the skills involved in parenting, the persistence and emotional control that will be required of them, and on the basis of a more complex understanding, appraise the task ahead of them and their confidence in relation to it differently.

Information about client satisfaction and progress on goals is also collected, and during the period of study 95 % of parents either agreed or strongly agreed that the (i) felt supported during their stay; (ii) staff helped them to work towards their goals; (iii) they feel more knowledgeable about caring for their child; and (iv) they feel more confident in caring for their child (see Hopwood and Clerke 2012 for more detail).

A sense of the difference a stay on the Unit can make to families can perhaps more powerfully and personally be gained through the many letters and thank you cards sent by parents to Karitane. These have an advantage over the quantitative data outlined above because they convey changes over a longer period of time, sometimes months after families visit the Unit. This is important, because many of the issues that staff support parents with are not resolved completely during the five-day stay. Instead, a longer journey is begun, setting families on a trajectory towards greater wellbeing through enhanced parental confidence and resilience. Two of the more extensive and detailed accounts changes in family life came from Amelia and Fiona, whose letters are reprinted in full below, beginning with that from Amelia, mother of Jayne.

Karitane helped to change our family life significantly. I was suffering with postnatal depression brought on by sleep deprivation as my little girl was a very bad, unsettled sleeper. This impacted terribly on my relationships with Jayne, my partner and my ability to cope on a day to day basis.

Upon arrival at Karitane we were welcomed and settled into our room and immediately we started by setting our goals. Obviously I wanted to get Jayne to sleep for longer periods during the day and night, but I was also keen to sort out the problems I was having with breastfeeding, and ideally return to full breastfeeding. It was clear to the staff that Jayne was suffering from potential reflux issues, so we introduced a food thickener and were then diagnosed by the paediatrician and put on medication. Having support whilst feeding helped me to regain my confidence and continue breastfeeding and to enjoy this fantastic opportunity to bond with my little girl. This support was followed up with clear, consistent, reinforced messages, something that I had struggled to get from day one. I had given every bit of advice a go, even conflicting ones! The support of staff with feeding and resettling techniques was terrific and by day two we were already showing improvements in sleep patterns, breastfeeding and a routine that just worked so easily.

By the end of my week's stay at Karitane, I was ready to go home. I couldn't wait to see if the resettling techniques were going to be as effective once we got home and into the routine. I was feeling supremely confident that I could now cope, having spoken to a very understanding and helpful counsellor who provided information and a plan for

future support. Now two weeks post Karitane, life is great and I am really enjoying every moment with my beautiful little girl. I am confident that I know what her routine should be, when to resettle her and when not to intervene. Breastfeeding has become an enjoyable time when we bond together and is no longer a struggle. Jayne now sleeps for two hours twice a day plus an afternoon nap, and I am only getting up to feed her once during the night. I am much less sleep deprived and let's face it, a happier person to live with, so my partner says! I really can't thank all the staff at Karitane enough for their guidance, support and expert advice as well as understanding. You truly made a difference to my family's life. (letter from Amelia, received, July 2009)

Amelia's letter highlights the significant impacts that Jayne's unsettled sleeping was having on her relationships with Jayne and her partner. The outcomes include changed child sleep patterns, but most apparent is the sense of Amelia's renewed confidence and improved wellbeing for all family members. It is also important to note the role of the counsellor (one of the social workers on the Unit), and the outcomes relating to other forms of support that Amelia plans to draw on in future.

We have already met Fiona, through extracts of her letter presented in Chap. 1 and earlier on in this chapter. However, her testimony is worth reproducing in full, to capture how seemingly mundane issues of sleep and settling were having such a profound effect on her family. Her letter also indicates important features of the approach taken by professionals on the Unit, and again gives a rich, personalised sense of the seeds for positive change that can be sewn through a week in residence.

There is just SO much that I want to say and I truly don't know where to start. The most exciting thing is that I am actually writing this to you all as my baby sleeps in his cot... in the middle of the day! I never would have imagined this would be possible! I feel like a new woman. A better mother. A happier person. My decision to go to Karitane when I did was the best thing I have done as a mother, and has truly helped me get my life back on track.

Before my week at Karitane I was so incredibly down, flat, emotional, anxious, nervous, exhausted... the list goes on. I didn't know myself or how to be myself anymore. I felt like I was under a heavy grey cloud and everything around me had turned from vibrant beautiful colours to black and white. I so desperately wanted to not feel this way, but I had no strength or energy to change things.

Asking for advice almost perpetuated the problems and my negative feelings. I Googled about getting your baby to sleep, read books, talked to family and friends and basically received a load of confusing and conflicting messages. Classic lines like "You've made a rod for your own back", and "Well". When I was raising kids we just got on with it!"... One minute you feel validated as if you are nurturing your baby and loving him in the best way, then the next piece of 'advice' totally unempowers you, and makes you feel that you are actually doing more harm than good... The so-called 'baby whisperers' on morning TV shows (catching sleep deprived mums at their most vulnerable and fragile time!) who proclaim your baby isn't 'normal' if he or she is waking in the night and you must at all costs let them self-soothe: "7 pm until 7 am, in their own bed, nothing less", says the unidentifiable woman on the TV with her flawless make-up and perky boobs!. Who do you listen to? What is the right answer and how can I 'fix' this so that I don't hurt my baby but at the same time I can feel normal again?

I think many mothers feel overwhelmed with the desire to be the best mothers we can because of the intensely deep, all-consuming love we have for our most precious little ones, and the social pressure to get *it* right, whatever *it* is!

I, like many mothers, had lost so much confidence from my lack of sleep. I felt like I was failing every step of the way. Failing my baby because I could not get him to sleep on his own, failing my partner because I had no time or energy for him, and failing myself because I just didn't know who I was any more.

I was personally really nervous about coming to Karitane, and put it off for some time because I imagined it was a cold and clinical hospital environment with a corridor full of stiff, old fashioned white apron-clad matrons with clip boards who would make me ignore my baby crying in a sad distressed state. This, I *knew* I just could not do! I had experienced very kind baby health nurses coming to my home instructing me on the way to get my baby into his bed, and after they shared with me their knowledge, I would politely smile and say what I thought they wanted to hear, until they left and I would hold my baby close to my breast and say to myself disbelievingly, 'How am I supposed to do that on my own in the middle of the night when I'm exhausted?!'.

I knew I needed to be in a controlled environment for a period of time where I could see that there were ways to achieve my goals of getting my baby to sleep happily in his own cot. I needed support over a period of time, through the day and the night and the following day again to actually put these techniques into practice, with someone by my side encouraging me that it was working, or if it wasn't to let it go and try again next time!

What an amazing experience it was to find that all I had to do was trust. Trust in the three most important people in this story! Me, my partner and my baby. Karitane helped me to learn to trust in both myself and my partner. To realise that we are indeed, and have been all along, really great parents!

It was not always easy. I did struggle some days, and get frustrated, but the way the staff took the journey with me at Karitane was so personal, gentle, practical and manageable. The skills you learn are easily transferable into your own home, and the ideas stay with you as you strive to keep hold of the positive new energy you have found. Most importantly, you learn to take one day at a time.

The entire experience, though daunting at first, is so well put together, you feel guided and supported yet free within your own space to mother as you choose to. Techniques are gently and personally tailored to the way that you have already been working with your baby so you feel that your values are respected, but along every step of the way you are educated and informed as to how you could improve on what you are doing or change what you have been doing, such that you set about the process of achieving your goals.

I also think that the key to the success of the Karitane experience is that it does not misrepresent itself as a 'quick fix'. You realise that if you want to make changes, you must be the change you hope to see. Karitane teaches you *how* to do it on your own. They showed us that you will always have a tough time in every day and a tough day in every week, but you need to learn to let go, try again, give yourself credit where credit is due, to see the big picture and keep a sense of humour.

Since returning home, Tom, Fabi and I have done really well. Our baby is sleeping in his cot at night (and even in the day!) and his daddy can put him to bed awake now too! Fabi may still wake up to twice a night, but we know how to deal with it now, and how to read his cues. As his mum I have so much more energy in the day to ENJOY my baby!! My baby is not textbook, but what good part of life ever is! Sometimes in life I think we just need someone to help us turn the mirror back towards us to remind us of the strength we have inside (it is a heavy mirror to turn alone when you are so tired!). (letter from Fiona, received August 2011)

Fiona's articulate account speaks volumes for itself. I wish to draw attention to a number of its features. First, Fiona creates a palpable sense of how non-trivial Tom's sleeping behaviours had become, and how they affected the whole family. She also points to problems, in her view, with many of the sources of (supposed) advice and support that are handed down from (so-called) experts, leaving mothers like her feeling inadequate, failures as parents. Fiona's mention of 'all-consuming love' and 'desire to be the best mothers we can' put in personal terms the idea, mentioned above, of giving all children the best possible start in life, and the assumption in partnership (see below) that all families have strengths. Indeed such love is a key basis for adopting an unconditional positive regard for parents, irrespective of other challenging features of their circumstances and behaviours. Finally, Fiona captures not only *what* impact the Unit can have, but *how* this is done, through respectful support that builds confidence and resilience without leaving parents feeling judged as failures. Indeed Fiona's closing comments show how her stay on the Unit helped her recognize her strengths.

Neither Amelia nor Fiona thanks Karitane for 'fixing' their children for them. Both describe changes in their own wellbeing and their skills, capacities and strengths as parents as key in their journeys of change. The Unit receives thank you cards from parents most weeks, and after being displayed on the nurses' station for a few days, these are placed in a large collection in on one of the corridor walls. I will now present quotations from a selection of these, received during the time of study, in order to further convey the impact the professional practices that are the focus of this book can have. This begins with a letter from Yana, received seven months after her stay.

To all the very special angels that work at Karitane Residential. My daughter and I were lucky enough to stay with you in October 2010 and it really changed our lives!! For me I took so much knowledge and skills away with me and I really feel I am a more confident mother! She is her happy self and now sleeping perfectly! Thank you all so much for the wonderful job you are doing. (letter from Yana, received May 2011)

To the wonderful staff of Karitane. Thank you for your kindness and dedication you have all shown us throughout the week. With your support you have enabled us to begin our journey to better days! It has been a life changing experience. Happy Nurses' Day! (letter from Chang, received May 2011)

Amani and me have been home for a month already. Thank you for your work and effort. Amani can sleep in her bedroom now. And she can play quite well in the playgroup now. Last Friday was the first time we went back to the playgroup. She played with the kids while I was sitting far away talking with other mums. At that time my tears were really coming out. Every hard day and night we stayed with the helpful and warm-hearted nurses was showing on my mind. Everything changes better and better. We keep going with what we learned about sleeping, playing and settling. Thank you for giving that supported feeling. We just feel we are not alone in looking after Amani, because of all of you. (letter from Adiba, received July 2011).

The letter from Adiba shows how it took several weeks after her stay on the Unit before she felt ready to return to her local play group. This return was not only indicative of changes Adiba saw in her daughter, but also shows how the Unit can help parents (re)connect with social support in their communities. Amani's

behaviour had led Adiba to stop going to the play group, but now she is back, and benefitting from contact with other mothers. It is worth noting, too, how Adiba describes keeping going with what she learned. The idea that these changes are brought about through *learning* is central to this book. And the process of keeping going strikes at one of the key forms of pedagogic continuity that connects many practices on the Unit: Be consistent! (see Chap. 10).

So far I have described the social make-up of the Unit and shown the positive difference that a five-day stay can have for families. However, my introduction to this fascinating practice setting is not yet complete. Given the analysis that follows, it is important to familiarise readers with the spatial and temporal characteristics of the Unit and the practices within it. The following sections provide a basic foundation for theoretical engagement with questions of spatiality and temporality that follow in Part II.

The Spatial Structure of the Unit

Karitane is spread over numerous buildings across several suburbs of Sydney, including a multi-service complex in Carramar, a suburb to the west of Sydney's city centre. One of their two Residential Units is located here, along with a Toddler Clinic, Jade House (day stay for mothers experiencing perinatal mood disorders), 24-h Careline (telephone-based), research and education offices, meeting rooms, a café, and a multi-purpose room used for conferences and public gatherings such as breastfeeding or infant massage events. The complex is set back from a quiet road, and has a large car park. To one side there is a community health centre, and to the other is an ambulance station. The surrounding area is largely residential, consisting of single-storey detached buildings. A few kilometres away lies Fairfield, a suburb with a busy shopping centre, known for the ethnic diversity of its population. There is a large park further down the road past the ambulance station, with a children's play area, stream, woodland, open grass, and sports fields.

By day the area feels quiet, safe and pleasant. At night, however, the character changes considerably. The park is dark and is not deemed safe due to several attacks on pedestrians. Nearby car parks have been used for drug trading. The Unit is locked down during hours of darkness, and serviced by night security personnel. The contrast between day and night in terms of practices is one of several foci in Chap. 5.

Figure 2.1 shows the basic architectural features of the building. I will now explain salient spatial features with reference to this illustration. This provides a foundation for Chap. 6 in which the spaces of the Unit are understood as fluid, sociomaterial accomplishments resulting from dynamic forms of connectedness in action. The layout of the client rooms and nurseries has been changed since I completed by fieldwork, but Fig. 2.1 accurately conveys the arrangements that were in place at the time.

Two glass sliding doors next to the intake office (Fig. 2.1) lead to a reception area, with a reception desk on the right. On the left is the room from where

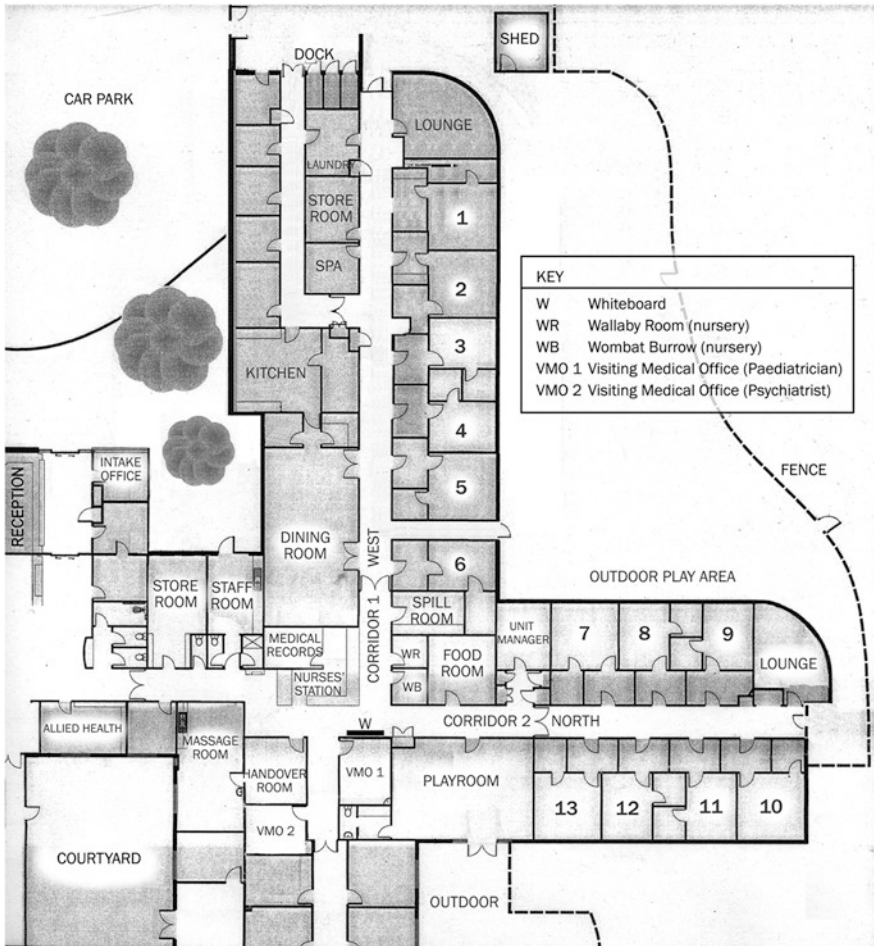


Fig. 2.1 Architectural layout of the residential unit at the time of study

nurses make initial phone calls to families who have been referred to one of the Units (intake calls). The next set of sliding doors require a security tag to open them, which all staff have. The receptionist uses a remote button to open these doors for clients. Through these doors is the main lobby area. This has a large, colourful mural depicting Jack and the Beanstalk on one wall. Other walls have Aboriginal art, a painting of a mother and child, framed awards and certificates, information boards, a cabinet displaying a range of items including baby soap and a DVD about settling infants. In one corner there is a brightly coloured plastic toy attached to the wall, with buttons to press, wheels to spin, mirrors etc. There are two sofas, ample natural light, and no music; noises of children's play or cries seep in from other parts of the building. A number of doors lead out

from this atrium, including a breastfeeding room, therapy rooms (some for the Toddler clinic, others for clients to meet social workers), toilets and baby-change facilities. To the right are the entrances to Jade House, offices, and staff areas behind the Toddler Clinic. To the left is a corridor that leads to the Residential Unit.

The Unit is constructed in a large L-shape, at the nexus of which is the nurses' station and main whiteboard. The west corridor has six client rooms along the right hand side (rooms 1–6), and a client lounge at the far end. On the left lie the client dining room, spa, a store room, and the laundry room. Running parallel is a smaller corridor only accessed by staff, housing further storage facilities and the kitchen. Along the right hand side of the north corridor are the playroom and four client rooms (10–13), on the left the food room, Unit Manager's office, three client rooms (7–9) and a second client lounge. Around the nurses' station there is a cluster of more rooms: the handover room, offices for the paediatrician and psychiatrist, a massage/hairdressing room (called Kangaroo Pouch when used as a nursery overnight), two dedicated nurseries (Wallaby Rock and Wombat Burrow), a spill room, staff room, locker and storage room (used to store cots and beds), and a medical records office. From the nurses' station at the corner of the two corridors, the sounds of children at play, or infant cries are often heard.

There are two outdoor spaces specifically contained within the perimeter of the Unit. One lies at the end of the west corridor, and has a short track for children to drive play-cars around, and a playhouse. The other is linked to the playroom, and is largely covered to provide shade. Both have fences around them to prevent children running out onto nearby roads.

Each family is allocated to at least one client suite, two if they require separate nurseries for multiple children. These suites all have a nursery, which immediately adjoins the corridor and has a baby-changing shelf, sink, and cot or bed. There is a larger room with a double bed, sofa and armchair, wardrobe, and adjacent en suite bath and toilet facilities. The plain walls and muted colours of bed linen and curtains give the sense of a comfortable but basic hotel room. Lights in the main room and nursery have dimmer controls, and there is a panel enabling parents or staff to adjust the volume of soothing music that is piped on a constant loop from a central music player. A phone by the main bed enables outside calls, but also internal calls to and from the nurses' station.

Temporal Structures of the Residential Unit

What has been presented so far is rather akin to describing a school without mentioning timetables and terms. Indeed there are cycles and routines on the Unit that resemble the ways schools are temporally organised. The outline below describes only the most basic and stable temporal structures, as a prelude to the more nuanced discussion in Chap. 5. Introducing these features here is consistent with

Schatzki's (2002a, b, 2003) notion of site, wherein temporality is seen as a crucial dimension.

The Unit functions on a five-day cycle and is closed on weekends. This was not always the case, as it used to run on a seven-day cycle. During the period of study families arrived on a Monday and departed on a Friday, though again, this was different in the past, when staggered admission meant clients came and went on different days. The present system gives a strong overall temporal structure to many practices on the Unit, based on this weekly cycle. The synchronised arrival and departure of clients as a group gives each day a particular character within a shared cycle. This does not mean that things progress for families at the same rate, or that a rigid daily routine is imposed on all practices. On the contrary, the opposite is true, but nonetheless there are traces of a diurnal progression within the stable weekly cycle. Mondays are admission days, Fridays are leaving days.

Many temporal structures of the Unit reflect staff shift patterns and staff-led practices. The nursing team covers all hours from Monday morning to Friday afternoon, organising their work into three shifts: 'morning' or 'a.m.' from early morning until after lunch; 'afternoon' or 'p.m.' from early afternoon until late evening; and 'night' which bridges the two. These overlap to allow nurses to perform handover (see Chap. 5, Fig. 5.3, and Chap. 9, Table 9.1). The number of nursing staff is highest from Monday, Tuesday and Wednesday, when families need most support. On Thursdays and Fridays there are fewer nurses, as families are encouraged to take more of a lead in care for their children (see Chap. 10 for a discussion of this in terms of temporalities of scaffolding and withdrawal). Precise numbers of staff vary, reflecting the number of families in residence each week, but there is always one nurse in an In-Charge role, and between one and four other nurses. Each shift except the first one on Monday morning begins with a nurse receiving handover from a colleague, and towards the end of each shift, nurses give handover to the next shift team.

The two playroom coordinators (whose aliases in this book are Anh and Thi²) share the job, one working Monday to Wednesday, the other Thursday and Friday. The paediatrician makes short visits on Mondays and Wednesdays, the psychiatrist on Wednesdays. At the time of study a psychologist and two social workers worked part time on fixed days each week, with a combination of open appointment schedules and routine group activities within these. The masseuse visits on Mondays and Thursdays, the hairdresser on Wednesdays, and the Sister of Charity on Fridays. Administrative and hotel services staff cover daytime hours from Monday to Friday, with catering staff arriving before breakfast and leaving after evening dinner.

Families bring their own routines, including bed and meal times. Indeed as we will see in Chap. 5, many families come to the Unit seeking changes in these temporal structures, and so many practices on the Unit can be understood as working on or with time. While the approach is generally responsive to families' present

²All names used throughout this book are aliases.

and hoped-for rhythms, clients are encouraged and on occasion required to coordinate some of their activities with temporal structures of the Unit. Meal times, for example, are limited to the periods serviced by the kitchen at breakfast, morning tea, lunch and dinner. Precise timings of events are rarely specified in advance, with the exception of appointments with allied health, medical staff, the masseuse or hairdresser, but even these are assumed to be tentative and likely to change. Group activities may or may not happen depending on demand from families, weather, staff availability etc.

Nonetheless, each day has a particular distinctive feel, and a relatively secure if not stable, sequence within it (see also the discussion of the Unit's routines as producing and following a timetable in Chap. 5, Table 5.2). Mondays are dominated by the arrival of clients. Up to ten families come to stay on the Unit each week, and normally they arrive in a staggered sequence between around nine o'clock in the morning and two in the afternoon. Two nurses conduct an admission interview with each family, which may last between 60 and 90 minutes (since the time of fieldwork this has been changed to only one nurse per admission interview). Families are given a tour of the Unit, sometimes with other families if they are available at the same time, and again these are staggered throughout the day. The paediatrician visits the Unit, meeting with as many families as possible. This is a formal requirement as the Unit is technically a hospital, and children must be admitted by a doctor. The paediatrician returns later in the day if required.

As the morning shift draws to an end, staff arrive for the afternoon shift. A welcome group is held in the dining room between three and four o'clock in the afternoon (see Chap. 5). After the welcome group, afternoon shift nurses meet with families to discuss and begin work on families' goals.

On Tuesday morning there is usually a toddler group (for parents) and a music and storytime activity for children and parents. In the afternoons a group focused on toddler play builds on the morning group, and staff hold a briefing to discuss important issues or concerns. In the evening the playroom is used to offer a relaxation session for parents.

Wednesdays have a different character again. Often signs of progress are being noted, but still there may be unsettled periods for children, and difficult times for parents. Weather permitting, staff accompany parents and children on a pram walk to the nearby park. The paediatrician returns for follow-up appointments, and stays for the lunchtime case conference. The case conference is also attended by the psychiatrist, the current In-Charge from the Unit, a representative from allied health, and a nurse who has been working on intake of new clients. During the day parents may have appointments with the psychiatrist, allied health professionals (social work, psychology) and/or the visiting hairdresser, and in the evening fathers are encouraged to attend the 'other half' group, led by a social worker.

On Thursdays nurse staffing levels are reduced, and the atmosphere changes as staff focus is on completing discharge summaries, although they continue to provide support for parents if needed. An infant massage group often takes place in the afternoon, and toddler arts and crafts activities are offered in the playroom. A 'connecting with your child' group had been led by the psychologist, but this was

not continued after she left midway through the period of study. Parents may make an appointment for a massage, and the relaxation group is repeated in the play-room in the evening.

Soon after breakfast on Fridays, families begin to leave the Unit, particularly those with a long distance to travel home. For those who remain, the Sister of Charity offers a self awareness group, and lunch is provided before the last families leave. Staff begin preparing documentation and rooms for the next week.

Mention must be made of nights, which are not times of uninterrupted slumber! Indeed many families come to the Unit precisely because night-time for them is far from restful. There are no group activities or meals to punctuate the night with routines, so night practices are much less structured than those of the daytime. Nonetheless, the work of responding to waking children and supporting parents in resettling them, is often at its most intense in this period. Practices of the overnight period are discussed further in Chap. 5.

There remains a crucial feature of practices on the Unit that must be explored at this preliminary stage in order to complete the scene-setting. I raised the issue of partnership earlier in this chapter (and in Chap. 1), and it is to this that I now turn.

Partnership—A New Relational Approach to Professional Practice

One of my key aims in this book is to explore questions of professional practice, learning, knowledge and expertise in the context of contemporary forces that are reshaping relationships between professionals and service users in a range of contexts. The Residential Unit is a rich site (in both everyday and theoretically laden terms) at which to examine the idea of partnership between professionals and, in this case, families (see Hopwood 2015, 2016; Hopwood and Clerke 2012; Hopwood et al. 2013a, b). In line with state-wide policy for New South Wales (see above) Karitane has adopted the FPM (Davis and Day 2010; Day et al. 2015) as a specific approach to its work with families. As a site of theoretically informed ethnographic study, it can thus serve as a *clearing* (Nicolini 2011; Schatzki 2003), where light can be shone on broader questions through detailed analysis of empirical material. In this section I will first outline the wider changes that locate this particular study within a contemporary global landscape of professional practice reform. I will then focus on partnership approaches within child and family health services, before presenting details of the FPM itself. I conclude the chapter with a brief explanation of how the notion of partnership gives rise to important, and as yet not fully addressed, questions about the nature of professional practices and learning: questions to which the remainder of this book is devoted, especially Part III.

There are strong drives in many professions towards what have been termed coproduction. For example, there has been significant policy rhetoric advocating citizens' participation in the design and delivery of health services (Dunston et al. 2009). This is seen as a distinct from models of service delivery in which clients

are passive consumers of services provided for or done to them. The idea of coproduction goes beyond consulting service users about their views or experiences (Bovaird 2007). The achievement of 'equal partnership' between professionals and the public has become a key focus for service development (Boyle and Harris 2009). British Prime Minister David Cameron has described circumstances in which the public are trusted to make choices that are appropriate to them, becoming 'doers, not the done-for' (see Boyle and Harris 2009).

These ideas are not particularly new, but they are certainly a key part of the contemporary moment in health and other services for children and families (Cahill 1998; Gallant et al. 2002). As the views and wishes of the public have been increasingly taken into account, dimensions of coproduction have expanded to include active engagement of people in their own care, contributions to decision making and goal setting, increased sharing of information with service users, and varying levels of consultation and participation in service redevelopment. In nursing, ideas of patient-centred (Cahill 1998) or family-centred care (Coyné 1995; Friedemann 1989; Cummings 2002) have gained considerable momentum.

Visions of increased efficiency, equality, transformation, and empowerment, are alluring and seductive. However, questions arise around whether partnership is interpreted and implemented in consistent ways in practice (Bidmead et al. 2002). Some key assumptions are beginning to be unpacked, including in Mol's (2006) stunning critique of the consumerist logic of choice in healthcare. Maconochie and McNeill (2010) discuss children's participation in a parent-baby group, indicating that there is no clear cut-off as to when these responsibilities begin. Could or should be all members of the public be expected to participate in the same way? Some people may, for good reasons, simply want or need professionals to fix problems for them. The philosophy of partnership may not be appealing to all families engaging with child and family services, particularly those who feel they have few reserves left to draw on and just want some help (Coyné 2007).

Fudge et al. (2008) discussion of the promise of user involvement critiques the vagueness of the concept, documenting approaches that range from surveying patients to delivering strong peer support. Professional control may be maintained as to what 'involvement' actually means, with the result that services are far from transformed. Coyné (2008) notes how parents in children's wards can be managed by professionals, disrupting their participation. Such difficulties have been documented by Hitzler and Messmer (2010) who studied decision making in child welfare, finding examples of professional collusion and collaboration in maintaining control—building alliances that make client disagreement difficult, because client involvement is seen as complicating matters. They question whether professionals should insist on client participation when clients are reluctant. Participation in interaction, they conclude, does not safeguard partaking in the decision. As Needham (2007) notes, professionals may experience tension between demands to care and demands to contain or control.

In such instances parents may be more realistically identified as participants in care rather than partners. Wilson (2001) highlights the actions of mothers who 'keep the peace' by avoiding questioning the professional knowledge; inequities in

the relationship remain present but silenced. It cannot be assumed that all parents want or know how to work in partnership with a professional. Wilson (2001) proposes that some parents' actions may work against a partnership approach; they may not see it as appropriate or possible. Crucially, embarking on a partnership requires that parents are able and willing to be partners and that the professional can skilfully create the conditions for an effective relationship to emerge. Keatinge et al. (2002), however, found communication to be a key barrier to establishing and maintaining partnerships between nurses and families. Partnership work requires particular skills, approaches and values that may be already widespread, but cannot be assumed.

Fenwick (2012) identifies three key problems with the way coproduction or partnership have been framed in public policy. The first reflects the sense of a universal model, articulated in general terms, without specific guidance or concrete examples. It is relatively easy to find new adjectives to describe more efficient, responsive, or equal services or practices and thus to entice people with the promise of better things to come. Actually nailing down what this means, and whether it might mean different things in different contexts, is much harder, and often remains a gap in the policy and research literatures.

A second problem identified by Fenwick (2012) concerns emphasis on equality. In what ways are professionals and service users equal? Needham (2006) points out that accountability regimes tend not to see both parties as equal—professionals remain accountable in many ways that do not apply to their clients, in law, to their professional bodies, ethical codes of practice etc. The transfer or share of power cannot be equal because responsibility and accountability are not borne in the same way. In the case of child and family health services, there is always the prospect of professionals being obliged in law (as is the case in Australia) to make referrals to child protection services if a child's wellbeing is judged to be seriously at risk. Where is equality there? I have explored these questions in detail, focusing on signatures and practices of signing on the Residential Unit, within the framework of partnership (see Hopwood 2014d).

Fenwick's (2012) third critique questions whether partnership really involves a transformation of the degree and magnitude proclaimed. Discourses of transformation are used to bolster promises of radically different outcomes. Fenwick's sociomaterial account of coproduction in policing reveals strategies and practices that enrol community members as well as material entities into actions that blur boundaries between professionals and service users. These often reflect longstanding ways of working, rather than a radical break from the past. It is also important to note that the introduction of partnership models in child and family services has often exploited values that were already present among professionals who have long conceived their role as supportive rather than directive (see Fowler et al. 2012a, b, c; Hopwood et al. 2013b; Keatinge et al. 2008).

It is within this exciting yet contested trend in contemporary professional practices, that the Residential Unit of Karitane—indeed all of Karitane's services—has embraced the FPM as a specific rubric for implementing a more collaborative and participatory model of care. I will now turn my focus to partnership models

developed in the context of services for children and families, before looking specifically at the FPM.

Partnership Models in Child and Family Services and the Family Partnership Model (FPM)

Decades of experience and a significant body of empirical evidence have led to the conclusion that many complex problems involving families with children cannot be addressed by treating families as passive recipients of care: engaging them as partners is viewed not as desirable but as crucial (Bidmead and Davis 2008; Day and Davis 1999; Scott 2010). Expert-centred models where professionals parachute into family life, leading in interventions, and solving problems on their behalf, often do not work. They may fail to build capacity or resilience in families, overlook families' strengths, and leave parents feeling judged, poorly consulted, and with little say over their role in change. Strong evidence suggests that parents are much more likely to follow through on actions or professional advice if they feel listened to and involved in discussions, decisions, goal setting, and action planning (Davis and Fallowfield 1991).

While partnership can be articulated in policy, it often remains ambiguous conceptually and at a practical level (Gallant et al. 2002; Hook 2006). Hook's conceptual review revealed the following as distinctive attributes of partnership approaches: Relationship, shared power, shared decision-making and patient autonomy (see below for more detail about how these and other characteristics are taken up in the specific guise of the FPM). A number of models have been developed within the context of child and family services that seek to address this challenge by translating the values and aims of partnership into a detailed framework, often linked to provision of specialised education or training for professionals. These include Family Systems Nursing (Wright and Leahey 2009), the McGill Model of Nursing (Feeley and Gottlieb 2000), Nurse-Family Partnership³ (Olds 2006), and the FPM (Davis et al. 2002; Davis and Day 2010; Day 2013; Day et al. 2002, 2015; Day and Harris 2013). Family Systems Nursing has become a significant feature of nursing practice internationally, having been implemented in Hong Kong (Simpson et al. 2006), Iceland (Svavardottir 2008) as well as in North America and Europe. It stresses involvement of the whole family in the care process, based on the key assumption that a change in one family member affects all members of a family. This appears to share close links with a model put forward by Casey (1988), called a partnership model, which stressed family-centredness

³The Nurse-Family Partnership (Olds 2006) was developed specifically for services supporting teenage mothers and is based on a highly prescriptive set of interactions. The other models generally set out stages, skills and values (see below) without prespecifying the content of each interaction between a professional and family.

rather than child-centredness, and sought to enrol the family as a multiple unit into the care of children. One thing that is shared across partnership models in child and family services is an aim, among others, to build strength and resilience in families. This refers to a family's ability to anticipate problems, persist through challenges, to respond as a family unit, and benefit from support offered through the wider family and community (see Lindahl and Lindblad 2011).

The FPM is the model that has been implemented in all of Karitane's services. This reflects its formal adoption in 2004 as the preferred approach to child and family services in New South Wales (see NSW Government 2009). The FPM has a considerable international presence, having spread from its origins in the UK across Europe and Australia and New Zealand. In the remainder of this chapter, and indeed anywhere in this book where partnership is mentioned in direct relation to the practices of the Unit, I use the term 'partnership' with reference to the specific set of meanings associated with the FPM.

What is now called the FPM was originally developed in the UK and labelled the Parent Advisor Model (Davis et al. 2002). The Centre for Parent and Child Support (CPCS) was established in 2001, with funding from the Guy's & St. Thomas' Charitable Foundation, to develop and evaluate the FPM. It is the global hub for the FPM, and leads ongoing revisions and enhancements to the Model and associated resources for professionals (Davis et al. 2007; Davis and Day 2010; Day et al. 2015). The CPCS also leads development, implementation and evaluation of a number of evidence-based programs including Empowering Parents Empowering Communities, and the Helping Families program. The CPCS is part of the National and Specialist Child and Adolescent Mental Health Clinical Academic Group of the South London and Maudsley NHS Foundation Trust. Its Child and Adolescent Mental Health Services (CAMHS) Research Unit was established in 2006 to produce and disseminate improved, high quality mental health care for children, young people and families. The Unit works closely with the Parents' Scientific Advisory Group, ensuring user input in research design and interpretation of findings.

Services wishing to implement FPM do so through investing in workforce education. The CPCS produces training manuals, delivers courses directly, and supports a cascade model of workforce development, with the aim of enabling services to deliver training to their own staff. The FPM Foundation Course is typically delivered through five full days or 10 half days over several weeks. It is structured according to detailed training manuals, and covers all elements of the model outlined below. Specific courses for supervisors, managers and facilitators each contribute to devolving the capacity to support and train staff to service providers.⁴ At the time of study, nearly all clinical staff on the Residential Unit had done so, the exceptions being a small number of newly appointed staff who were in the process of completing the course. Karitane's commitment to working in partnership is strong, and they have developed an in-house short course so that all

⁴Further information about FPM courses is available from <http://www.cpcs.org.uk/index.php?page=family-partnership-training>.

staff who have contact with clients in administrative, catering, and hotel services roles share a common partnership-based approach.

The following sections delve more deeply into particular features of the FPM, beginning with the idea of partnership as a helping process, then exploring practitioner skills and qualities associated with the Model, family characteristics, and links to wider service and community contexts.

Partnership as a Helping Process

In the FPM, the process of supporting families is viewed as a *helping* process. Later in this chapter, and particularly in Chap. 10, I will argue there is value in reframing helping as a process of pedagogy in which professionals facilitate parents' learning. However for now, I will remain within the vocabulary of the Model itself. It is worth noting that the FPM literature tends to refer to 'helpers' as not all those supporting parents are professionals (some may be volunteers, for example). However, the term 'professional' covers all those I observed at work and whose practices are discussed in this book. I switch between terms for the sake of variety. Neither the notion of helping nor that of pedagogy and learning have any agenda to usurp or displace therapeutic or caring approaches where these are appropriate, nor to discount the established bases of professional expertise within particular professionals.

Within the FPM, the helping process is conceived as influenced by specific helper qualities and skills, and the characteristics families and parents bring (Davis and Day 2010; Day et al. 2015). Core to the helping process, and the achievement of outcomes, is the establishment of a particular type of relationship between helpers and parents. While it might seem obvious to mention outcomes, it is important to stress that while establishing strong relationships is a key feature of the FPM, relationships are a means to achieving outcomes or change, not an end in themselves. While change requires a strong relationship, practitioners must go 'beyond being nice' (Day and Harris 2013; Fowler et al. 2012a, b, c; Rossiter et al. 2013). The FPM reserves an explicit role for professional expertise and emphasises the legitimacy of professionals challenging parents' views or practices in an appropriate manner and within the context of a trusting relationship (see Chap. 10 for a detailed discussion of how challenge is presented to parents on the Unit, and the professional knowing and learning associated with this). The Model builds on ideas from psychotherapy, counselling and child development and parenting (Rogers 1959; Bowlby 1988; Kelly 1955).

Further to an explicit intention to do no harm, outcomes are conceived in terms of:

1. Helping parents and children identify and build on strengths
2. Helping to clarify and manage problems
3. Enabling parents to achieve key goals and priorities for their children and themselves
4. Fostering resilience (see above) and anticipation of problems

5. Fostering and ensuring the development and well-being of children
6. Facilitating and enabling social support through wider family, social networks and the community
7. Facilitating community development, enabling service support, and improving the service system
8. Compensating for family difficulties where necessary (Davis and Day 2010).

FPM literature specifies a connected and broader concept of the family, paralleling that of Family Systems Nursing, and the ecological notion discussed earlier in this chapter. It stresses that interactions between professionals and parents are situated within a wider service, family and community context.

The process of helping is conceived in FPM in a number of stages, each of which is underpinned by and contributes to the development of a relationship between the helper (professional) and parent(s). This process begins with exploring a present- and future-focused picture, from the parents' perspective. The outcome of exploration is a clear and shared understanding of the current family difficulties as well as their strengths and resources, and identification of key areas for potential change. This may involve challenging parents' assumptions and offering alternative understandings of a situation or difficulty. For example, a common challenge offered by a helper might counter parents' assessments of themselves as poor parents. The next task focuses on goal setting, with the aim being that goals are specific, measurable, achievable, realistic, time-limited, explicit, negotiated and revisited, thereby reflecting parents' priorities and wishes. A strategy is then co-constructed, and on the basis of this particular actions are planned. Following a period of implementation, in which parents continue to be supported in implementing agreed actions, all parties undertake a review. This refers back to the understanding or model of the problem, with a specific emphasis on harnessing the parents' role in using their resources and skills to make changes for their family, and assesses the effectiveness of actions in contributing towards progress on goals and how these relate to wider outcomes. The review may lead to a new cycle based on different understandings, or provide the basis for a new set of goals to be articulated, or alternative strategies to be explored, or may indicate readiness to end a piece of work. Importantly, the model always envisaged an end to the helping process. The FPM does not specify any rigid timeframes for these different stages, nor any fixed number of cycles that may be worked through. As a sequential yet non-linear process, significant fluidity is anticipated in the emphasis and time spent at different stages of the helping process.

A key element of the FPM is its conception as a process of construction rather than delivery of a fixed, rigid structure. Information is treated with a focus on searching for meaning and significance, and all participants' understandings or constructions of parenting and parenting challenges are taken into account. The process reflects prior experience of parents and helpers, and unfolds in a way that is unique, through iterative cycles of testing, clarification and change.

Specific Features of the Family Partnership Model

As mentioned above, both the helper (professional) and parents contribute key inputs to the helping process, as conceived within the FPM (Davis and Day 2010; Day et al. 2015), and in many similar approaches. Partnership relies on several key qualities of the helper: respect, genuineness, empathy, humility, quiet enthusiasm, personal strength and integrity, intellectual and emotional attunement. Importantly, it is not considered enough for professionals simply to possess or embody these qualities; rather the FPM outlines how they can be enacted and explicitly demonstrated in interaction with parents. It is crucial that parents view the professionals helping them as respectful, genuine, purposeful and effective. Day et al. (2015; see also Davis and Day 2010) provide detailed descriptions of what is meant by these qualities and how they may be demonstrated.

As mentioned previously, professional skills are understood to be combined with particular qualities in enabling the helper to work in partnership with families. Again, the FPM literature and training manuals provide details as to what these are and how they can be performed. Concentration and active listening are key, meaning that helpers focus on genuinely listening to what a parent has to say in an open and focused manner, rather than waiting to speak. Active listening can involve bodily gestures such as synchronised nodding, as well as allowing pauses or silences that encourage a speaker to continue. The helper also deploys skills in prompting and exploring, in order to enrich parents' accounts, and summarising in order to demonstrate to parents that they have been listened to and accurately understood. Empathetic responses may include verbal affirmations as well as bodily gestures. Of importance here is to avoid a sense of judgement or pity. Professionals and other helpers can also bring enthusiasm and encouragement, and have a role in enabling change in feelings, ideas, and actions, which at times may require presenting challenges to parents. Negotiation skills are also crucial, and apply to all stages of the process, but particularly goal setting and action planning.

The FPM, like many other partnership models, encourages professionals to facilitate a working relationship that recognises, values and utilises the expertise and skills both parties bring to any interaction. However, this does not equate to a wholesale dismissal of professional expertise, and key helper skills are named as communicating and making use of technical knowledge, expertise and experience. Helpers also bring skills in problem management, and particularly in early stages or when working with families with very few emotional and other reserves, this dimension can enable parents to focus on their priority goals.

The FPM also holds that the process of helping families is also influenced by, and builds on, characteristics of parents and children (Davis and Day 2010; Day et al. 2015). These include the nature of the challenges being experienced by families, which may be chronic, acute, and made more complex via links to other stressors or vulnerabilities. Also considered are barriers to engagement, which can arise due to suspicion or fear, difficulties accessing services delivered outside people's homes, conflict within families as to the need for or relevance of support, and so on. Risk factors include mental ill health, drug and alcohol abuse, domestic violence,

social isolation, and parental histories of neglect as children themselves. Motivation to change can reflect the degree of difficulty, but can be tapped as a powerful resource to draw on, particularly when the helping process itself is challenging. (Chapter 10 discusses the professional learning and expertise involved in judging an appropriate level of challenge and putting appropriate supports in place to match each family's strengths and align with their goals.) Protective factors are taken into account, including wider family relationships and access to social support. Parents' expectations of outcomes are also important, and may need to be explored and perhaps challenged in early phases of the process; of course these may continue to be assessed and revised as things unfold. Socioeconomic circumstances and cultural background also require sensitive and responsive approaches to helping, professional respect for and accommodation of different parenting styles.

In addition to listing the necessary skills and qualities of helpers, and identifying characteristics of parents and children that play an important role, the FPM further seeks to demystify and concretise the notion of partnership by naming a series of key ingredients. These begin with the idea of working together with active participation and involvement; the clear message here is that this goes beyond consultation around satisfaction, framing the entire process as a joint endeavour. The development and maintenance of genuine connectedness underpins other features such as shared decision making and recognition of complementary expertise and roles. Note here the term 'complementary', rather than equal. Professionals are involved precisely because they bring something different and valuable to the table; this is recognised, as is the knowledge that parents have of their families, and the strengths they bring. The aims and process of helping should be shared and agreed, and a climate created in which both parties feel comfortable airing disagreement openly so that issues can be negotiated. Mutual trust and respect must be demonstrated, and this is set out as an expectation and responsibility in both directions: professionals must respect parents, but parents must also be actively supported to trust professionals. The ongoing aim is for openness and honesty to characterise all interactions, bolstered by clarity of communication.

Another significant feature of the FPM concerns the wider service and community context. The Model (Davis and Day 2010; Day et al. 2015) does not conceive of interactions between professionals and families occurring in a vacuum. The service context is important, and key features of this that align with and support partnership are identified. These include reflective practice, clinical supervision and support for professionals to develop appropriate skills, knowledge and competencies. Drive and enthusiasm from practitioners through to managers and service leaders, attitudes and beliefs about service provision, and organisational culture are noted as important. Resource availability, system structure, stability and flexibility can all affect partnership, and the ability of a service to meet users' needs. Finally there must be a strong expectation of outcomes. This may seem obvious, but is a reminder that the purpose of partnership is not to establish good relationships with families, but to bring about change. The important role of community groups, neighbours, religious communities and educational services is recognised, with access to these being a key consideration in partnership work.

Prior Research and Evaluations of the FPM

Research focused on FPM training, particularly the Foundation Course, suggests that it improves professionals' helping ability and listening skills, as judged by professionals and families working with them (Bidmead and Cowley 2005a, b). Similar results were reported in the European Early Prevention Project (EEEP) (Layou-Lignos et al. 2005; Papadopoulou et al. 2005). In Australia, Keatinge et al.'s (2008) interviews with nurses 18 months after they completed FPM training showed that they felt it had built on existing skills and helped them become more reflective about their role as facilitators and enablers rather than as solving problems for others.

There is a considerable evidence base suggesting that services that have implemented FPM secure better outcomes for families when compared to those that have not (see Davis and Meltzer 2007). A randomised controlled trial in the UK compared standard help with 18 months of weekly visits by FPM-trained home visitors (Barlow et al. 2007). Outcome measures of maternal sensitivity and infant co-operativeness favoured the intervention group. The EEPP, spanning five countries, included FPM in a nonrandomised intervention. Evidence of differences favouring the intervention group was apparent at 24 months (Davis et al. 2005). This is not to say that FPM is perfect or guarantees better outcomes. All existing studies note some degree of variation in outcomes. Those relating to enhancing community and social support are often less strong than those relating to within-family changes, for example.

This brief discussion of evaluative evidence is presented in part to illustrate the basis upon which decisions to implement FPM across NSW and other Australian States and Territories are based. Not only does FPM offer a detailed working through of the concept of partnership that is so often advocated on vague terms, but it consistently shows strengths in terms of delivering outcomes. Outlining these studies also reinforces a key element of FPM, which is its constant reference to outcomes, reminding us that partnership is not ultimately about relationships, but aims to establish particular kinds of relationships as part of a process of bringing about change. This reframes the professional role from one of solving problems on behalf of others, to one that instead facilitates learning in families, leading me directly to the next section.

Partnership, Professional Practices, and Learning

This book addresses questions of professional practices and learning. I will now introduce arguments that link the idea partnership with the broad themes and issues mentioned at the very start of this book (see Chap. 1). These were initially presented elsewhere (see Hopwood 2013, 2014a, b, c; Hopwood and Clerke 2012), and will be developed fully in Part III. The argument follows a basic logical

sequence. Partnership means that professionals are not there to solve problems for families, but instead to help develop confidence, capacity, strengths and resilience. This can be understood as a process of helping parents learn, and emphasises the pedagogic dimension of contemporary professional practices in services for children and families. This pedagogic dimension, in turn, has implications for the role and nature of professional expertise, the kinds of knowledge and judgement that practice demands of professionals, and the learning that emerges in the conduct of their work.

Interestingly, the UK Department of Health (1994) noted a ‘teaching function’ as one of the key ways in which nurses and health visitors contribute to health and health care (see also Graham 2011). Thus the idea that professionals working in health care, including those supporting families with young children through home visiting and other services such as residential units, have a pedagogic role is not new. I argue that the adoption of partnership as an explicit approach to working with service users intensifies this pedagogic dimension.

A body of research, much of it informed by practice theory, has developed in recent years that construes working in partnership as requiring professionals to become effective enablers of parents’ (or indeed others’) learning. Lee et al. (2012) talk of ‘doing partnership’ as ‘embodied pedagogy’, pointing to the close-up work of interactions between professionals, parents, and children. Concepts of professional attuning, and the bodily dimensions of the practice textures produced through partnership work discussed in Part III resonate with Lee et al’s approach. Similarly, Fowler et al. (2012a, b, c) explored a home visiting program for mothers with depression in terms of ‘reciprocal learning’, arguing that not only do parents learn from (or with) professionals during such encounters, but that professionals also orient much of their work to learning about families. Learning in both ‘directions’ is seen as central to establishing effective partnerships, or what Edwards and Apostolov (2007) call ‘co-configuration’, and is reflected in the distinctive foci of Chaps. 9 and 10 in Part III. The questioning of expert-centred models has been reframed on pedagogic terms by Fowler and Lee (2007), who critique the notion of knowledge transfer, in favour of a more fluid, pedagogical understanding of the knowledge work going on between professionals and parents. Broader connections between coproduction (in the guise of the FPM) and professional learning are outlined by Fowler et al. (2012a, b, c).

I have joined and extended this line of thinking in my own previous analyses of the ethnographic data that underpins this book (see Hopwood and Clerke 2012 for a basic overview). This includes a description of the rhythmic basis of parenting pedagogies (Hopwood 2014c), and early outlines of the links between partnership, practices, pedagogy and the four dimensions (times, spaces, bodies and things) that provide the overarching framework for Part II (see Hopwood 2014a, b). The account I give of practices on the Unit in terms of pedagogic work is not the account that those professionals would necessarily give themselves. However these are not a foreign notions to the people who work on the Unit, either. They often use phrases such as ‘It’s a learning thing’, or ‘We can help you to learn

some new strategies for coping with that'. Indeed the response to verbal presentations and publications provided to staff of the Unit has consistently been one in which professionals recognise the pedagogic features of their work, and feel that the account validates and legitimises much of what they feel is important (albeit expressed in an alternative vocabulary). We have already seen how parents also experience their time on the Unit as one of intense learning (see the letters from parents presented above).

This pedagogic dimension of professional practices infuses them with particular knowledge challenges. In Part III, I will highlight these, and provide a detailed description of the practices of professional learning that have emerged in response to them. This includes (in Chap. 9) practices of personal and collective attuning to families, practices of handover, variously choreographed, and practices that position professionals as intimate outsiders in family life, and those that enable professionals to act amid knowledge that is characterised by uncertainty, ambiguity, partiality, and fragility. Chapter 10 draws out different forms of professional expertise and learning in relation to scaffolding change in families, enacting 'nanopedagogies' that transform mundane or negative moments into meaningful, positive and empowering experiences for parents, and pedagogic continuity (concepts that help to cope with the instability of relationships inherent in work that is performed by professionals from varied fields, and across many shifts. Chapter 10 picks up the notions of epistemic work from Chap. 9, exploring the professional learning that is bound up with helping parents learn, when solutions and the learning required emerge through the process, rather than being known from the start. I refer to this in terms of professional pedagogies of the not-yet-known, and show how understanding partnership practices in this way opens up new questions and elucidates important features of professional learning in practice.

Conclusion

We have entered the world of child and family services, and explored the important role that associated professionals play in addressing problems of social inequality and disadvantage. We have touched upon the contemporary Australian policy context, before getting to know the professionals who work on the Unit and the families who become residents for a week at a time. We have seen evidence of the positive difference such a short stay can make for families, and walked through the basic spatial and temporal features of the Unit. We have seen how the key questions and themes of this book speak to a broader contemporary landscape of professional practice reform, focusing on partnership and in particular, the FPM. Seen in these terms, the Residential Unit provides a fascinating research site—a clearing—at which we can cast light upon questions of professional practice and learning. This elucidation requires sophisticated and distinctive theoretical apparatus, and it is to this that my focus turns in Chap. 3.

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Chapter 3

Sociomaterialism, Practice Theory, and Workplace Learning

Introduction

This chapter provides a detailed overview of contemporary sociomaterial and practice-based approaches, focusing in particular on their implications for conceiving workplace learning. It lays the theoretical foundations for the analysis and arguments developed in Parts II and III. It sets out my ontological position, and key concepts that are not so much *applied* in the subsequent empirical work, but *tangled up* in it (including in the approach to ethnographic fieldwork, see Chap. 4). I begin by setting these foundations in a broader context, namely sociomaterial approaches. Here I highlight the way in which contemporary theorists are ‘rethinking the thing’, based on performative, diffractive and non-representational ontologies. I then locate the ‘practice turn’ within these wider, diverse, traditions, and hone in on Schatzki’s practice theory, as an overarching framework for this book. Next, I turn to research on workplace learning, highlighting the metaphor of emergence and its links to concepts of knowledge. Here I draw on Gherardi and others’ practice-based studies approach, which emphasises knowing in practice and aesthetics. The chapter then shifts gear and constructs a bridge to Parts II and III by outlining, in more abstract and general form, the key arguments that are developed in the remainder of the book. I introduce times, spaces, bodies and things as four essential dimensions of professional practice and learning, and then outline my view of professional learning in an asymmetrical and non-reversible relationship with practice. Learning and practice are viewed as entangled, but analytically distinguishable, and my criteria for specifying this distinction are presented. I conclude by explaining Vygotskian ideas of the zone of proximal development (ZPD) and scaffolding: these form a basis for conceptualising the pedagogic of professional work in partnership with service users.

Before delving into the world of theory itself, I wish to clarify something at a meta-level about my approach to working with theory. The work of this book

is deeply entangled with the ideas of Schatzki, Gherardi, and others. I make less systematic and detailed contact with the ontological work of Barad and Thrift, and connect purposefully but eclectically with a wide range of theorists in order to expand on the dimensions of times, spaces, bodies and things. There, the framing draws on Lefebvre, Massey, Grosz, Shove, and others, making more than glancing contact with critical cultural geographies, and relevant lines of feminist scholarship. What is going on here? I imagine alarm bells are already ringing for some readers, perhaps seeking something neater or simpler, perhaps concerned about a lack of coherence or consistency between ideas that have very different disciplinary and, at times, philosophical origins and political agendas.

Such concerns are well placed, and my aim here is to justify my approach. Firstly, let me address the question of deeper theoretical coherence. To me the value of theory is only ever tangible when it becomes entangled¹ with data, with the empirical. I thus see less value in questioning the compatibility or otherwise of one theory with ones in abstract terms, than in seeing what can be produced when these are brought into different relationships with data. The question is not, for example: 'Is it theoretically coherent to draw on both Schatzki and Gherardi?'. Instead it is, 'What benefit is gained by drawing on both bodies of work, with respect to particular questions and research agendas, and in the process of their being worked through empirical data?'. The questions and agendas that provide the referent for this book are those outlined in Chap. 1: exploring what shifts towards partnership and coproduction mean for our understanding of professional practice and learning; producing accounts of these phenomena that let go of Cartesian dualisms, and rational, cognitivist ideologies, instead foregrounding bodies and materiality as inherently wound up with knowing performances that uphold practices. That said, there must be limits to playfulness and eclecticism. For these reasons I take care to outline the bases upon which I see a sufficient complementarity between my (site) ontological position, and the various theories and concepts I bring into play.

Such an approach to working with theory is not particularly unusual. Nicolini (2009b) presents the idea of 'zooming in and out', trailing different connections in practices by moving between different theoretical lenses. Each enables us to take a different position, foregrounding aspects of practice while bracketing others. He writes:

A coherent practice approach needs also to address how translocal phenomena come into being and persist in time as effects of the mutual relationships between the local real-time accomplishments of practices, as well as how they make a difference in the local process of organizing. For theorizing practice, we need an appropriate methodological approach that makes us see the connection between the here-and-now of the situated practising and the elsewhere-and-then of other practices. I will describe this second movement as 'zooming out of' practice. Theorizing practice thus requires a double movement of zooming in on and zooming out of practice obtained by switching theoretical lenses and following, or trailing, the connections between practices. (Nicolini 2009b, p. 1392)

¹I am borrowing on Baradian ideas and vocabulary here, appropriating them significantly.

In this book, zooming in and out does not quite follow the same scalar principles; it has a lateral component, too. I see a similar lateral approach in Nicolini's (2012) exploration of telemedicine through a 'rolling case study', in which he draws on Giddens and Bourdieu, CHAT, ethnomethodology, Heideggerian and Wittgensteinian practice theory, and discourse analysis. Each has a different resolution, yes, but their differences are more than scalar. As I explain in reference to the four essential dimensions of times, spaces, bodies, things, holding each at the forefront of our gaze enables us to attend to features of practices and learning that might otherwise be overlooked. Taking them up as different analytical points of departure helps make connections to theoretical ideas that enrich the analysis, the entanglement between questions, data and concepts.

Such theoretical pluralism or multiplicity affords an open-mindedness in both thinking through data with different concepts, and thinking through concepts as they brush up against different data. Jackson and Mazzei (2011, 2013) suggest this increases possibilities for creating new knowledge about complex social phenomena. By 'plugging' (I prefer the metaphor of entangling) data and theory together in multiple ways, they suggest we can avoid simplistic and mechanistic interpretation than could be achieved through a rigid thematic analysis and singular theoretical tool. In other words, this approach helps to guard against theoretical over-determinism (see also Chap. 4), while enriching the analysis.

We must then confront the question of when to stop, how many lenses to adopt. My response is to seek parsimony: the delicate balance between complexity and power in explanation. For example, does the value gained by folding in Lefebvre's (2004) rhythmanalysis outweigh the additional conceptual burden this brings, and the potential tensions arising in terms of theoretical compatibility? In the case of the analysis presented here, my sense is unequivocally 'yes'. In other cases, I have let go, particularly in relation to concepts of practice memory, affect, language, and power. Not because they are uninteresting or irrelevant, but because to venture down these avenues would require switching the gaze yet again, more zooming in and out, and the result would likely be a weaker response to the questions and issues posed in Chap. 1.

My final step by means of introduction is to acknowledge the personal dimension in theoretical work. No one scholar or framework ultimately wins out in theoretical star-wars, at least as I see it. We become enrolled, persuaded, into certain approaches, ways of thinking, and stances. Yes, this reflects the qualities of particular theories, but it also reflects us, our agendas, interests, our affective response. A useful way to capture my relationship with the work of Schatzki, Gherardi and others, is in the notion of elective affinity, a term used by Max Weber, who borrowed it from a novel by Goethe (see Herbert 1978). Taking a sociomaterial perspective, focusing on practice perspectives, and switching gazes multiple times: these are all choices, elections. There is nothing automatic or necessary about them. From the start the work of working with theory is an entanglement of much more than abstract ideas with empirical data. Following Clegg (2012) I wish to flag my processes of theorising as complex, messy, and not reducible to inductive or deductive logics alone. In reading

Clegg's (2012) account of theorising in higher education research, I was struck by a resonance she noted with Hey's (2006) description of working with Judith Butler's theory. Hey writes of academics' commitments to theory:

How often their own cherished analytical rationality is broken up by glimpses into the imagination of more provocative thinkers. I have come to the conclusion that it is not so much that we self-consciously assemble all the resources for the making of research imaginaries as those vivid ideas (and frequently their authors) come to haunt us. (2006, p. 439)

It is with this productive notion of haunting in mind that I now turn to the broader theoretical framing of this book.

Sociomaterial Approaches and the Practice Turn

Major changes are occurring in the ways we understand professional practices and learning. Questions are being posed of the body, of materiality, of space and time, and of plural, enacted realities. Inherent here are significant shifts in the way we conceive what it means to carry out professional work, the nature of professional expertise, and the forms of knowledge that are woven into practice and change as practice unfolds. The title of Shapin's (2010) book speaks to this: *Never pure: historical studies of science as if it was produced by people with bodies, situated in time, space, culture, and society, and struggling for credibility and authority*. Shapin's countering of a disembodied trope in accounts of scientific practices, and his foregrounding of issues of time and space resonate with contemporary shifts in studies of work and learning, and with the specific arguments I'm making in this book. The first major theme that I will discuss within this broader territory concerns renewed and distinctive attention to materiality: rethinking the thing.

Sociomaterialism: Rethinking the Thing

This book is positioned within a broader body of work that may be considered as 'sociomaterial' in its approach. Reference to a group of different but related philosophies, sensibilities and theoretical frameworks as 'sociomaterial' has been strongly shaped by the writing of Fenwick (2010a, b, 2012a, b), Fenwick et al. (2011, 2012). Complexity theory, cultural-historical activity theory (CHAT), and actor-network theory (ANT) are prominent (Fenwick 2006, 2010a, b, 2012a, b; Fenwick and Edwards 2012), alongside spatiality theories from cultural geography (Fenwick et al. 2011). Barad's (2003, 2007) diffractive approach has contributed significantly to this line of thinking and shares with Shapin a basis in studies of science, as does much of Pickering's (1992, 1995, 2001) work. There is also a set of perspectives linked by a foregrounding of *practice*, which can be located under a broader sociomaterial umbrella. These include practice philosophy (Schatzki 1996b, 2002b, 2010c, 2013; Reckwitz 2002a, b; Rouse 2007; Kemmis 2009, 2010; Kemmis et al. 2012), and practice-based approaches coming out of organisational

studies (Gherardi 2006, 2008, 2009a, b, 2012a, b; Orlikowski 2002, 2006, 2007), and others that take up questions of knowledge, epistemic cultures, and epistemic work (Jensen et al. 2012b; Knorr Cetina 1997, 1999, 2001; Knorr Cetina and Bruegger 2002; Miettinen and Virkkunen 2005; Nerland and Jensen 2012, 2014).

I will first consider the ways in which sociomaterial approaches in general provide a platform for rethinking the nature and role of materiality in relation to social phenomena. I will then explore practice-focused work, and in particular the concepts from Schatzki, Gherardi and others that are the most direct and pervasive influences on this book.

Sociomaterial approaches share a view that materiality is a crucial dimension of all social phenomena, not merely a setting for or adjunct to them (Fenwick et al. 2011). As soon as we conceive of the social, we must also conceive of the material. Sørensen (2007, 2009) critiques dominant approaches in which materiality is treated as if it does not matter, and the history of educational research for its consistent ignorance when it comes to thing. Fenwick (2012b) similarly argues materiality has been rendered immaterial in much research on learning, while social, political and cultural dimensions have received much attention. Markauskaite and Goodyear's (2014) chapter offers a clear account of professional knowledge as culturally and socially situated *and* materially grounded. Action in professional practice is viewed by them as an accomplishment of an 'extended mind', incorporating the tools and resources that come to hand in the workplace.

Sociomaterial approaches provide diverse resources for re-thinking 'the thing' (Fenwick 2010b). Attending to materiality as a constituent of social phenomena expands the sorts of questions we can ask about professional work and learning. It thus enriches the accounts and explanations we can give of those phenomena. The potentially relevant actors multiply (Fenwick et al. 2011; see also Bruni 2005). 'Actors' is a technical term within actor-network theory, but more loosely points to the much wider array of objects, artefacts, organisms, and bodies that are attended to in sociomaterial research. Human beings no longer occupy centre-stage, and the distinction between human and non-human is blurred, or even wholly undermined (Fenwick 2012a, b; see also Barad 2007). Questions of learning are being decoupled from a human-centred ontology (Fenwick et al. 2011). Dual and overlapping roles are implied for human and non-human actors, for material and ideal dimensions: professional practices and learning are understood as assemblages of materials, ideas, symbols, desires, bodies and natural forces (Fenwick and Landri 2012). I will discuss later how this is taken up in Schatzki's site ontology—the position from which this book is presented.

In sociomaterial approaches, material entities are not simply *added in* to explanations of social phenomena. There is no non-material core that can be identified separately. As Orlikowski puts it, the view is one of '*constitutive* entanglement of the social and material in everyday life' (2007, p. 1435 [my emphasis]). Schatzki's (2003) site ontology (see below) uses the term *dimension* to convey a similar point: the social and material are not separate, rather materiality is part of what makes up the social. Some, such as Bruni (2005) and those who follow actor-network theory write of symmetry between the human and non-human (see Sayes 2014).

On my understanding this is not about imbuing inert objects with agency of the kind that ‘we’ as humans feel we exert in the world. Rather it is to abandon the a priori distinction between human and non-human, and to look instead for how what looks like agency is an effect of assemblages in which privilege is not given either to the human, or non-human, or indeed the conceptual bifurcation of the two. Schatzki does not accept the symmetry associated with such post-humanist stances, but nonetheless asserts a strong, entangled, and constituent role for materiality (see below).

Performative, Non-representational Ontologies

Grappling with such blurred distinctions requires a crucial, related, move. Rather than focusing on stable entities with fixed boundaries held in place by exclusive definitions, sociomaterial approaches turn their attention to fluid relationships or assemblages. The ontology is based on enactment or performance: reality is produced, or emerges, through relationships established in practices. Thus Mulcahy, writing from an actor-network theory perspective, states ‘reality does not precede practices, but is made through them’ (2012b, p. 83). Thus sociomaterial approaches may be described as based on performative or non-representational (see Thrift 2007) ontologies. Barad explains:

The move towards performative alternatives to representationalism shifts the focus from questions of correspondence between descriptions and reality (e.g. do they mirror nature or culture) to matters of practices/doings/actions. (2003, p. 802)

More recently, Barad has written:

Matter is substance in its interactive intra-active becoming, not a thing, but a doing, a congealing of agency... mattering is the ongoing differentiating of the world. Matter plays an agentive role in its ongoing materialization. Physical matters, matters of fact, matters of concern, matters of care, matters of justice, are not separable. (2013, p. 17)

Here, Barad lays out an argument that materiality must be understood as emergent and relational, and that through such an approach questions of the good, of ethics, of what it makes sense to do, are never immaterial. In the sense that matter is a becoming, not a thing, we might conceive of it as made, or practised into being. Pickering’s argument that ‘practice is where nature and society and the space between them are continually made, un-made, and remade’ (1992, p. 21) speaks to precisely this point (see also Shotter 2013). Drawing on actor-network theory, Mol (2002) offers an elegant and eloquent account of how a focus on practice can underpin radically different notions of ontology. Hers is one in which reality multiplies, and shows how things, such as bodies, can be enacted into many different kinds of being. Performative approaches have been taken up widely, including in the feminist scholarship of Butler (e.g. 1993). Jensen (2010) argues for a shift to practical ontology, with specific reference to ideas of knowing and learning as sociomaterial enactments (pointing to key themes I discuss below).

Table 3.1 Features of diffraction that resonate with my approach

Diffraction	Reflection
Diffraction pattern—marking differences from within, part of entangled state	Mirror image—reflection of objects held at a distance
Performativity—subject and object do not pre-exist as such, but emerge through intra-actions	Representationalism—pre-existing determinate boundary between subject and object
Entangled ontology—material-discursive phenomena	Separate entities—words and things
Intra-acting within and as part of	Interacting of separate entities
Diffraction/difference—intra-acting entangled	Words mirror things—social nature binary

Ideas of non-representationalism and diffraction are worth exploring further. Table 3.1 presents excerpts from a fuller table in Barad (2007, pp. 89–90). This is based on contrasting diffraction with reflection as a key underpinning metaphor.

Notice above, the shift from representationalism to performativity. Reality and knowledge of it are conceived as emerging through relationships. Boundaries between material and other phenomena are dismantled in favour of notions of entanglement and intra-action. I see parallels between Barad’s intra-action and the way Schatzki describes the material and social as constitute dimensions of a site (see below). Thrift (2006, 2007) characterises non-representational theory through a ‘motif of movements’, highlighting performance, multiplicity, porous boundaries and emergence. In his work, things are taken seriously, as are bodies, cyborgs, questions of space, affect,² and practices. Indeed in Thrift, concepts such as space are viewed as animate, plural and enacted (see below). The human subject is decentred. This idea of performing or enacting reality into being is a crucial thread that runs throughout this book. I return to it below in discussion of my taking up Schatzki’s site ontology, the notion of emergence, and in the approach to understanding times and spaces as practically produced (see Chaps. 5 and 6).

Such positions also involve a move away from language as a central theme. Thrift argues that his approach does not assume language is the ‘main resource of social life’ (2007, p. 77). Barad argues strongly:

Language has been granted too much power. The linguistic turn, the semiotic turn, the interpretative turn, the cultural turn: it seems that at every turn lately every “thing” – even materiality – is turned into a matter of language or some other form of cultural representation. The ubiquitous puns on “matter” do not, alas, mark a rethinking of the key concepts (materiality and signification) and the relationship between them. Rather, it seems to be symptomatic of the extent to which matters of “fact” (so to speak) have been replaced with matters of signification (no scare quotes here). Language matters. Discourse matters. Culture matters. There is an important sense in which the only thing that does not seem to matter anymore is matter. (2003, p. 801)

²Affect is one of a number of key themes that readers may notice for their absence in this book. See Chaps. 1 and 9.

This sentiment is shared by Schatzki who writes of the ‘impotence’ of language and critiques Butler for what he regards as an overly linguistic notion of practice which squeezes out nonverbal doings (1996a). “Language and rules (or ‘discourse’ in Foucault’s terminology) are important components of social practices. So, too, however are nonlinguistic behaviours, behaviours that neither name nor declare something” (Schatzki 1996a, p. 65). Indeed Caldwell notes³ Schatzki’s deep criticism of the ‘linguistic turn’ in philosophy, suggesting his work is aimed at extricating practice theory from dead ends (collapsing practice into language or reducing agency to discourse), in a view that holds ‘practices to be ontologically more fundamental than language and discourse’ (2012, p. 284).⁴

Sociomaterial perspectives thus offer a basis for disrupting many features of conventional approaches to researching professional work and learning. As discussed in Chap. 1, the critical dimensions of this book are not levelled at the practices under examination—the work of professionals on the Residential Unit of Karitane—but are instead constituted through the theoretical approach. By taking up sociomaterial agendas and commitments, this book undermines and challenges human-centred, cognitive, technical and rationalist notions of practice and learning. Performance, enactment and emergence take hold, through a sensitivity to unfolding relationships relational rather than stable entities. It joins many others in emphasising and bringing into sharper focus the material dimensions of practice and learning. Bodies become more (and differently) visible, while questions of time and space are complicated. Following Barad (2007), Mol (2002) and Thrift (2007), reality multiplies and resists singular representation from a disentangled point of view. Below I explain in greater detail the specific ways such ideas are taken up in this book with reference to the practice theoretical approach that imbues them with particular meaning. However, before this, I will introduce the practice turn as a distinctive feature within broader contemporary sociomaterial terrain.

The Practice Turn

In his introduction to a widely cited volume (Schatzki 2001; Schatzki et al. 2001) heralds a ‘practice turn’ in contemporary social theory. The term was reinforced several years later in Miettinen et al.’s (2009) description of a ‘re-turn to practice’, and noted by Nicolini (2009b) as a palpable shift in approaches to organisation and management studies. Practice turns (plural) might be a more accurate phrase, since the places where scholars have turned from, and where they are

³To be fair to Caldwell I should acknowledge that he is critical of Schatzki’s turn away from language.

⁴I would acknowledge here that there are many who see a key theoretical challenge of bringing language ‘back in’ within practice theoretical accounts, including Somerville and Vella (2015) and Green (2015).

turning to, vary significantly. As Gherardi and Strati (2012) note, there are long traditions in sociology and philosophy in which practice occupies a central role. Philosophically based approaches include what Schatzki (2001a) refers to as practice theory, sharing occupation with accounts of social life in general that have other philosophical works (such as Wittgenstein, Heidegger, Aristotle) at their foundation (see also Reckwitz 2002a, b). These have been taken up in research by a range of scholars pursuing questions of professional practice, learning and education (see Green 2009; Green and Hopwood 2015; Hager et al. 2012; Kinsella and Pitman 2012; Kemmis 2005, 2010; Kemmis and McTaggart 2005; Kemmis and Smith 2008; Kemmis et al. 2014). Hager (2013) notes how understandings of practice (with its embodied emphasis) within educational research has been resourced by sociomaterial perspectives.

What Nicolini (2003) and Gherardi and Strati (2012) call *practice-based studies* has grown out of work more focused on organisations and learning, and has different disciplinary and theoretical roots, including communities of practice (Lave and Wenger 1991), and more recently actor-network theory. This work is also distinctive in its strong basis in empirical work (see Bruni 2005; Corradi et al. 2010; Gherardi 2006, 2008, 2009a, b; Gherardi and Landri 2012; Landri 2007, 2012, 2013; Nicolini 2009a, b, 2011; Nicolini and Roe 2014; Strati 2003, 2005, 2007, 2008). Landri (2012) explains that the term ‘practice-based’ is used not only to indicate an interest in or study of practice, but empirical approaches that are based on explicit theorisations of practice. There is potential for confusion and what may be unnecessary boundary-work in using terms such as sociomaterial, practice theory, and practice-based approaches. In this book I am concerned with how ideas drawn from varied approaches resource empirical analysis.

Reich and Hager (2014) outline six⁵ prominent threads in contemporary theorisations of professional practice. These draw from diverse sources including organisational studies, philosophy and sociology, and the authors suggest a degree of compatibility as the threads apply across approaches including practice theory, actor-network theory, cultural historical activity theory, and so on. Table 3.2 presents a summary of their argument.

Table 3.2 is useful in making links between the practice turn and the sociomaterial approaches discussed above. It also rehearses ideas that will be developed more fully in the remainder of this chapter, and indeed throughout the book. I will return to Hager and colleagues’ work in the next main section when I shift the focus from theorising practice to theorising learning.

I wish, briefly, to address the issues that arise in working with both Schatzki’s practice theory and Gherardi et al.’s practice-based studies in the same empirical study. This takes up the question of compatibility raised by Reich and Hager (2014). The points I made earlier in reference to Nicolini’s (2009b) notion of zooming in and zooming out are particularly relevant here. The aim is not to resolve theoretical consistency or divergence at an abstract level away from

⁵This work builds on Hager et al.’s (2012) description of five threads.

Table 3.2 Six prominent threads in theorising practice (after Reich and Hager 2014)

Thread	Description
Knowing in practice	Practice as a collective and situated process linking knowing, working, organising. Echoes of Aristotelian notions of <i>phronesis</i> , and more recent works of Gherardi and Orlikowski, holding that knowing is done together
Sociomateriality	Practice as a sociomaterial phenomenon, involving human actors and non-human objects. Reference to Schatzki, Fenwick, Gherardi, Orlikowski and notions of constitutive entanglement
Embodiment	Practices as embodied, happening in and between bodies, including through speech acts. Rejection of mind/body dualism
Relationality	Practices as constituted through shifting, multiple relationships between people and other people, materiality, and between practices. Reality produced through relationships rather than entities
Historical and social context	Practices as evolving and existing in historical and social contexts shaped by social forces including power. Links to literature on governmentality. Suggests fluidity and heterogeneity (multiplicity) within practices
Emergence	Practices change and evolve in ways that are not fully specifiable in advance, they are not determined before their occurrence. Links with performative ontologies

particular questions asked in relation to particular data. Instead, the drawing on multiple theoretical frameworks is justified in terms of the value they add to the empirical work—the questions this enables us to pose, and the richer responses that can be developed in relation to them. This said, it is important to expose the basis for doing so in terms of theoretical common ground, and to acknowledge the tensions that arise in this process. This is particularly so because there are so few references made between the two approaches in the existing literature.

Both approaches build around practice as a central and fundamental concept. They do this in order to avoid problems associated with binary or dualistic logics of structure/agency, mind/body and so on (a project not confined to these writers, see Cairns and Malloch 2011; Hodkinson 2005). Both adopt an emergent or performed ontology. Gherardi's (2009a) asserts that practice-based studies bring us closer to *dasein*, Heidegger's notion of union between thought and action. This mirrors Schatzki's (1996b) account of mind/body/action, and the turn to Heidegger in his later work (e.g. 2007a, 2010c). Gherardi and Strati (2012) describe practice as a bridging concept between knowledge and action. I see echoes here of the way Schatzki handles the concepts of practice, activity, and the forms of understanding that shape them (see below).

Such connections become even more explicit in Corradi et al.'s (2010) articulation of three key dimensions of practices. The first treats practice as a 'set of interconnected activities' (p. 277), socially recognised as a way of ordering, stabilising collective action, and built around common orientation. The second focuses on sense-making, and the third on how practices connect with one another. Each has parallels in Schatzki's work, in the idea of practices as spaces of multiplicity

upheld by activities dispersed in time and space, in the idea of practices being shaped by what it makes sense for people to do, and in concepts of hanging together. In relation to this final point, what Gherardi (2006) refers to as ‘texture’ or connectedness in action addresses the question of relatedness that emerges as people perform their work. Schatzki’s multiple notions of how practices hang together provide a different, but complementary, approach to addressing the same core issue. Both are tied to performance, both suggest that to understand practices we must not draw boundaries around single practices, but explore connections and relationships between them.

While there are clearly strong resonances between Schatzki’s practice theory and the Italian-led approach to practice-based studies, I must also acknowledge their differences. Some of these are productive, in the sense that the approaches lead us down different lines of enquiry, elucidating features that might otherwise have been overlooked—in other words differences that can be mobilised through zooming in and out based on adoption of different lenses. However, others are more fundamental, and require a degree of appropriation on my part.

Schatzki’s work is presented as a philosophy of social life. Questions of professional practices are rarely in focus for their own sake, and learning receives scant attention. On the other hand, practice-based studies developed through work dedicated to questions of knowing and learning in the context of (professional) work in organisations. This brings concepts that are crucial to this book into much sharper relief than in Schatzki’s work. Indeed I found Gherardi’s notion of texture more productive in my analysis for certain purposes than Schatzki’s ideas of hanging together. Texture kept me closer to questions of knowing and learning, and provided the foundation for the idea of four essential dimensions that forms the focus of Part II. Similarly, the idea of aesthetics receives much richer and more explicit treatment in practice-based studies, again maintaining close connections to professional knowledge and learning (see below). Had I remained exclusively with Schatzki, much of value would have been missed. Each approach enables me to zoom in on different details of professional practices and learning on the Residential Unit, and to zoom out in different ways, seeing these details as part of a wider picture.

However, while both might be subsumed within a sociomaterial fold, and more specifically a ‘practice turn’, I must acknowledge some fundamental differences of position. Schatzki defends a residual humanism (see below), while Gherardi and others’ work in practice-based studies draws on actor-network theory, which is post-humanist in its assumed symmetry between human and non-human (see Sayes 2014). This is not a merely aesthetic difference, but one which Schatzki (2005) argues is sufficient to claim ontological allegiance between approaches. Both propose a strong materiality, though the extent and form of this strength is different. To be clear, I adopt Schatzki’s site ontology and follow his residual humanism in this book. In the way I mobilise concepts such as knowing in practice and aesthetics, a site ontology allows them to remain sufficiently in tact. Indeed I would suggest that the power, value and agility of such concepts is demonstrated through their being worked within a process of zooming in and out.

I have located this book within a broader sociomaterial turn, and more particularly within dual strands of a practice turn in contemporary social theory. So now I turn my attention to explaining in more the particular ontological stance upon which my work here is based, and introducing the key concepts that are drawn upon most prominently in the analysis presented in subsequent chapters.

A Schatzkian Approach to Theorising Practice

I will now explore Schatzki's practice theory as it relates to this book, beginning with a brief overview of his work. There are parallels between my approach and how Schatzki describes his engagement with the philosophers who inform his work: a *creative interpretation* of Wittgenstein (Schatzki 1996b), and *appropriate interpretation* of Heidegger (Schatzki 2010c). What follows is not an objective or neutral rendering of Schatzki's philosophy, but a selective account focusing on those ideas that have the most currency in the context of the analyses that follow. It reflects my interpretation of how these concepts can be put to work in empirical research. Such gainful use by empirical investigators is, after all, what Schatzki (2002, p. xviii) states that he hopes will be an outcome of his work. I begin by addressing foundational questions of ontology, and then outline how practices bundle with material arrangements, residual humanism and the idea of practical intelligibility, relationships between practices and activities, how practices are organised and hang together, and prefiguration, indeterminacy, stability and change.

Schatzki's work on practice theory goes back at least to his critique of Bourdieu (Schatzki 1987), and writing on issues of structure and agency (1990). Subsequent publications draw explicitly on Wittgenstein (Schatzki 1991, 1993), rehearsing the first of three major monographs (1996b). Bourdieu and Giddens remain key reference points in establishing the distinctiveness of his approach (1997), and Wittgenstein is sustained as a central foundation (2000b). His site ontology becomes highlighted more explicitly in a series of papers as part of an increasing emphasis on materiality in his work, along with his defence of a residual humanism (2000a, 2001b, 2002b, 2003, 2005, 2010a), which marks one of the key developments in his second monograph (2002a).

A greater interest in temporality and spatiality then emergences, through papers (Schatzki 2006a, b, 2009, 2010b, 2012c), and a book focused on Heidegger (2007b). A shift in focus from practices to human activity is clearly marked in his latest (2010c) monograph, which weaves through much of the Heideggerian work on temporality and spatiality. Some of his more recent works are more summative in nature (e.g. 2012b), while others take up questions of practice change more explicitly (2012a, 2013). Throughout this time, Schatzki has moved laterally, for example engaging with geographers to consider questions of the body and place (2001c). Of note are his (2001a) much-cited chapter within a volume he co-edited with Knorr Cetina and von Savigny, which outlines the broader landscape of practice theory approaches, and his (2007a) paper, offering a succinct account of the value of (his) practice theory over other approaches.

A Site Ontology

In this book I adopt Schatzki's site ontology. In particular, this means a focus on practices as they are inherently bundled with material arrangements, from which flow notions of performance or enactment that are consistent with a broader sociomaterial approach. I see Schatzki's sense of bundling as conveying relational forms that suit the metaphor of entanglement, rather than separate entities having some kind of a bearing on one another. In Schatzki practices are not a feature of reality, but bring reality into existence. Reality is enacted into being through the many activities that uphold practices. As I explained above, Schatzki is far from unique in adopting a view of reality as practised or enacted. However it is important to be clear about how my working with Schatzki involves a particular take on this broader sociomaterial commitment. I join Schatzki's defence of residual humanism as a necessary foundation for the concept of practical intelligibility, which proves highly fruitful in the analysis that follows in Parts II and III. I conclude this section by considering ways in which a site ontology resonates with (but no more) features of a diffractive approach (Barad 2007).

Schatzki's practice theory builds on what he calls a *site ontology* (or sometimes a social ontology). This stems from a view that practices should be treated as the fundamental social phenomenon (1996b). However, Schatzki's views of practices as materially mediated, and inherently bundled with material arrangements, means that he regards materiality as a dimension of social reality. Material arrangements do not simply exert an influence on social reality, they are part of it. To borrow Fenwick et al.'s (2011) terminology, all social reality is sociomaterial reality.

Schatzki writes that 'practices are *intrinsically* connected to and interwoven with objects... human activity implicates a world amid and with which it proceeds' (2002, p. 106 [my emphasis]). A site is a mesh of practices and arrangements of people, artefacts, organisms and things (i.e. materiality). Practices and material arrangements are viewed as dimensions, rather than separable components of a site (2003). 'To advocate a site ontology is to claim that the character and transformation of social life are inherently tied to the site of the social' (Schatzki 2003, p. 177). For me, this quotation translates into a position that says our questions about professional practice and learning must attend to the sites at which they unfold.

Consistent with the performative, non-representational principles discussed above, these sites comprise and *emerge* through practices and their shifting but ever-present and fundamental relationships with the material world. A practice happens at a site, produces it and is also moulded by it (2003). Thus in this book I do not treat the buildings and materialities of the Residential Unit as a site (in a physical container sense) in or with which professional practices proceed. Rather professional practices unfold as material accomplishments, amid material arrangements, and produce a site. Emergence is thus taken up as a key metaphor. At the same time, those practices are shaped by the site of which they are a constituent part. I will return to the notion of site in relation to fieldwork in Chap. 4 (see also Schmidt and Volbers 2011).

The question of how practices bundle with material arrangements is a crucial one. It connects directly with Schatzki's site ontology, but also expands on what makes Schatzki's position distinct from others. I will briefly outline the many ways in which Schatzki suggests practices 'bundle' with the material world of bodies, (other) organisms, artefacts and objects. As I mentioned previously, when viewed together, these forms of bundling create a sense of practices and materiality as being entangled, not relating from a distance. These are not all mobilised as distinctive key concepts in my subsequent analysis, but they do provide a basis for a more fine-grained understanding of Schatzki's site ontology. The most important concepts are those of bodily performance, practical intelligibility and prefiguration, each discussed further below. The list below draws from a range of texts (particularly Schatzki 2002a, 2005, 2010c), and sets these key ideas in a wider context.

- Practices bundle with material arrangements in the sense that both are dimensions of *sites* (see discussion of ontology above).
- Activities are always performed bodily. Every professional doing and saying is accomplished by a physical, tangible, material body.
- Practical intelligibility shapes which features of the material world are pertinent to practices, when, and how. This connects with Schatzki's notions of spatiality, and is a major conceptual feature of this book (discussed in greater detail below).
- Material arrangements can prefigure practice. This means that materiality shapes what it makes sense to do, makes certain actions more straightforward, likely to succeed, efficient, and so on. The architectural arrangements of client suites prefigure practices of settling in which professionals and parents retreat from the nursery to the corridor.
- Some practices can only be carried out with particular things in place (you can't rock a cot without a cot); other practices would assume a radically different form if materialities that are conventionally pervasive were removed or changed. If the clipcharts hanging by each nursery room door were taken out of the Residential Unit, a whole cascade of changes would take place, changing the character of practices. In these senses, materiality is co-constitutive of practices.
- Actions are performed amid, with, and attuned to material entities. Practices of supporting parents and children in play are performed *amid* the toys of the playroom in the sense the toys provide a setting, *with* those toys in the sense that they are used or folded into bodily doings and sayings, and are *attuned* to them in the sense that these relationships are not given, but rather emerge through interactions between toys and sense-making informed by professional expertise.
- People react to material events and states of affairs, including through causal mechanisms. When the sun sets, practices are triggered to manage the effects of outside darkness within the walls of the Unit.
- Materiality may fill out ends or purposes. Many practices on the Unit are directly related to changing something about the material world—for example the exchange of breast milk between mother and child.

- People are forced to negotiate the physicality of the material world, the physical properties of things matter, as matter. The physical composition of things has significance for social affairs, as, for example, when professionals on the Unit have to negotiate the materialities of sound, shape and distance, when working with families based in rooms on different corridors (helped, at least, by the switch from carpeted to plastic floors, which enables the sounds of cries to carry further and more sharply).

These ideas help make sense of the importance of materiality to professional practices and learning on the Residential Unit (see particularly Chap. 8). Chapter 7 expands significantly on the second point, bringing bodies into clear focus. Having introduced Schatzki's site ontology and his particular view of the relationship between practices and materiality, I can now turn to his defence of residual humanism, and the important concept of practical intelligibility.

Residual Humanism and Practical Intelligibility

Residual humanism refers to Schatzki's stance in relation to materiality, and whether any a prior distinction between human and non-human makes sense. His view, as I understand it, is that while a site ontology certainly presents a strong role for materiality in social phenomena, it does retain a distinction between the two. This distinction is not one of hard and fast boundaries between exclusive phenomena. It is one that accepts fuzzy and porous boundaries. 'Residual humanism' points to Schatzki's reluctance to step as far as others—perhaps labelled as 'post-humanists'—who argue that such distinctions are flawed, and propose a symmetry instead. Nicolini refers to Schatzki as an 'agential humanist', and summarises his interpretation of a Schatzki an ontology thus:

Schatzki affirms that only humans carry out practices. While he concedes that artefacts do have agential power, he suggests that we need to keep human actions and material performance distinct *at least for analytical purposes*. Although human activity implicates a world amid which it proceeds, and albeit materials do exert a direct impact on human action... the two are set apart by the notion of intelligibility, and the fact that only human actions can attribute intentionality and affectivity... his view is that human co-existence and organized phenomena emerge from a mesh of people, things and other entities. (2012 p. 169 [my emphasis])

I see consistency with Pickering's (1993, 1995, 2001) view that agency does not reside, pre-given, inherently in any being or object (human or otherwise), but emerges through relationships between the two. Again Nicolini captures the position succinctly:

While human and non-human elements *are different*, in that intentional agency can be attributed to the former but not to the latter; such intentional agency does not emerge in a vacuum but within the temporally-emergent structure of real-time practices. (2012, p. 170 [emphasis in original])

Thus Pickering (1993, 1995, 2001) refers to a 'mangle' of practice, as actions and intentions emerge (more or less stable) together through shifting relations

between the social and material. Pickering suggests neither can prevail in determining what occurs, and on my reading Schatzki's view is similar: practices remain indeterminate, while some space is reserved for a human notion of intentionality.

I interpret Schatzki's argument thus: materiality exerts its force in social affairs largely by virtue of the way that it becomes intelligible in relation to particular unfolding practices. The meaning materiality has comes into being only as part of practices. Insofar as practices are carried out through bodily doings and sayings, and what it makes sense to do is shaped by ends, values and norms, then there is an asymmetry, an a priori role for human activity and sense-making. These ideas are captured in what Schatzki calls (1996b) *practical intelligibility*. Objects acquire meaning within practices, and these meanings are practical meanings (1996b). This concept proves important in understanding many features of professional practice and learning on the Residential Unit, including ways in which chairs 'act' when placed in corridors during settling, the importance of pens, signatures and signing (see also Hopwood 2014c), and the practical significance (in the sense of having meaning through and to practice) of dimmer switches, blocked out windows, bumps in the floor, mucus, expressed breast milk, and so on (see, in particular, Chap. 8).

Schatzki (2002b) holds that the general ends of practices govern the meaning and force that particular objects exert in social life. That material arrangements play such an important role is therefore due to practices, not something that objects force on humans (2002b). Hence the asymmetry, the residual humanism.

Objects, if you will, make a contribution, but the nature of that contribution depends on us. Practices and the arrangements they establish, largely mediate the causal relevance of materiality for social life. (Schatzki 2002b, p. 117)

How material entities enable and constrain each other, and human activities, depends on their physical properties, yes, but also on the ways they become intelligible as part of practices. What a person wants, or is intending to do, shapes the relevance of certain physical properties to what is going on. A chair in a dining room may be intelligible within practices of eating simply as an object for sitting. However, the same chair placed in the corridor of the Residential Unit at three o'clock in the morning, is intelligible in a different way. Its invitation to sit means something different. It does work of normalising the time it can take to settle children. This is just one example of many discussed in Parts II and III, but suffices to illustrate the point. The same chair might be intelligible in many different ways when used by a toddler as a support to aid standing.

Notions of intelligibility and the meaning that material entities assume as part of practices, preserves a special role for human beings. As far as I am aware, post-humanist theories do not suggest that objects have agency in themselves, just like we traditionally think humans do. Rather they hold that what appears to be agency is an effect of assemblages that can never be located exclusively within human or non-human categories. Schatzki's view is similar in that it is concerned with relationships and enactment rather than entities. However he does suggest a special

role for human beings. My point is not so much that this is a truer or even better view than others. Rather it is one that I am drawn to, which makes sense to me, and most importantly, which proved highly fruitful in making sense of professional practices and learning in my ethnographic work. Other ideas that are both crucial features of Schatzki's wider framework, and important in the analysis presented in Parts II and III of this book concern the relationship between practices and activity, and it is to these that I now turn.

Practices and Activity

To understand how Schatzki's theory can be used in empirical, ethnographic research, we have to explore the relationship between practices and activity in his framework. One of the more often quoted phrases describes practices as 'embodied, materially mediated arrays of human activity centrally organised around shared practical understandings' (2001a, p. 2). We may immediately note the emphasis here on bodies and materiality—both are treated as omnipresent and foundational. The organising forces at work include practical understandings, as in the quotation, and also rules, teleoaffective structures, and general understandings (which I discuss below). Schatzki also describes practices as open, temporally unfolding and spatially distributed (e.g. 2002a, p. 20). Human beings coexist by virtue of participating in or relating to common social practices (2010c). To understand this, it is important to consider the relationship between practices and activities.

'Practice organisations circumscribe activity. In turn, activity maintains practice organisations' (Schatzki 2010c, p. 212). An activity can be performed by one person; practices are nexuses of many activities⁶ (2012b), while any one activity may be performed by an individual. Activity, in Schatzki's terminology, denotes doings and sayings, both of which are performed bodily. Some activities further other, related activities. The activity of rocking a cot forwards and backwards contributes to the accomplishment of encouraging an infant to settle. Individual performances of these are activities; the spaces of multiplicity comprising many instances of such activities, dispersed in space and time, are the practices to which those activities relate. The practices are spaces of multiplicity because the activities need not be identical for them to uphold those wider practices. Practices depend on the ongoing performance of activities in order to continue to exist (Schatzki 2010c, 2012b, 2013). Practices also govern and shape activities. To practise cot rocking implies certain bodily doings. Each activity instantiates and upholds one (or more) social practice(s), while being shaped by them.

In Schatzki, activities share many of the properties of practices, including their inherent bundling with material arrangements. This is crucial, because activities

⁶Note the difference here between Schatzki's use of the term 'activity' and the meaning of the term within Cultural Historical Activity Theory (CHAT), where 'activity' refers to collective, object-oriented efforts.

become a window onto wider practices. Practices cannot, by Schatzki's definition, be observed in a single moment. Activities, however, can. Because activities are expressions of the forces that organise practices, we can learn about practices by studying activities (see below). Each activity of settling an infant expresses the rules, practical and general understandings, and teleoaffective structures that govern the wider practices of settling. Thus in my ethnographic work, my role was to describe (and become entangled in, see Chap. 4) activities of the Unit. Empirical data relating to these activities provide a kind of 'clearing' through which light is shone upon professional *practices* on the Unit, particularly because so many activities were observed so many times. In turn, these practices provide a window onto the wider spaces of multiplicity that include practices performed by professionals in similar contexts, and practices associated with wider challenges and changes unfolding across many professions.

This logic underpins how Kemmis (Kemmis and Grootenboer 2008; Kemmis et al. 2014; see also Hopwood et al. 2013; Hopwood 2014c) argues that we can see 'big' forces, such as professional norms, ethics, regimes of accountability and so on, through 'small' instances. Indeed the two are so entangled it makes little sense to refer to them in this way. There are no 'big' forces or patterns outside of 'small' instances, and no 'small instances' that are not shaped by and contributing to those wider phenomena. It is thus that we can move from detailed empirical details from one particular 'site' to constructing answers to the much broader questions that I posed in Chap. 1—questions about the changing nature of professional practice, the role of professional expertise and learning in partnership-based work, and so on.

How Practices Are Organised and Hang Together

As we saw above, an activity, and its associated doings or sayings belong to a practice if they express components of that practice's *organisation*. I will now explain the four key components of this organising referred to in the quotation below:

A practice is a temporally evolving, open-ended set of doings and sayings linked by practical understandings, rules, teleoaffective structures, and general understandings. (Schatzki 2002a, p. 87).

The notion of organising here has a sense of shaping or arranging, but also one of coexistence. Schatzki writes repeatedly of *hanging together* as a metaphor for how practices and activities relate to one another. This is deliberately non-hierarchical, imagining a (slightly thick) horizontal plane. Where practices (and the activities that uphold them) are governed by the same understandings, rules, or teleoaffective structures, they hang together through *commonality*. They may also hang together through *orchestration*, where some or all of those structures differ, but there remain non-independent relationships between them. The connections I describe in this book are largely those of commonality, given my empirical focus in such a contained professional setting. I expand on each of the organising forces below, as these are drawn upon in the analyses presented in Parts II and III. However I would signal that overall, Gherardi's notion of texture (connectedness

in action) is taken up more pervasively and deeply, including its expansion through the dimensions of times, spaces, bodies and things.

Practical understandings (Schatzki 1996a, b, 2002a, 2010c) denotes know-how that enables people to carry out actions that it makes sense to perform. They build on the ability to carry out bodily actions. A nurse on the Residential Unit knows how to rock a cot back and forth, pat a mattress, burp a baby, stand still and calm during settling or a tantrum, and so on. Of note is Schatzki's association of the word 'understandings' with the body. This points to his notion of the instrumental body (discussed below). But it also reflects the view that knowledge and understanding are not properties of the mind that are simply enacted by the body. Practical understandings also include dimensions such as rhythm, pace, tone, gesture, and more aesthetic qualities of bodily doings and sayings. In the context of professional practices described in this book, these aesthetic qualities are extremely important, hence I turn to Gherardi and Strati's work (see below).

By *rules*, Schatzki means formulations, principles, precepts, and instructions that enjoin, direct or remonstrate people to perform some actions and not others (2002a). These need not be rules set out explicitly as such. Indeed one of the ways normativity shapes what makes sense for people to do is through rules. What makes sense to someone to do need not equate to what is rational to do (2010c). Emotions may inflect the determination of practical, and thus also mediate the way in which rules and normativity shape practices. Linking back to the ideas prefiguration and indeterminacy, we can say that these do not determine activity, but rather forms part of the context in which people act, influencing what it makes sense to do. Rules, whether explicit and specific articulations, or more implicit and diffuse norms and traditions, do not determine what happens. Professional practices on the Residential Unit are organised by numerous rules, some of which become more apparent than others in the remainder of this book. There are rules relating to the operation of a 'well person facility', which organise practices of monitoring for signs of illness (see Chap. 6). There are rules relating to child protection, and forms of accountability that shape what is documented and signed off, when, and by whom (see also Hopwood 2014c).

The idea of *teleoaffective structures* refers to ends, purposes, projects, beliefs, and emotions that become normative in a practice. They shape questions of what is right to, what one ought to do (which in turn shape, but do not determine, what it makes sense to do) (1996b). To say a practice is shaped by a teleoaffective structure is not to say all participants in it share a uniform, singular collective set of ends. However, intentions and attachments are crucial to understanding how activities performed by different people hang together. On the Residential Unit, the idea of partnership, and in particular the Family Partnership Model (FPM; see Chap. 2) are significant features of such structures. In turn, they are part of values, ethics and a commitment to a sense of 'good' that are shared by professions across the Unit, and indeed services for children and families more widely. Significantly, the FPM attaches affective significance to, and orients practical intentions towards, not only the outcome of supporting families, but features of the process, too. For example, in partnership, professionals seek to ensure that parents feel listened to, and respected in empathetic, non-judgemental ways. We may note resonances here between Schatzki's concept and Gherardi and others' (Gherardi 2009; Gherardi et al. 2007)

emphasis on passion and passionate attachment in practice. This idea also comes up in relation to materiality, and the ‘textured intimacy’ between people and objects (see Jensen 2012; Knorr Cetina 2001; Knorr Cetina and Bruegger 2002; Miettinen and Virkkunen 2005; Nerland and Jensen 2012, 2014; and Chap. 8).

The concept of *general understandings* refers to understandings that we rely on in our recognition of certain practices (Schatzki 2002a). To recognise and agree that a particular practice is in evidence, we must draw on general understandings of what that practice constitutes. General understandings also refer to things like manners of conduct. This is thus a broader concept than the bodily know-how of practical understandings. In my (admittedly flexible) appropriation of the concept, I also include the sense of relatively stable professional knowledge bases. For example, there are understandings about child and family nursing that enable us to recognise practices as child and family nursing practices, and to distinguish them from other kinds of practices. There are understandings about what it means to act professionally as a child and family health nurse. And there are also understandings about anatomy, child development, attachment, and so on. While Schatzki doesn’t (as far as I can tell) explicitly designate these within his organising forces, to me it makes sense to do so, and particularly proves fruitful in the analyses presented in Part III (see Hopwood et al. 2014 for further explanation and application of this idea).

Practical understandings, rules, teleoaffective structures, and general understandings all influence what it makes sense to do and how the material world becomes practically intelligible as practices unfold. Exactly what this ‘influence’ looks like, and how strong it is, brings us to consider Schatzki’s concepts of prefiguration and indeterminacy.

Prefiguration and Indeterminacy, Stability and Change

A brief examination of agency within Schatzki’s framework is an important prelude to understanding the concepts of prefiguration and indeterminacy. Schatzki argues that ‘what people are capable of doing depends in part on the people, organisms, things, and artefacts around them’ (2002a, p. 208). While he aims to ‘vindicate the integrity and unique richness of human agency’ (p. 193; further traces of his residual humanism are apparent here), such agency is contingent, not absolute. This clearly debunks any notion of a form of agency that stems from individuals *per se*. Agency is a relational, arising through, or an effect of, bundles of practices and material arrangements at particular sites. There is, as I have explained above, asymmetry here, a sense of capacity that people have to bring about to commence, continue or change events in the world (Schatzki 2002a, 2013).

Prefiguration refers to the ways in which bundles of practices and arrangements make particular courses of action easier, harder, simpler, more complicated, shorter, longer, ill-advised, promising of ruin or gain, riskier or safer, more or less feasible, and so on (see 2002a, p. 225). Prefiguration does not clear some paths and obliterate others, but rather figures them with different qualities or associated intelligibility in terms of what it makes sense to do. Courses of action can be made

more or less difficult, threatening, distinct, and so on. A nurse's route through the Unit may be prefigured by its spatial layout and its temporal routines, which shape whether families are likely to be in the dining room, playroom or nursery, and her purpose in seeking contact with families. Handover practices are prefigured in different ways and to different degrees—a feature I pick up in Chap. 9 through related notions of choreography in order to highlight the patterning of bodies, movements, spatial relations, rhythms and objects. This patterning is one of many instances and effect of prefiguration evidence in professional practices on the Residential Unit. Manidis and Scheeres (2013) see prefiguration as a central quality of practices, viewing it as key to understanding how practices prevail.

Indeterminacy brings questions of agency and prefiguration together. Schatzki (particularly 2002a, 2010c) argues that nothing determines what a person does before the act is done. By extension, whatever causes or leads to that action is not fixed until the moment of its performance. 'Until a person acts, it remains open just what he or she will have done' (2002a, p. 232). Indeterminacy gives practices and the future the openness that has been mentioned before, and retains important temporal qualities linked to intentionality that will be discussed below. While Schatzki accepts that people, and thus practices, are strongly shaped by normativity, there is always possibility for change (see also 2013). 'All the prefiguration in the world cannot sew up agency before it occurs' (2002a, p. 233). This brings us back to the metaphor of emergence: practices are not determined in advance, and the realities they produce therefore emerge.

The accounts I give in Parts II and III are *not* ones of wider change in the ways practices on the Unit unfold or organised, nor are there stories of individual pioneers trailblazing changes, deviating radically from the prefigured patterns and routines of their work. Indeed in some ways, the practices I describe are remarkably stable. However, Schatzki (2013) holds that stability and change are not the exclusive opposites of one another, but rather constantly co-occur (see also Price et al. 2012; Tsoukas and Chia 2002). Indeed as I introduce below, and elaborate in Chap 9, professional practices on the Unit unfold amid myriad subtle and less subtle, minor and less minor changes. I associate the maintenance of connectedness in action (texture), its repair, restoration and modification, and the production of new textures, with the idea of professional *learning*, when they further the ends of practices through meaningfully altered interpretations and actions. Thus Schatzki's notion of indeterminacy opens up a view of simultaneous instability and preservation of practices that, in turn, enables us to explore what and how professionals learn as they work (together). Having gone into some detail about Schatzki's practice theory, I now turn my attention to questions of knowledge, knowing and learning.

Theorising, Knowing and Learning in Professional Practice

In this section I continue to engage with existing theoretical literature, as a way to frame the theoretical aspects of this book, and introduce some of the key concepts that are drawn upon later. I shift now to focus on knowledge, knowing and learning.

I begin by describing recent shifts in workplace learning research, in which the metaphor of emergence has become prominent. This links directly to the changes and critiques at play in the broader sociomaterial agendas discussed above. I then address concepts of knowledge and professional expertise, knowing in practice, and aesthetics. Here, Schatzki is backgrounded somewhat, and the work of Jensen, Nerland, Gherardi, Strati and others is brought to the fore.

This book is located within, and contributes to, a distinctive approach to researching workplace learning, specifically learning in professional practice. This approach relates closely to the sociomaterial and practice turns outlined above, although it is in some ways broader than this. Emergence is taken up as a key metaphor of learning, rather than participation, or acquisition and transfer. Emergence points to complex temporalities, the non-specifiability of the knowledge needed to perform particular practices or carry out professional work, the role of judgement, and continual interpretation and reinterpretation that go on in practice, all of which give practices suspense and uncertainty. Drawing particularly on Hager's (2011, 2012) accounts of historical developments in workplace learning research, I will now provide more details, linking the discussion of practices to questions of learning.

Hager (2011) traces a series of shifts, initially from behaviourism to more cognitive approaches influenced by psychological theory, particularly those associated with Schön's work on reflective practice. The basis of this approach in acquisition and transfer metaphors of knowledge, the treatment of learning as a product or thing (often independent of context), and the individual as the primary unit of analysis, have all been targets for sustained criticism. In response, according to Hager's account, various sociocultural theories emerged. Rather than treating knowledge as an entity held by and transferred between individuals, different units of analysis were used, focusing more on collective and social dimensions, framed around a metaphor of participation (e.g. Lave 1988; Lave and Wenger 1991; Wenger 1998).

These approaches reject cognitive/technical rationality, and place emphasis on thinking and acting rather than acquiring knowledge. They extend the work of Dreyfus and Dreyfus (1988, 1999) in which the body emerged more strongly in accounts of learning and cognition (Dreyfus and Dreyfus 1999). This work formed a central feature in studies of organisational learning and situated cognition undertaken in Italy, by Gherardi and others (e.g. Gherardi 1995, 2000b), before their later turn towards actor-network theory and 'practice-based studies'. Hager (2011) locates Eraut's (2000, 2004a, b, 2007a, b) work within this tradition, alongside that of Billett (1998, 2006, 2009, 2010a, b, 2011, 2014; Billett and Somerville 2004; Billett and Smith 2010, 2014; Billett et al. 2005, 2014), Boreham and Morgan (2004), and some variants of activity theory (e.g. Blackler 1993, 1995; Guile and Young 1998). Some of the earlier work by Fuller et al. (2005, 2007) and Fuller and Unwin (2003) also demonstrates the insights afforded through theories of learning anchored to the idea of participation.

Hager (2011) frames this third trance around the central metaphor of emergence (see also Fenwick 2008). This is related to ideas of becoming, practice,

and temporal dimensions in fluid, ever-shifting contexts. He makes links between it and broader postmodern traditions, though I find the terms ‘post-Cartesian’ (used by Hager et al. 2012b) as this points more directly to the rejection of mind/body dualism (see below). Hager asks, if practices have emergent properties, why should the same not apply to learning? Practices and reality can be understood as co-emerging: practices unfold through actions, interactions and the assemblages they produce and are shaped by; social reality is a sociomaterial accomplishment, or emerging effect, of these practices.

Within this third tranche, Hager identifies learning-focused research informed by sociomaterial approaches including actor-network theory, practice theory, practice-based studies and (some variants of) cultural historical activity theory (CHAT). The latter seems apt given strong notions of material mediation (Engeström 1999, 2001, 2005, 2007, 2011; Engeström et al. 1999; Mäkitalo 2012), and emphasis on relationality (see Edwards 2005b, 2009, 2010; Edwards and Daniels 2012; Edwards and Darcy 2004; Edwards et al. 2009, 2010). The extensive work done in this guise has produced a rich and diverse literature, bringing a range of contemporary theories into contact with questions of learning and work. Some examples include: the actor-network theoretical work of Mulcahy (2012a, b, c, 2013), Somerville (2010), Aberton (2012b), Fenwick and Edwards (2010, 2012); the practice-based studies of Gherardi (2001, 2006, 2009a, b, c, 2012a, b; Gherardi and Strati 2012; Nicolini (2009a, b, 2011, 2012; Nicolini et al. 2003) and others, (as introduced above and discussed further below); the practice theoretical work brought together by Green (2009a, b, c), Green and Hopwood (2015a, b, c), Hager et al. (2012), and Kemmis et al. (2014); studies of epistemic cultures and practices by Jensen, Nerland and others (Jensen et al. 2012b; Nerland and Jensen 2012, 2014); and other work focusing on knowledge, knowing and materiality in organisations (Antonacopoulou 2008; Carlile et al. 2013a, b; Hydle and Breunig 2013; Orlikowski 2002, 2006, 2007; Orlikowski and Scott 2013; Orlikowski and Yates 2002; Tsoukas 2008, 2009; Sandberg and Tsoukas 2011). Shotter’s (1996a, b, 2001, 2004, 2005, 2008, 2013) work is also of note. We might also note the uptake of such ideas in educational research more broadly (rather than specifically workplace learning), as illustrated in Nespor’s (1994, 1997, 2002, 2012) and Sørensen’s (2009) studies of formal education and Aberton’s (2012a) work on learning in everyday community settings.

Gherardi writes that ‘practice-based approaches to learning and knowing in organisations share a common interest in the construction and maintenance of shared orders as emergent phenomena and interactional effects’ (2006, p. 52). Knowledge as possession, and learning as transfer of knowledge are almost atemporal in their conception, save perhaps a basic sequential chronology. Participation explicitly invokes temporality through notions of trajectories, strongly characterised by ideas of novices or apprentices learning to become full members of communities (reflecting the basis of much participation-focused work on studies of apprenticeship). Emergence opens up questions of time and temporality, and in particular challenges notions that learning required for successful performance in any occupation can be specified in advance. If practices are emergent, and their

emergence continually produces social realities, then learning must emerge with practice. While patterns and stabilities in social life and their prefiguring effects (see above) do not preclude us from anticipating how practices will unfold, we cannot fix what must be known in order to carry out work or a particular activity prior to its unfolding.

Hager (2011) concludes that one of the most significant outcomes of theoretical developments in this field has been the realisation that for any job to be performed, learning must be happening. Practices cannot go on for any sustained period without learning, irrespective of how experienced the practitioners are. As I discuss below, this does not mean that I collapse practice and learning into one another as concepts, nor do I argue that all activities undertaken in the conduct of professional work require and bring about learning. The concept of emergence gives us a coherent way into this view.

Professional practices are emergent phenomena. This emergence provides a constant pressure to learn. In Part III I discuss in particular how shifts to partnership-based approaches (as described in Chap. 2) intensify this learning imperative and infuse it with distinctive relational qualities. Hager (2012) argues that learning is an essential part of good practice. I interpret the word ‘essential’ here not only to mean necessary, but also in the sense ‘is part of the essence of’ (I use the term in the same way in reference to four essential dimensions of practice and learning, see below; also Hopwood 2014a). This point is echoed by Jensen et al. (2012a) who describe increasing requirements for professionals not only to apply or enact knowledge, but to participate in producing and sharing new knowledge. Practice is not held secure by a stable, fixed body of knowledge. Rather its accomplishment is responsive, unpredictable, and indeterminate. Professional practice cannot be conceived without learning (though this does not mean they should be conceived as synonymous or the same thing). Chapters 9 and 10 explicitly explore the learning that goes on as professional practices at Karitane unfold—the former focusing on what and how professionals learn from families and each other (through my expanded concepts of connectedness in action), the latter on the professional learning that is inherently interlaced with practices that are pedagogical in nature. Any discussion of learning must address questions of knowledge; when our focus is on learning in the process of work, then questions of professional expertise must also be in the frame. It is to these, and their connections, that I now turn.

Knowledge and Professional Expertise

Despite increasing reference to knowing (see below), there remains significant value in approaching questions of professional practice and learning with reference to knowledge (as a noun). This does not mean that we revert back to knowledge as an entity residing in individual heads, but it does mean that we can consider forms of expertise and understanding that are more or less stable, shared across communities, and to some degree characteristic of particular professions

and fields. For example, Guile (2012, 2014) talks about professional knowledge in terms of continuous recontextualisation, embedded in workplace practices and artefacts, used by professionals to address challenges that arise in the conduct of work. Drawing on CHAT, this does not cleave knowledge into some abstract, idealised entity wholly divorced from practice, but it does not rely on a wholly performative notion of knowing either. Guile offers valuable insights into forms of reasoning in theoretical and professional ways while retaining a strong grip on the notion of ‘content’ that has some meaning outside of in-the-moment actions (at least, this is my reading of his work).

Indeed Young and Muller position the whole volume (of which Guile’s chapter is one contribution; Young and Muller 2014b) as putting ‘the sociological study of professional knowledge into the centre of scholarly focus in research on professions and their formation’ (2014a, p. 5). They add:

We have noted in earlier work how the exclusive stress on the ‘can do’ side of knowledge... can impair educational provision. It is the distinctive socio-epistemic properties of different kinds and bodies of knowledge that are put to use by members of professions in problem-solving and other kinds knowledgeable practice that is our singular concern in this volume. (2014a, p. 5)

This statement is qualified by an explanation that this does not necessitate or imply a strong split between knowledge and action—something they acknowledge would be especially counterproductive in the context of professional knowledge. They write instead of a blurred continuum between the two, where distinctions are *analytical* (rather than, I assume, of an ontological nature). Their interest in the specialised knowledge involved in particular practices is located towards one end of this continuum, where I imagine notions of knowing in practice (Gherardi, Orlikowski and others, see below) might lie at the other. Perhaps in between these is the work of Jensen, Nerland and others. This is centred around ideas of epistemic cultures—those that create and warrant knowledge—and the epistemic or knowledge work that is wound up in professional practices, where expert knowledge is not always certain (see Jensen et al. 2012a). Nerland and Jensen (2014) write of professional knowledge cultures, understanding professional learning in relation to wider ecologies of knowledge and practice. They view ongoing participation in professional practices as conditional upon enrolment in collective but also specific ways of knowing—an enrolment that is never finished.⁷

Jensen et al.’s (2012b) volume reports outcomes of a large empirical project focused on learning and expertise in a range of professional contexts. They explore contemporary professional work in terms of engagement in knowledge practices that go way beyond application, but involve epistemic work of exploring, testing, validating, and sharing what is or comes to be known (Jensen et al. 2012b). They draw on Knorr Cetina’s (1997, 1999, 2001; Knorr Cetina and Bruegger 2002) work, particularly concepts of epistemic cultures and objects, highlighting knowledge and

⁷Interestingly, Gherardi and Perrota (2014) make a similar point relating to professional becoming as ongoing; they draw on a different notion of knowing, and place greater emphasis on tensions and contradictions.

knowledge work as phenomena that bind professions and professionals together. As Lahn (2012) notes, this avoids the performative inscription of ‘knowing’, but shares a strong materiality with a broader sociomaterial and practice perspective, and close connection to unfolding action. Their analysis opens up fascinating questions about passionate attachment to knowledge and objects (Jensen 2012), non-knowledge and linked notions of awareness, intentionality and stability (Jensen and Christiansen 2012), and how workplaces may stimulate and support professional learning through a match between knowledge practices and knowledge resources (Klette and Carlsten 2012; Klette and Smeby 2012). Nerland’s (2012) piece clearly eschews an individual unit of analysis, and also steps away from social participation as a metaphor, engaging instead with questions of professional knowledge and learning in terms of temporality and spatiality, mediation, and circulation.

Young and Muller (2014) find Jensen et al.’s (2012b) work rather too far in the direction of ‘can do’ and ‘practice’ of knowledge-based professions. However, as I see it, both bodies of work share a commitment to, and beautifully illustrate, the value of working with the concept of knowledge in sociomaterial research on professional practices and learning. In particular this speaks strongly to the issues raised in Young and Muller’s introduction:

In the present climate of the ‘knowledge economy’, ‘knowledge work’ and ‘expert occupations’, there is simultaneously concern about the increase in the riskiness of professional judgement, the threat that codification and standardisation poses to the autonomy and discretion of the traditional ‘liberal’ professional, and a residual suspicion about the probity and trustworthiness of all professions and professional judgement. (2014, p. 4)

Thus, in this book I do work with the concept of professional knowledge. It provides a coherent basis for my appropriation of Schatzki’s (2002) idea of ‘general understandings’ (see above), and enables me to elucidate features of professional expertise and learning that would not be apparent if I was tied exclusively to performative notions of knowing. This is not about hedging my theoretical bets, or seeking to produce a hybrid compromise. It is about being playful and agile, drawing on varied concepts as long as they enrich the analysis, and share a consistent basis within broader sociomaterial canons. In the next subsection I will outline features of the more performative concept, knowing, as these too provide an important reference in the remainder of this book.

Knowing in Practice

Performative concepts of *knowing* are a hallmark of a significant body of research on professional practice and learning. This is so particularly within the fold of practice-based studies associated with Gherardi, Strati, Bruni and Nicolini, but also with the work of Orlikowski, which similarly comes out of organisational studies. The essence of the idea is this: rather than conceiving of knowledge, something that is held, we conceive of knowing, something that is done—a shift from noun to verb (see Gherardi and Nicolini (2000) for an early adumbration of

the idea). Given this has developed within sociomaterial and practice-based traditions, this doing is understood as a doing together, and one that is never separated from materiality. Thus knowing is treated as a phenomenon that emerges through fluid relationships that are established (and I would add, unravelled, repaired, restored, modified) in practice. “The study of knowing in practice prefers action verbs to transmit the idea of an emergent reality, of knowing as a material activity” (Corradi et al. 2010). This is a foundation for much of this book, particularly Part II, which takes up the idea of texture or connectedness in action—ideas for which knowing in practice is a crucial basis.

I will now explain the idea in more detail, pointing to some of the premises behind it, and its important implications. There is now a large literature around this concept and its application in research, and I make no attempt to capture this here. Instead I focus on those aspects that feed most directly into the analyses that follow in Parts II and III.

Gherardi et al. (2007) write that (organisational) knowledge is not solely mental, it does not reside in the brain of the human body, nor does the body serve as its instrument. This is an important starting point, as it locates us firmly in a post-Cartesian terrain in which mind/body dualisms are dismantled (see Hodkinson (2005) for a discussion of mind and body as a troubling dualism in our understanding of learning). Bruni et al. offer a powerful introduction to the idea of knowing in practice:

When we conceive knowledge as a substance, we see it as materialised in objects; when we conceive it as a property, we see it as owned by individuals. (2007, p. 85)

They argue that the concept of practice provides a way to theorising knowing and work, enabling us to capture the materiality and indeterminacy of specific forms of knowing. The echoes of sociomaterialism (as I outlined it above) are loud and clear here. Corradi et al. (2010) suggest that practices constitutes the topos that ties knowing to doing (here I understand topos close to its original Greek sense of ‘place’ or ‘site’). Knowing is structured in practice through relation to the objects and artefacts that are folded into professionals’ everyday work.

Nicolini’s writing on this concept conveys many aspects that are highly relevant to the way I take it up in this book. He notes:

Knowing, for example, transpires particularly through the sayings and doings, the tempo and rhythm of the practice, the objects used in the course of the activity, the interactional order and accountability regime, and how deviations and innovations are taken into account and dealt with. (2011, p. 609)

Of note here are the explicit links he makes with ideas of ‘doings and sayings’ (Schatzki’s vocabulary is echoed here), and temporality and rhythm—ideas taken up in Chap. 5. His focus on objects and accountability rehearses the way I explore questions of partnership, responsibility and signatures (Hopwood 2014c). It is important also to acknowledge that knowing in practice is not exclusively a concept associated with Gherardi and her co-authors. Orlikowski (2002, 2006, 2007; Orlikowski and Scott 2013; Orlikowski and Yates 2002) has also written extensively on this idea. She writes:

Knowing is not a static embedded capability or stable disposition of actors, but rather an ongoing social accomplishment, constituted and reconstituted as actors engage the world in practice. (2002, p. 249)

The parallels with the Gherardian idea are evident: knowledge is produced and reproduced in social practices, ‘always in the making’ (2006, p. 460). My understanding, use and appropriation of the idea is informed much more heavily by Gherardi’s work, hence my primary reference to her and her colleagues’ texts.

Adopting the concept of knowing in practice means we let go of knowledge as mental substance, and instead focus on the practical accomplishment of knowing, tracing what people do together, materially (Gherardi 2006). The researcher interested in questions of expertise and learning, therefore, focuses on the doing, and the materiality of social relations (Gherardi and Nicolini 2002). As practitioners perform the activities that uphold or reproduce practices, they embody and enact the knowing required to do so. However, the indeterminacy of practices (note the parallels with Schatzki; see above), means that practice and knowing are mutually constituted, each shaping and shaped by the other. Where Schatzki (1996b) refers to what it makes sense for someone to do, Gherardi (2006) refers to a ‘situational logic resulting from the connections in practice among practitioners, artefacts, context and the normative and aesthetic codes which sustain the performance of practice’ (2006, p. 230).

Here the notion of connections comes into sharper view. Gherardi’s (2006) concept of texture or connectedness in action, is a major conceptual anchor for my work in this book. She holds that practices are nested with each other, forming a texture that may be locally dense to varying degrees. Schatzki (2002b, see above) conceives practices as hanging together through shared practical and general understandings. I see Gherardi’s notion of texture as occupying similar conceptual terrain. Both point explicitly to questions of knowing, tied intimately to the ‘action’ of unfolding practice, both heavy with materiality and bodies. To me, the idea of connectedness in action is wonderfully open and fluid. Indeed, Part II is devoted largely to expanding this concept as a means to understand professional practices and learning, by teasing out four essential dimensions of texture (times, spaces, bodies and things).

I introduce these in the next main section, but before this I draw out a key feature of practice-based approaches to conceiving knowing: aesthetics. Insofar as I mobilise the concept in this book, it does not sew up questions of practice, knowing and learning by enabling us to collapse one onto the other, to use them interchangeably—these are issues I take up in the final section of this chapter.

Aesthetics

Schatzki (1996b) refers explicitly to aesthetic qualities of bodily doings and sayings, and to practical understandings (bodily know-how) including aspects such as rhythm, pace, tone, gesture and so on. Attending to aesthetics is a crucial part

of a broader countering of technical and rationalist approaches to understanding professional practice, learning and expertise—a critical disruption that is central to the sociomaterial and practice theoretical agenda (this carries forward to my argument about the nature and place of critique in this book, discussed in Chap. 4). However, despite his explicitness, Schatzki does not develop this point in great detail. Fortunately, aesthetics is brought into sharp and nuanced focus within practice-based studies in a Stratian and Gherardian guise.

As mentioned above, aesthetic codes are viewed as one form or source of connection among practitioners, objects and wider context (Gherardi 2006). Here, aesthetics is imbued with particular meaning—in fact, meaning that makes it broader than its everyday usage, which is often focused on (visual) judgements or appreciation of beauty. Aesthetics refers to having an eye, ear, nose (and so on) for particular features of practice which may be tangible or intangible, explicitly articulated or otherwise (Strati 2003). Through an aesthetic lens we can value the corporeal and interpersonal nature of knowing—rejecting Cartesian mind/body dualism and notions of knowledge being held in individual minds, and implemented in a rational process of cognition translated into action.

Gherardi et al. (2007) highlight the salience of aesthetic ways of knowing, sensory work, and expressions of judgement based on taste (see also Gherardi 2009c). Knowing in practice incorporates (the corporeality here is deliberate) knowledge gained through the senses, and aesthetic judgments made as people go about practices (Corradi et al. 2010). Strati's (1992) describes two offices, and compares them on an aesthetic basis. In doing so he drew attention to the fact that professional practices and organisations are not devoid of questions of beauty, the sublime, sacred, graceful, ugly and picturesque. As he later notes, aesthetics pervades everyday life in workplaces (2008). It is important to note that Strati's (1992) account documents not only the physical environment, but also the aesthetic qualities of actions—doings and sayings. Aesthetics are not confined to questions of artwork hanging on walls, or architectural design. They are lived, spoken, done, performed, practiced.

Strati (2003) illustrates his meaning through an example of men working on a roof at a construction site. The aesthetic dimension of what he observed included their confidence in footwork, posture, manual dexterity, speed in movement, individual and shared rhythms, focus of attention, gesticulations as communication, and changing positions and postures in order to assist and work with others. Another example concerns how a skilled surgeon uses a scalpel, making precise changes to position, pressure, speed of movements in response to cues sensed through vision, touch, ears, and so on. Immediately we get a sense of how aesthetic knowing and judgement are enacted, in movement, fused with objects and other people. Indeed Strati is explicit in his argument that attending to aesthetic dimensions leads us to understand knowledge as interpersonal and enacted, not residing within individuals' heads.

Aesthetic judgments are not just about what we sense, how we sense, what we feel, how we move, how we speak, our sense of taste. The idea thus disrupts a reliance on cognition in rationalist or mental models, and thus knowledge, or

knowing-in-practice are not just about the way we think, but also are formed, sustained and enacted through sensory faculties and associated judgements. Schatzki's ideas of practical and general understandings do not fall into the traps of cognitive rationalism, and have strong embodied qualities. I argue that the elements that Strati describes as aesthetic have a comfortable place in Schatzki's idea of the forms of understanding that organise practices.

Strati (2005) connects questions of aesthetics with issues of materiality. The aesthetic dimension of an artefact can stimulate our senses and taste. With a practice-based approach, aesthetic questions pertain to artefacts in their 'being-in-use', not as static entities. Here I see clear parallels with Schatzki's idea that we treat materiality in terms of its pertinence to or involvement in practices, and his notion of practical intelligibility. For example, the chair placed in the corridor in the middle of the night enacted aesthetically as a means to de-pathologise children's night waking and the time taken to resettle them: the pedagogical effect of the chair has a profoundly aesthetic and material basis.

An aesthetic sensibility in our research means that we may approach questions of practices and learning as (inter)corporeal and multi-sensorial (Strati 2007). This resists the privileging of sight as we also consider postures, movements, sounds, touch, smells—all highlighted in Parts II and III of this book. This requires forms of evocative and metaphorical expression that counter scientific reductionism and formalisation. I seek to address this in the chapters that follow through the presentation of vignettes, accounts based on my observations, and through visual representations, particularly line drawings based on photographs. These deliberately depict certain features of bodies and materiality, evoking aesthetic senses of poise, posture, calm, and so on.

Strati (2008) notes a legitimacy that is now given to the study of aesthetic dimensions of organisational life and practices. Corradi et al. (2010) outline how practice-based approaches have stressed that learning and knowing have aesthetic and not just cognitive dimensions. Crucially aesthetic attention requires researchers to attend to bodies, in particular material bodies. More recently, Gherardi and Strati (2012) articulate the value of a practice-based lens precisely in terms of the emphasis it places on aesthetic as well as cognitive dimensions, wherein these imply collective (in the sense not individually isolated) forms of sensory awareness, qualitative judgement, bodily doings and sayings, and material artefacts, involved together in establishing and maintaining aesthetic order as an inherent part of social practices.

A sensibility to aesthetics pervades much of what follows in this book, including the basis for discerning and changing rhythms (Chap. 5), production of spaces of pedagogy through finely attuned body geometries, postures, and gestures (Chaps. 6 and 7), and materialisations of aesthetic readings of children's behaviour (Chap. 8). Furthermore, Part III weaves these threads into accounts more sharply focused on professional learning.

Four Essential Dimensions of Professional Practice and Learning

In this section, I will draw out threads from the previous discussion of sociomaterial, practice-theoretical and practice-based approaches in order to rehearse some of the key arguments that are developed in full in Parts II. This begins with a mapping out of the four essential dimensions that form the focus of Chaps. 5–8 respectively, and which expand on a Gherardian notion of texture, or connectedness in action. Empirical substantiation and illustration of these is put on hold for now: the purpose here is to locate the ideas within the broader theoretical terrain that I have explored above, and to foreground some of the important ideas from other, related, literatures that are brought to bear in the detailed analyses that follow. In the following section I anticipate the theoretical foundations for and arguments developed through Part III by making explicit my stance on the relationship between practice and learning, and by introducing the basic Vygotskian concepts built upon in Chap. 10.

Part II of this book explores times, spaces, bodies and things as four *essential* dimensions of professional practice and learning. This builds on and significantly expands my initial working through of this idea (Hopwood 2014a). Gherardi's (2006) notion of texture provides a key conceptual anchor here: the four dimensions all relate to connectedness in action, and professional learning in practice is understood in terms of the development, maintenance, modification, restoration and repair of textures (see below, and Part III). Each dimension is resourced by a range of theoretical and empirical work, including that of Schatzki, but also drawing on critical cultural geographies (Massey 2005; Thrift 2004, 2006, 2007), feminist approaches to embodiment (Grosz 1994; Haraway 1991), and so on. The following sections take each dimension in turn, mapping this rich theoretical resourcing. I follow Jackson and Mazzei (2013) and Nicolini (2009b) in arguing that such an approach—combining eclecticism with informed selectivity—adds significant value to the analysis.

I must clarify what I mean when I say the four dimensions are *essential*. This has two aspects. The first is that they constitute practice texture: they are its essence. Connectedness in action is constituted in times, spaces, bodies, and things—all multiple, enacted, fluid relational accomplishments, as consisted with a site ontology (Schatzki 2003). Schatzki writes that timespace is a “central constitutive feature of human activity, where by ‘constitutive’ I mean helping to make up what something, in this case activity, essentially is” (2010, p. ix). I am adding bodies and things to this notion of essential constitution. The second is that they are non-optional. I argue that there are no textures of practices outside of times, spaces, bodies and things. Connectedness in these four dimensions is essential. Put differently, the dimensions are essential in the sense that if one was taken away, the practices to which they relate would collapse. This is a bold claim, but it is one that flows out of much writing on sociomateriality (as I will show below).

The obvious question is, why only four dimensions? There may well be others, as I acknowledged previously (Hopwood 2014c). A prime contender for a fifth dimension might be affect. My sense of the rich emerging literature on affective economies (see for example Ahmed 2004) and the ways in which sociomaterialists are taking up questions of affect in relation to knowing and materiality (see Edwards and Daniels 2012; Knorr Cetina 1997, 1999, 2001; Knorr Cetina and Bruegger 2002; Jensen 2012; Miettinen and Virkkunen 2005), leads me to conclude there is much to say here—more than I could do justice to in this book without it becoming overwhelming. Its absence from my framework here and subsequent analysis is not so much a considered, empirically supported rejection, as a question of economy and scope. I had to draw boundaries around the focus of this book somewhere.

Before delving into each of the four dimensions, I must comment briefly on their separation. As discussed in Chap. 1, exploring each of the dimensions separately (as I do in Part II, and in the conceptual introductions below), is both powerful and awkward at the same time. The power lies in the way in which each constitutes a distinctive and richly resourced analytical point of departure. By holding, for example, times relatively still and central in our gaze, we can notice things about professional practices that might otherwise be overlooked. When we switch to focus on spaces, it is not that times (and other dimensions) are evacuated, but again we are cued to, become sensitive to, other features. The awkwardness stems from very clear theoretical foundations that challenge the very notion of such separation: times are not aspatial, bodies are also things, and so on. Goodwin's (2007) account of practices and knowledge in anaesthetic work illustrates this clearly. Having discussed these slippages in more detail in Chap. 1, and because I acknowledge them throughout Part II, I will say little more here, other than to reinforce the point that the outline I provide below is one of analytical distillation or perhaps diffraction, to borrow Barad's vocabulary: a way of exploring entanglements that is at the same time false in its tidiness.

As a segue to the discussion of each dimension below, I will quote Nicolini. He points to times, spaces, bodies, and things (as well as affect and other issues), and highlights how paying attention to them underpins the broader intervention and critique constituted in sociomaterial perspectives and practice turns. The quotation also highlights how the four dimensions that I discuss are not additions to existing thought from outside, but rather come from within. This is a point that the following sections will further elucidate.

The view offered here instead locates knowing both in the doings and sayings and in the body, artefacts, habits, and preoccupations that populate the life of organizational members. In this way, the idea of practice as the site of knowing offers a vastly richer picture of both knowing and organising. It is one in which materiality, spaces, time, the body, affectivity, interests, and preoccupations are given prominence and explanatory power. It draws attention to a variety of aspects that are usually bracketed or not taken into consideration by the sense-making and distributed cognition traditions, starting from the fact that the hard work of interlocking behaviours is often delegated to such mundane objects as a well-designed piece of paper, as in the example above. In other words, claiming that practice constitutes the site of knowing contributes to understanding cognition as being not only among people but also, in effect, down to earth. (Nicolini 2011, p. 617)

Times

Times as a dimension of practice texture has a number of crucial meanings, many of which carry through each of the other dimensions. I see times as plural and enacted, not singular, given, entities. Rather than seeing time as something that practices take or use up, I follow others in understanding times as produced through practices. In this sense times must be, by definition, also spatial, embodied and material. I will begin by outlining the aspects of Schatzki's practice theoretical view of times as they are pertinent to this book—linking the previous broader discussion with the detailed empirical analysis that follows in Part II.

While Schatzki, like others (myself included), rejects a fundamental separation between ontologies and concepts of time and space, he does entertain the value in approaching them separately. The notion of activities and practices as temporalspatial emerges strongly in Schatzki's later work, which shifts from a Wittgensteinian basis to one more closely informed by Heidegger (Schatzki 2007b, 2009, 2010c, 2012b, c, 2013). Schatzki holds that times have a bearing on practices, and practices produce times.

Schatzki suggests temporality is not marked by succession—what follows what on a linear trajectory marked by relentless forward motion of clock time. Instead he suggests temporality is always a question of past, present and future, drawing on Bergson's idea that these occur 'at a single stroke'. Temporality and teleology are entwined: each action is performed from the past, now, towards the future. In every doing and saying we are already in the world: 'so long as a person acts, she is sensitive and responsive to states of the world and pursues possibilities' (1996b, p. 171). We also always act ahead of ourselves towards something.⁸ 'The temporality of activity is thus acting amid entities toward an end from what motivates' (2010c, p. 29).

Activity time is one of several terms Schatzki uses to move away from the notion of objective time (2006b, 2007b; see also Tretter 2008). Objective time is linear, singular, inevitable and used up. Activity time is wound up in the unfolding of activity events which exhibit temporal features such as rhythm and patterning through their coordination (Schatzki 2006a). Elsewhere (2006b) this is also referred to as the time of ongoing human activity, human time, and related to what other thinkers have called lived time, in contrast to world or physical time (see also Schatzki 2009). In Chap. 5 I explore how practices on the Unit enact time as if it is it objective, but then move on to examine textures that reflect more fluid and multiple notions of activity time.

As a dimension of practices, the notion of times thus pulls strongly towards notions of enactment. The work of Shove (2009) and others (Shove et al. 2009a, b) highlights the way in which contemporary approaches, focusing on practices and materiality, embrace temporality. Rather than practices being linked within a single

⁸Key concepts include Schatzki's take-up of Heidegger's thrownness and projection; however these are not so crucial in my subsequent analysis, so I gloss over them here.

objective time, practices produce multiple times that co-exist. Gherardi (2009a, 2012; see also Gherardi and Strati 1988) argues that temporality emerges through activities performed and the objects woven into these performances. We can, she suggests, go ‘inside’ practices to understand the various orders that are produced through them. Times come from within, rather than existing without. Barad (2007) rejects a string-like notion of time, but rather talks of entanglement (particularly with regard to temporalities of causality). Again multiplicity and enactment are foregrounded in place of singular, linear, and container metaphors.

My working with times as an essential dimension draws heavily on Lefebvre’s (2004) rhythmanalysis. Schatzki (2010c) offers a substantial account of the promise of rhythmanalysis in direct relation to his work. Thus I take up rhythmanalysis as a complementary analytical toolkit, offering a range of concepts and forms of empirical sensibility that enrich exploration of the temporal dimension of professional practices and learning (see also Hopwood 2014b). Lefebvre suggests rhythmanalysis helps us attend to the ‘concrete universal that philosophical systems have lacked, that political organisations have forgotten, but which is lived, tested, touched in the sensible and the corporeal’ (2004, p. 45). Through associated concepts, questions of times become nuanced in reference to notions of similarity and difference, secret and public, the body, dressage, aesthetic qualities of performances, and materiality.

Thus taking times as a point of departure does not betray the fundamental rejection of exclusive separation between the four dimensions. Indeed, through times, we are able to explore spaces, bodies, and things in distinctive and informative ways. These key ideas are revisited in Chap. 5, when specific concepts are entangled with empirical data, and with questions of space.

Spaces

The meaning of spaces as an essential dimension mirrors many of the key points developed in relation to times. Rather than seeing space as a singular, fixed contained for practices, I follow others in understanding spaces as plural, fluid, and enacted. Schatzki (1996b) writes of practices ‘opening up’ a type of space. The idea of spaces as produced through practices or activity is by no means a new one, particularly within critical cultural geography (see Lefebvre 1991; Soja 1996). Indeed commentators have written of a ‘spatial turn’, a widespread shifting of attention to space as a corrective to dominant tendencies to foreground history and sociality (see Thrift 2006). Familiar as the notion may be, it remains hugely powerful, and is central to both the ontological commitments of sociomaterialism, and the distinctive value that contemporary practice approaches to researching professional work and learning offer. Fuller and Unwin (2011) are keen to unlock the secret spaces of work, suggesting sophisticated tools are required to do this.

While the notion of space(s) as produced is established, sociomaterial approaches have expanded our understanding of how this happens and why it is

important for questions relating to professional practice and learning. Space can be understood as an effect of heterogeneous material relations (Fenwick et al. 2011). This foregrounds materiality in conceptions of space, but in an active, plural and fluid way, rather than as a ‘dead’ kind of container. Approached from a non-representational perspective, the concept of space takes on exciting new meanings. As Thrift (2004, 2006) writes, we can turn away from space as a search for authenticity, as separate from movement, and from time (see below). All spaces are understood as ‘shot through’ with other spaces, replacing clean, exclusive boundaries with porous and fluid edges. All spaces are understood to be in constant motion, always open, and multiple in nature. The mobility and multiplicity of space is prominent in Massey’s (2005) notion of space as a coming together of trajectories (an idea I take up in Chap. 6).

Schatzki’s practice theory adopts a particular view of space that is consistent with the position I’ve outlined above. A brief consideration of this is helpful in framing some of the links between spaces, practices, and the other dimensions of times, bodies, and things. Schatzki’s most detailed discussions of space come later in his work, when Heidegger is a stronger influence. Here space is understood in terms of its involvement in or pertinence to practice, its being at hand in some unfolding activity (2010c). Distance is not conceived in Euclidian terms across two points in space. Instead, *something* is near to the extent that it is woven into ongoing activity in some way (see above for a discussion of the forms such relationships may take). This is important, for example, when one considers how the playroom can be produced as many different kinds of spaces: a space of play, a space of relaxation, and so on. In practices of play, certain materialities of the playroom are ‘near’, while in practices of relaxation, they are (practically) far, and others move closer (see Chap. 6). In Schatzki space is not objective, but tied fundamentally to practice. As practices as spaces of multiplicity, so multiple spaces are produced or opened up through practices. These may be in the same physical location, and may occur simultaneously.

This brings us to questions of relationships between times and spaces. ‘Spatiality reflects temporality but spatiality also determines temporality’ (Schatzki 2010c, p. 171). Here, Schatzki means that the practical nearness of something, its folding into ongoing activity, cannot be separated from the ends towards which that activity is oriented—hence from its activity time(s). In Schatzki, therefore, space and time are unified through teleology (more vestiges of his residual humanism are apparent here, see above).

In Schatzki, spaces and times are not conceived separately, although as we have seen, we can approach them somewhat distinctively as concepts. Both are viewed as inherent constitutive dimensions of reality, not containers for it. The list of scholars who have similarly rejected the notions of space as what remains when time is frozen and time as extending aspatially (see Lefebvre (1991), Massey (2005), Soja (1996)—examples that are woven into this book). Expressing this idea in close relation to the notion of enactment, Cooren et al. (2005) write of *spacing* and *timing* as hybrid achievements: spaces and times are done, together.

Schatzki does identify a lacuna in Heidegger's philosophy as a basis for his own work on time and space, namely a lack of clarity around the human body and how it is tied up with questions of time and space (2010c). Hence, in Chap. 6, I return to Lefebvre's (2004) work and draw on rhythmic concepts of secret and public, as through rhythmanalysis we not only find rich connections with notions of times, but also those of bodies. Again, we find that by foreground ideas of spaces, we are led to important ideas that are not necessarily so readily apparent in consideration of spaces. Chapter 6 revisits the key ideas outlined above, and entangles them with the practices, bodies, materialities, and times of the Residential Unit.

Bodies

And so we come to bodies. First, let us address the issue of multiplicity, which applies here just as it does with times and spaces, and for the same fundamental reasons. Mol (2002) expresses the idea of the 'body multiple' in her delicate (actor-network theory informed) analysis of practices concerned atherosclerosis. I join many sociomaterialists in understanding the body as enacted into being, rather than a given biological entity.⁹ As Mol and Law (2004) put it: we *do* our bodies. Thus when I explore bodies in relation to professional practice and learning, my interest is not in describing bodily features, but rather bodily *performances*—on how professionals do their bodies. Chapter 7 is chiefly occupied with highlighting the body work involved in accomplishment of professional practices on the Residential Unit, and by extension, in the production of embodied connectedness in action.

A second point, and one that again pulls out threads from the previous discussion of times and spaces, is that viewing bodies as enacted also entails adopting a relational perspective. If we explore bodily performances, then we must always be looking at bodies in relation to other bodies and other things (for bodies are also material presences). Thus, Chap. 7 begins by taking up a spatial theme, examining body geometries as a form of texture.

Schatzki (1993, 1996b), Schatzki and Natter (1996) presents a particular view of the body within his broader practice theory. In particular he distinguishes:

- *Being a body*—the body that we are, that aligns with our sense of self and being; this is the body that 'does' for us in what feels like an automatic way: we don't try to see when we open our eyes, we don't think about moving our legs when we walk. To be a body is also to experience bodily sensations and feelings.
- *Having a body*—the body that we become aware of in moments of struggle, discomfort, or breakdown; the fact that one is a body becomes manifest explicitly: when we lose our balance, strain to hear, squint our eyes to see in the dark, when we ache after hours of cot rocking, and so on.

⁹I also join many in a move away from notions of the body as a discursive construction or product of discourse.

- *The instrumental body*—this is the body that we put to use in the service of other doings; the body that moves the pen as we sign a document or write progress notes, the body that holds objects in finely tuned balance and relation to each other when pouring and measuring expressed breast milk.

This framework is, as I see it, another way of viewing bodies as *done* in multiple ways, and traces of each permeate Chap. 7. Related to this is another tri-partite view: Green and Hopwood's (2015b) notions of body as background, resource and metaphor. Broadly, the first two parallel Schatzki's being and having a body. The third is somewhat different, but usefully brings us into connection with other features of a sociomaterial approach to understanding professional practice and learning, and wider literatures that resource the analysis presented in Chap. 7.

The body as metaphor points to the way that thinking and writing about the body frequently relies on imagery, conceptual standing in and differentiation. Most prominently, it refers to Cartesian mind/body dualism, in which the two are viewed as separate, the ethereal mind contained 'within' the physical body, the body acting at the will of the mind. The same metaphor underpins problematic notions of the mind as rational, and the body as emotional, source of affective interference. Through this mind and body take on metaphorical association with male and female. Thus Turner (2007) refers to epistemological and political failures inherent in ways of thinking that have Cartesian dualism as their basis.

The role of bodies in learning and practice is obvious (Barnacle 2009); one cannot act in the world as a 'brain in a vat'. The subjugation of the bodily to the mental or verbal is epistemologically fallacious and contradicts our experience of the body as a lived reality (Jackson 1983). However Dale (2001, cited in Haynes 2008) argues that 'scientific' knowledge writes out the body in the deployment of rationality and objectivity. Professional practices have been encoded as mindful and bodiless, performed by 'empty workers' (Acker 1990), and many accounts of professional practice are 'virtually bodiless' (Ellingson 2006; see also 2015). Shapin's (2010) account of scientific practices was a response to precisely these oversights. Such somatophobia reflects perceived dangers of the body and its threats to rationality through association with the feminine (Grosz 1994; Swan 2005). The metaphorical codification of the body as purely biological, devoid of expertise, haunts us as intellectuals (Boyer 2005)

Placing bodies at the centre of an analysis of professional practices and learning thus constitutes radically different basis (Macintyre Latta and Buck 2008), and contributes the form of critique and intervention that underpin and motivate this book (see Chap. 1). This agenda has been taken up recently as an explicit focus of an edited volume, dedicated to exploring the body in professional practice, learning and education (Green and Hopwood 2015a, b, c). Paying attention to the body so it ceases to be an absent presence (Shilling 2003, 2005) in accounts of social life, is now a hallmark of a diverse literature across philosophy, humanities, and social sciences. Indeed, such is the momentum gained that scholars write of a 'somatic turn' (Hancock et al. 2000; Monaghan 2002a, b, 2003; Pink 2009; Thrift 2006). It seems

there is a ‘turn’ for everything: practices, space, body.¹⁰ The point is not that sociomaterial and practice perspectives sprawl across others, or somehow subsume them. Rather my intention is to highlight how many of the tenets of sociomaterialism are resonant with broader shifts in social theory and research.

Hence the notion of body as metaphor points us to profound shifts in the way the body is conceived. However a clean break with Cartesianism is not easy (Hodkinson 2005). So profoundly embedded in our thinking is a mind/body dualism that we cannot simply pretend it does not influence us any more (Grosz 1994). So strong are rationalist views that attempts to suggest there might be intuitive, bodily forms of knowledge, learning and practice are held as undermining Western society (Habermas’ response to Dreyfus, cited in Flyvbjerg 2001). Grosz’ (2004) approach is to live with the ideas of mind and body, but to reframe their relation. She uses a metaphor of a Möbius strip¹¹—holding mind and body in play, yet allowing for their folding together without one collapsing onto or being subsumed within the other. This key metaphor is taken up in Chap. 7. Grosz wagers that ‘bodies have all the explanatory power of minds’ (1994, p. vii), aiming to displace the centrality of mind.

Grosz’s (2004) Möbius metaphor brings us to questions of the body and knowledge. Having rejected Cartesian notions of mind being the housing for (all) knowledge, what, now, of the body? The work of practice scholars, including Schatzki and Gherardi, offers us useful but different responses to this question. In Schatzki the body is always approached with practice in mind, within a site ontology (see above). Practices are upheld by activities that are in themselves performed through bodily doings and sayings. Every doing and saying is shaped by, and upholds, forms of organising that are distinctive properties of wider practices. As discussed above, these forms of organizing include practical and general understandings, as well as rules and teleoaffective structures. All of these imply knowledge, or knowing. It is a knowing body that does and says in practice.

Gherardi and colleagues similarly refute a dissociation between mind and body. The concept of knowing in practice has at its core a sense that performances are not, cannot be, divorced from knowing. Yet these performances are always bodily. The emphasis placed on aesthetic qualities in performances and in knowing, judgment, and sense-making, further furnish the metaphors through which concepts of mind and body can be grappled with in post-Cartesian ways. Indeed I see both

¹⁰Reference is also made to a ‘relational turn’: “a theoretical orientation where actors and the dynamic processes of change and development engendered by their relations are central units of analysis” (Boggs and Rantisi 2003, p. 109). This has parallels with the emphasis on relations, assemblages, and emergence in sociomaterial and practice theoretical perspectives.

¹¹Imagine a ribbon, one side of which represents ‘mind’, the other ‘body’. One could join them as a simple loop and keep them apart, even if they share the same fabric. The Möbius goes one step further: before joining two ends of the ribbon, one is flipped over. Thus a creature crawling along the ribbon will traverse all of both sides and arrive back at the start, without ever crossing a boundary between the two. Thus we can conceive mind and body as sharing the same fabric, distinct and yet impossible to tease apart fully, resisting any position or moment where one applies and the other does not.

Schatzki's and Gherardi et al.'s approaches as consistent with a Möbius metaphor: neither fully escapes notions of mind and body, but both bring them into play, through practice, in ways that invoke a knowing body, and embodied knowledge. It is through such a lens that the body work described in Chap. 7 maintains close connection to issues and questions of professional expertise and learning, although these are brought into sharper focus in Part III.

It remains to add one final layer to the meaning of 'bodies' within my four dimensional framework. This concerns the fuzzy boundaries of the body, and lead us to the fourth dimension (things). Schatzki (1996a, b) goes into some detail concerning the difficulty in defining the 'edge' of the body. This is particularly problematic when the body in question is a *doing* and *done* body, with all the qualities of multiplicity and relationality that flow from this. A key metaphor taken up by Schatzki, and in Chap. 7, is that of the cyborg (after Haraway 1991). This suggests that the body does not end at the skin, but can incorporate a range of appendages, including clothes, spectacles, prostheses, equipment and so on. The nurse wearing latex gloves still feels texture and warmth, now *through* and *with* the gloves. Just as scholarship on body image suggests its extension across 'abject borders' (Weiss 1999; Weiss and Fern Haber 1999), so the body in practice resists clear demarcation as purely human form. Chapter 7 concludes with an expanded note on this point, which is taken up further in Chap. 8.

Thus once again we bump up against the problem of separation between the four dimensions. Nonetheless as I have shown with respect to times and spaces, and will show below in relation to things, foregrounding questions of the body does particular, distinctive work. It elucidates features of sociomaterial and practice perspectives that might otherwise have remained murky, and it helps to position my related analysis within the broader political terrain and critical corrective that characterize this book and of the work that inspires and informs it. The fruits that such a conceptualization of bodies can bear can only be fully discerned and articulated through its entanglement with empirical data. This is the focus and work of Chap. 7, but before that I must complete the foundation work by explaining the conceptual basis for treating 'things' as a fourth essential dimension of professional practice and learning.

Things

I use 'things' as a (somewhat inadequate) term in reference to materiality, including organisms, artefacts, objects and bodies (see Schatzki 2005). My approach to understanding things follows the same logics as those discussed above in relation to the other dimensions. Interest in things is not as entities, but in the relationships or assemblages they become part of in the course of professional practices. As an essential dimension, I argue that there can be no connectedness in action that is not in some way, material. The previous discussion of Schatzki's practice theory covered much of what is relevant here, including:

- *A site ontology*: practices and material arrangements bundle together to produce reality, and in turn become a basic unit of analysis. Materiality is not alongside practices, but rather practices and materiality co-constitute each other.
- *Residual humanism*: my sharing of Schatzki's reluctance to follow post-humanists in adopting a symmetrical view; retention of something distinctive about humanness, while remaining in 'ontological allegiance' with broader sociomaterial perspectives.
- *Practical intelligibility*: objects acquire meaning within practices, and these meanings are practical meanings; the force that the material world exerts arises through relationships between things and practices.
- *Spatiality, temporality, embodiment*: All four dimensions continually rub up against each other; see previous discussion of spatiality understood as the pertinence of materiality to ongoing activity, where such activity is teleological and therefore produces 'activity time', and is performed by the body.

The points above all permeate the detailed analysis of things presented in Chap. 8. This chapter began with an even broader consideration of materiality within socio-material approaches. Recall the quotation from Barad (2007) about how and why matter matters. Orlikowski notes:

Materiality has been largely ignored by organisational theory, which appears to assume (often implicitly) that it does not matter or does not matter very much in everyday organising. (2007, p. 1436)

Thus the fourth of the essential dimensions explored in Part II brings us back to the very heart of sociomaterialism, and the sense that new approaches are needed if we are to acknowledge materiality in its full mattering, including in relation to phenomena that have often been seen as outside the material realm (such as knowing, learning).

As Gherardi's (2006, 2009b) concept of knowing in practice connects notions of mind and body, so her writing equally foregrounds materiality:

The ideas of movement and materiality focus attention on the fact that meanings arise and travel in a spatio-temporal continuum. Too often has the materiality of the social been virtually removed by locating thoughts, ideas, politics, the law and culture in an ethereal domain or in one which only exists in the world of ideas and in the heads of people. Social and work practices have material consistency. (2006, p. 91)

Here, Gherardi is linking things with meaning. This is not in a representational sense—things capture or reify meanings that were first in someone's head, and which in turn reflect a truth about the world grasped from an independent viewpoint. Her sense, as I understand it, shares the notions of entanglement and enactment that are brought to the fore in Barad's (2007) diffraction and Thrift's (2006) non-representational theory. The link between things and meaning is a fluid one, based in movement, shifting relationships. Meaning does not reside in objects, but is produced through practical engagement with them (echoes with ideas of practical intelligibility are loud here).

Not only are things associated in such ways with meanings, but they can also be seen as doing work—work of organising and stabilising (as discussed in Chap. 8).

This often also involves epistemic work—work about what is known and how (see Jensen et al. 2012b). Chapter 9 takes this up as a key feature of professional learning in practice on the Residential Unit—the learning that is required in working with knowledge and knowing characterised by provisionality, partiality, and contingency. Here, we arrive at another key notion that links things with questions of knowing.

Knorr Cetina's concept of 'epistemic objects' (see 2001) takes a firmly non-representational and entangled view of the relationship between materiality and knowledge. An object is not inherently an epistemic object or not—this quality is one that is enacted, dependent on the practices with which it is bundled (in this way it might be regarded as a particular form of practical intelligibility). Knorr Cetina (2001) tells us that epistemic objects insert moments of interruption and conscious reflection, they help dissociate the self from practice. They are open-ended, incomplete or unfinished, inviting or generating questions. Many materialities of the Unit can be understood in these terms, including the bodies of infants and parents, that professionals attune to, and thus make sense of in ways that treat them not like a book to be read, but as an object that raises questions, points to what is not known as much as what is known. Clients in residence sheets, personal notes, behaviour charts (see Fig. 5.1), and other objects routinely folded into handover practices are routinely enacted as epistemic objects (see Chaps. 8 and 9; Hopwood 2016). Having outlined relevant features of the contemporary workplace learning terrain, the next section will address the questions that arise within this concerning the relationship between practice and learning.

An Asymmetrical, Entangled View of Practice and Learning

In this last main section I will outline the position I take in this book in specific regards to the idea of *learning* within a practice perspective. I begin by locating my view alongside others who maintain the need for analytical separability between practices and learning. I then present the distinctive arguments that I develop in Part III, explaining how they are located within a broader sociomaterial, practice perspective, but also take a particular position within contemporary literature. To conclude I introduce basic Vyogtskian concepts of scaffolding and the zone of proximal development. These are used in Chap. 10 as a basis for conceptualising the pedagogic work of supporting parents. This is crucial to the framing of partnership-based practices as involving reciprocal learning between professionals and service users (in this case, families).

As Hager (2012) demonstrates, the question of the relationship between practice and learning is an open and contested one. In the workplace learning literature, one can find accounts that maintain a relatively loose connection between learning and practice—as temporally separable. In what Hager calls more exclusive accounts of practice, the two are more closely entwined. The questions then are: How closely? Does it make sense to separate them analytically?

My position is broadly consistent with Hager's (2012) view. He suggests that ongoing learning is an essential part of good practice. He repeats Taylor's (1995) argument that to perform a (professional) practice is not simply a question of rigid rule following. The enactment of rules requires judgement, and all practices involve continual interpretation and reinterpretation. Given that actions are temporally irreversible, this infuses practices with 'suspense and uncertainty' (Taylor 1995, p. 177; cited in Hager 2012, p. 28). This inflects ideas discussed previously, such as Schatzki's notion of rules as structuring practices and how they hang together: rules are static and external, but rather are folded up in decisions about how to act, what to do and say. These are full of suspense and uncertainty.

Practices unfold in an unstable equilibrium, where small changes require learning responses of the practitioner.

I see in Hager (2012) a reluctance to collapse learning and practice onto one another as concepts. He is not sure that it makes sense to regard learning as a practice itself. This does not mean that we cannot say learning is accomplished through practices, or an effect of them. Indeed that is precisely the position I take in this book. I cannot imagine learning being accomplished outside of practices—without there being some performance of bodily doings and sayings. Such a position also allows us to maintain the argument that to practise well is to learn. Overall, we cannot conceive of professional practices unfolding without learning also being accomplished.

To say that learning is an essential or necessary part of (good) professional practices, is not to say that one can be reduced to the other, or that both are universally co-occurring. I do not hold the view that in every moment of practice there must always be learning. I do not see learning as a continuous, ever-present feature of professional practices. To me, this relationship is one of varying degree, and therefore one that requires empirical reference, rather than theoretical absolutes. A sociomaterial approach does not mean questions specifically about learning become redundant because we just need to look at practices instead. What is needed, and what I am offering in this book, is an approach that subjects the idea of learning to the same disruptions and assumptions (non-individualistic, material and embodied as well as cognitive etc.) without leading to its being replaced or usurped by other ideas. To me, questions of learning remain important, and they cannot be answered by only looking at practices, or at knowing.

I do not adopt notions of knowing and practicing as equivalent or synonymous (see Bruni et al. 2007). While they may be co-implicated in the idea of any competent performance in professional practice, the possibility of analytical separation proves powerful in empirical analysis (see above). I treat learning and practice in a similar way. In the next section I will outline my particular position in more precise detail.

Practice and Learning as Entangled in Asymmetrical and Non-reversible, Emergent Relations

My position on the relationship between professional practice and learning can be summarised in the points below. My sense is one of entanglement rather than equivalence, sameness, or apartness. These key arguments provide a foundation for the detailed empirical analysis presented in Part III.

1. Practice and connectedness in action have four essential dimensions: times, spaces, bodies, and things.
2. Professional learning is entangled with but analytically separable from practice.
3. Professional learning involves changes in connectedness in action (texture) that further the ends of practices though meaningful changes in the way practitioners interpret and act in practice.
4. These changes include producing new textures, repairing, modifying or restoring existing ones, or maintaining them in light of other changes. This is based on the idea of stability and change as co-present features of practices.
5. Professional learning in practice performs both connecting and sensitising functions through textural and epistemic work. Attuning is central to both of these.
6. Professional practices that accomplish and unfold through partnership with service users have an intensified pedagogic dimension. This has implications for the nature and focus of professional learning: it creates particular imperatives to learn and foci for the use and emergence of professional expertise.

These arguments are based on an a priori position concerning the relationship between practices and learning: professional learning arises through practices, not all practices bring about learning. I refer to this as an asymmetrical or non-reversible relationship between learning and practice.

At this stage I am simply rehearsing arguments that are developed and justified more fully in Part III. Their value and coherence are not absolute and are best judged in their entanglement with empirical data. The purpose of such a stance is to enhance the outcomes of such entanglement. Does this way of thinking help me address the broad questions and themes outlined in Chap. 1? Does it offer new and valuable insights into how we understand professional work that proceeds amid rubrics of partnership and coproduction? Is it illuminative of things that might have been missed otherwise? Does it extend and enrich the critical purpose of sociomaterial and related (practice, diffractive, non-representational) approaches, to intervene and disrupt disembodied, cognitivist and rationalist accounts of professional practice and learning?

Learning is a crucial feature of all professional practices as they go on. Hager (2011) argues that it is never possible to specify all the knowledge needed in order to perform a particular professional practice. Whenever we examine a performance

or set of performances we can say there is an attendant knowing. Knowledge shapes these performances, connects them,¹² and is enacted through them: the knowing and the doing are entwined.

New forms of knowing emerge through practice. Practices create and demand new knowledge, new ways of making meaning, responding to the suspense and uncertainty discussed above. This is not to say that all forms of knowledge must be in constant flux. But it is to take up the idea of emergence (see above) and suggest that practices cannot go ahead if all these elements remain fixed. Practices cannot go on without there also being learning. Learning is crucial in order for professional practices to occur, be maintained over time, preserved in the face of changing circumstances, and of course to evolve. Billett and Smith write:

Learning in the circumstances of work is the relational enactment of numerous interdependent elements of practice, the process and product of which is the continuing transformation of that practice. (2014, p. 755)

I similarly view learning in professional practice as a relational accomplishment, something that is enacted or done, rather than held or acquired. I therefore view professional learning as occurring through changing practices, while also having the affect of changing practices. I share Billett and Smith's (2014) sense of the purpose or intentionality in such enactments and transformations. I might also clarify here, that the learning I have in mind is different from that described by Billett (2014) as mimetic learning. The latter is a very useful conceptual device, drawing from anthropology, for understanding how less experienced practitioners are able to exploit the learning opportunities that arise through everyday work experiences, based on observation, imitation and practice. This strikes me as relatively conservative in comparison to the notion described by Billett and Smith (2014). In this book I am referring to the learning that is required no matter how experienced the practitioner, and learning that is transformative in the sense that it is about how practices respond to changing circumstances.

This is not to say that wherever there is a practice there is always learning. While every action may be an instance of knowing, to me this does not imply learning. I agree with Edwards (2005a) on the need for a concept of learning that can distinguish between what is *learned* and what is *done*. Others view learning as ubiquitous, attendant in all engagements in all practices (e.g. Billett et al. 2005; Manidis and Scheeres 2012). Indeed, in his foreword to Hager et al.'s (2012c) volume, Schatzki (2012a) suggests learning transpires *continually* as practices are enacted. While I agree that practices, learning, and change should be viewed in a 'tight embrace' (Schatzki 2012a) I do not treat learning as a continuous, incessant feature of practices. I see learning as something related to but analytically separable from practices. Learning occurs in and through practices. This means that learning becomes empirically available through the study of practices (see Chap. 4), rather than through methodologies that (attempt to) delve into people's

¹²For example in forms of practical and general understandings, through which, Schatzki suggests, practices hang together.

heads. This position can be traced back to the fundamental assumptions of the site ontology (Schatzki 2003, see above), which holds that all social phenomena are constituted in practices, bundled with sites.

When I say this relationship as asymmetrical I mean that a description of the professional practices of the Residential Unit, and a description of learning accomplished through those professional practices would not be identical. They would be qualitatively different, asymmetrical, although much of their substance would be shared. This enables me to distinguish between a practice, say, of a nurse walking quietly down a corridor in order to reach the lounge, and a practice in which the nurse walks quietly down the corridor, attuning closely to the sounds from a particular nursery, re-interpreting the word and modifying her actions and the connectedness in action between her, her colleagues, clients, and the behaviour charts, post-it notes, clients in residence sheets, progress notes, and so on. To me, it makes no sense to treat both as equally of interest to us in terms of learning. But it does make absolute sense to pursue an interest in learning through the study of practices. Hence the companion metaphor of non-reversibility. Discriminating between practices, actions (which are all knowing in their performance) and *learning* brings about a number of benefits that will be evident in the arguments I present in Part III. Having addressed the first two points listed above, I will now turn to the third and fourth.

I conceive professional learning as changes in ways of knowing that occur in and further the ends of practices. What changes in professional knowing are implied here? Edwards (2005a) refers to learning as changes in the way people interpret or act in the world. This distinguishes learning from giving and receiving of information (and in doing so rejects possession and acquisition metaphors). She views (professional) learning as

A question of repositioning oneself in relation to aspects of knowledge through changing one's interpretations of contexts and the possibilities for action within them. (Edwards 2000, p. 200)

Edwards' ideas are rooted in Cultural Historical Activity Theory (CHAT), which foregrounds both the social and materially mediated nature of learning.¹³ She highlights how CHAT continues Vygotsky's rejection of Cartesian dualism, and its 'embodied and culturally embedded' view of mind (Edwards 2000, p. 199). Edwards' (2012) discussion of CHAT approaches to links between knowledge, practice and intentionality (motive) is further revealing of resonances with many of the ideas and assumptions discussed in this chapter.¹⁴ Edwards and Daniels

¹³See Nicolini (2012) for an excellent account of CHAT within a broader practice theory approach to studies of work and organisation, and the role of Marxist philosophy in the twentieth century return to practice.

¹⁴In particular, Edwards (2012) notes the idea that motives are neither internal nor only in practices, but arise in people's engagements in practices—to me this is echoed in Schatzki's notions of teleoaffective structures and the relationships between practices and activity; secondly Edwards notes Leont'ev's view, building on Marx, that practice and cognition mutually arise through and constrain each other.

explicitly take a ‘practice view of knowledge’ (2012, p. 43), and make close links between CHAT and Knorr Cetina’s work on epistemic cultures and objects (see also Hopwood 2016). Mäkitalo’s (2012) paper the materiality of social practices in professional learning, from a sociocultural, Vygotskian perspective, sits comfortably alongside other sociomaterial contributions to the special issue ‘Reconceptualising Professional Learning’. Thus I view it as consistent enough with a sociomaterial and practice theoretical approach: in my analysis performative, aesthetic, spatial, temporal and embodied features are given greater emphasis.

Thus I refer to changes in knowing as professional learning insofar as they arise from and produce changes in the way people interpret and act in the world. I do not pull interpretations and actions apart from each other, but view them as co-constituents of knowing performances. This is consistent with the notion of practical intelligibility, where the meaning of materiality is folded up with ongoing activity. It also makes coherent connections with Gherardi’s notion of knowing in practice.

What kind of difference must be made for a change in knowing to qualify as learning? My answer to this lies in the fourth point above. This difference refers to producing new textures (connectedness in action), modifying, restoring or repairing them, or maintaining them in the face of other change. Thus I specify the concept of professional learning with reference to the idea of connectedness in action. As discussed previously, I argue that such connectedness has four essential dimensions. In this way, the exploration of textures in terms of times, spaces, bodies, and things in Part II becomes a crucial basis for the account of learning presented in Part III.

Billett and Smith’s (2014) discuss transformations and learning in practice. They describe how handover activities between nurses not only *transact* practice but also *transform* it. They suggest these transformations may be subtle, almost indistinguishable, as when previous practices are re-enacted. Or they may be more pronounced as when explicit decisions are made to change the course of action. My approach shares their view that transformations vary qualitatively, but seeks to draw an analytical line through the very broad range denoted by Billett and Smith, to sharpen the sense of change and difference that is made to practice through learning.

It is important to clarify that notions of repair, modification, and restoration do not imply a single, linear trajectory that can be specified in advance. This would undermine the notion of practices as emergent and indeterminate. Such changes to textures are not accomplished with reference to an invisible, known trajectory, but as in-the-moment responses to the suspense and uncertainty of practice. In the case of the Residential Unit, the referent is always a notion of effective partnership with families, which implies particular relational qualities, and evidence of positive change for families. There are (prefigured) patterns and routines that mean some textures are more familiar and expected than others. Practices on the Unit do indeed display and produce some highly rhythmic qualities (see Chap. 5), and there are spatial geometries and patterns (Chap. 6) and choreographed practices such as handover (Chap. 9). There are some forms of professional knowing that are more stable and widespread than others (see discussion of pedagogic continuity in Chap. 10). These constitute instances where textures may be brought back towards arrangements that are routinized, and which shape the collective

anticipation of how things would normally, or should be. However, as Chap. 9 shows, professional practices on the Unit proceed amid significant degrees of provisionality, partiality and fragility of knowing. Thus textures are not plotted and monitored against a stable, known ‘map’.

Restoration, repair and modification have no fixed referent, but are always tied to the emergent, contingent, and suspenseful unfolding of practice. In this way, these concepts add to the notions of practice change outlined by Schatzki (2013), placing learning and shifting textures as key figures in the constant dance between stability and change.

The view of learning I have presented here and take up in Chap. 9 is not based on deviations from or perpetuation of a linear course of action. Instead it is based across changing relationships between people and things that arise from, are constituted in, and have an impact on professional practice. Learning in professional practice is not only about creating new textures. Understanding practices as complex and emergent leads us to recognise that no matter how well established and seemingly stable practices may seem, there is almost always a degree of concurrent change: stability and change co-occurring (see Price et al. 2012; Schatzki 2013). In some cases changes will prompt or require the creation of new connections in action and, qualifying a sensible notion as to the degree of change, we can say that learning is occurring. But learning is also required to maintain and perpetuate practices. Perturbations to ways of working arise, and these may put strain on textures, or even break them.

Notions of modification, restoration and repair point to ways in which practitioners keep practices going amid, attuned to, and altering material arrangements. Modification implies both stability and change: adjustment but not revolution. Restoration is not a movement backward in time, but a steering of emerge towards more historically prefigured forms. The metaphor of repair acknowledges that there are instances of breakdown in practices. By breakdown I mean when actions do not hang together in the ways they need to in order for practices to go on, for them to accomplish the ends around which they are oriented. Practices can stall, or seize up, or mistakes can be made. In the context of partnership, repair may be needed when connections are severed—for example if a handover is missed or notes misplaced, making linking from one shift to another more difficult. Repair may also be needed in relationships between professionals and families if trust is lost. While there may be a repertoire of repair strategies from which professionals may draw, each instance of repair is different. Whenever new textures are created, or existing textures are modified, restored and repaired, this is an effect of professional learning.

Professional Learning, Pedagogy and Partnership

In Chap. 2 I introduced the idea of partnership between professionals and families as an instance of a broader scene of shifting relationships between professionals and service users. I argued that such moves towards coproduction intensify

the pedagogic nature of professional work. I frame partnership practices as based in reciprocal learning between professionals and parents. My focus in this book is not on the pedagogic practices of professionals *per se*, but on the professional learning that is woven into such pedagogic work. Professional learning and practice and the pedagogic practices of working in partnership as I describe them in Chap. 10 share, produce, and are shaped by common temporalities, spatialities, embodied action and material arrangements. Pedagogy and professional learning are entangled.

While the focus remains on professional practices and learning, the pedagogic aspect cannot go conceptually unaddressed. To this end I draw on Vygotsky's concepts of the zone of proximal development and scaffolding. Let me be clear: I claim no great sophistication in this application. As I have intimated previously, a Vygotskian notion of pedagogy fits well within my broader framing, given its social and material emphases. The Vygotskian tradition of cultural historical activity theory (which has Marxist origins) is named by Fenwick et al. (2011) as among key contemporary sociomaterial approaches,¹⁵ and is addressed in detail by Nicolini (2012). He positions Marx alongside Heidegger and Wittgenstein as key figures in the 'rediscovery of practice'. As I mentioned above, Vygotskian traditions share important hallmarks of sociomaterialism, including rejection of Cartesian mind/body dualism, and embodied concepts of mind (see Edwards 2000).

I will thus wrap up this chapter with a brief outline of these concepts as I put them to work, entangling them in the analysis of Chap. 10. It is worth noting that the professional practices that are the focus of this book have not traditionally been conceived as pedagogic in nature, although there is a growing body of work demonstrating the relevance and value of such an approach (Fowler et al. 2012a, b; Fowler and Lee 2007; Hopwood 2013, 2014a, b, c, 2016; Hopwood et al. 2013; Lee et al. 2012). As will become apparent as in Chap. 9, unpacking concepts of the ZPD and scaffolding proves highly fertile in terms of elucidating learning, emergent forms of knowing in practice, and the variously skilled and aesthetic accomplishments of everyday professional work on the Unit. This understanding is achieved by interweaving sociomaterial and practice theoretical concepts with the basic pedagogical ideas. In other words, it is through entanglement with other ideas that these concepts bear fruit.

The zone of proximal development (ZPD) is perhaps one of Vygotsky's better-known concepts. The ZPD is defined as 'the distance between the actual developmental level (ALD) as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers' (Vygotsky 1978, p. 85). Put simply, it refers to the difference between what someone can do now, alone, and what she or he can do now, with appropriate support and guidance. This means that guidance should be oriented towards what lies just beyond current capability:

¹⁵See also Fenwick (2006)'s discussion of practice-based conceptualisations of learning.

What the child can do in cooperation today he can do alone tomorrow. Therefore the only good kind of instruction is that which marches ahead of development and leads it; it must be aimed not so much at the ripe as at the ripening functions. (Vygotsky 1986, p. 188)

While Vygotsky's definition referred to children, the concept has been used to understand learning throughout life. My analysis conceives the professional role as providing support and guidance that brings parents into their ZPD. This does not infantilise parents, nor does it imply a didactic role on the part of the professional. Rather, when parents approach the challenges they face together with parenting professionals, the situation is no longer one of independence, but one of collaboration, in which different expertise and experience are now available.

As mentioned previously Edwards (2005a) defines learning as changes in the way a person interprets and acts on the world. So, in the context of parenting services, I take the ZPD to refer to interpretations and actions that lie just above parents' current capability—those that they can undertake when appropriate support is in place (see Hopwood 2013). This support is termed scaffolding (see below). The ZPD has an upper limit: there are some interpretations and actions that, given the current ALD, are not achievable regardless of the support in place. This does not mean parents can never reach that point, but rather than changes within their ZPD must be addressed first, as a means to then take on those that currently lie beyond this. Vygotsky (1986) noted that presenting a child with problems he [sic] is able to handle without help fails to utilize the ZPD. By extension, this means that professionals on the Residential Unit must bring parents into a zone of challenge that *by definition* they would not cope with alone. This is entirely consistent with the FPM (see Chap. 2; Davis and Day 2010; Day et al. 2015), in which partnership is not a question of a particular quality of relationship between professionals and parents, but a question of creating the relational basis under which meaningful challenge can be presented and taken on.

Scaffolding is the term used widely to refer to the support placed around a learner that enables her to enter her ZPD. The collaboration and availability of different expertise and experience that come about through working with others on a problem takes a particular form through scaffolding. The helping or supporting party does not take over and solve the problem for the learner. She rather works to put in place concepts, tools, various kinds of assistance and guidance, in order to help the learner interpret and act in new ways. Thus my working use of the concept of scaffolding refers that which enables parents to enter their ZPD. The idea is that scaffolding is later withdrawn, at a point when parents can now continue these newly developed interpretations and actions independently. The quotation above speaks of a being able to do alone tomorrow things that could only be achieved in collaboration today. Thus I conceive partnership as working with parents, helping them enter their ZPD, and then withdrawing scaffolding such that parents' independent capacity is now enhanced (see Hopwood 2013 for more detail).

Conclusion

In this chapter I have set this book within a diverse theoretical terrain. I have clarified my ontological position, following a Schatzkian site ontology, and located this as a distinctive but allied feature of wider sociomaterialist perspectives, highlighting the emphasis on performance and emergence within a non-representational paradigm. I have explained the key concepts of Schatzki's practice theory as they pertain to the analysis presented in Parts II and III, and I have supplemented this with accounts of knowledge, knowing and aesthetics. Rehearsing Part II, I have explained the theoretical basis and meaning of times, spaces, bodies and things as four essential dimensions of professional practices and learning. And I have laid the groundwork for Part III, grappling with the difficult question of the relationship between practice and learning, stating my own position and the distinctive arguments that will be developed, specified and justified in Chaps. 9 and 10. However, before any of these ideas can be entangled with empirical data, I must account for the processes through which these data came into being. Hence Chap. 4 describes my ethnographic methodology, and inflects this with a site ontological view of ethnography as a practice through which the researcher becomes socially and materially entangled in the phenomenon under investigation.

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Chapter 4

Ethnographic Underpinnings

Ethnography and Practice Theory

This chapter outlines the ethnographic basis for the book, and develops particular arguments linking ethnographic approaches with practice-based and sociomaterial perspectives. Details of the fieldwork undertaken at Karitane are then provided, framing the account in practice theoretical terms by describing fieldwork practices and the site of research. Issues of participation, observation and intimate outsider-ship are then discussed. The ethnographic approach taken in this study is located within a contested methodological terrain, and links are made to Baradian notions of diffraction, before questions relating to the role of theory in ethnography are considered. Relationships with other ethnographies in similar health settings are explored, before a final section that accounts for the ethnographic work underpinning this book as both a solo and joint endeavour.

This book is based on an ethnographic study where the fieldwork and analysis were informed by sociomaterial, specifically practice theoretical perspectives. One important reason for the adoption of an ethnographic approach is simply that it is one in which I find joy and have experience. It was also made possible by the conditions under which this research was undertaken: a funded Fellowship that allowed long periods of time to be spent in the field.

However, there are also important synergies between theory and methodology that should not be overlooked. Fenwick et al. (2011) note that studies informed by a range of sociomaterial theories have stimulated and drawn upon diverse empirical approaches, but that they tend to ‘begin from the local and the singular, following details of everyday interactions to understand practice in situ’ (p. 177). There are many approaches to doing this, including ethnography, spatial mapping, and visual narrative. Interviews have been used, often to supplement observation where resources, practicalities and ethics make observation difficult. The emerging use of the ‘interview to the double’, asking a participant to describe what someone taking

her place would need to know and do in order to perform a particular job or practice without others noticing the switch (Nicolini 2009, 2011; Nicolini and Roe 2014).

There are many obvious reasons why a practice-focused, sociomaterial study would deploy an ethnographic approach. Ethnography is well established as a means to describe and understand phenomena in situ. Its attention to material artefacts has an immediate resonance with a sociomaterial perspective. Hager et al.'s (2012) edited volume captures the breadth of commitment to ethnographic methods in studies that seek to get close to practices, attending to issues of materiality, embodiment, time and space (see in particular Johnsson 2012; Lee et al. 2012; Manidis and Scheeres 2012; Zukas and Kilminster 2012). A group of Italian researchers has developed ethnographic methods in response to the changing (e.g. digitalised, globalised) nature of organisational and pedagogic practices (Gherardi 2006; Gherardi and Nicolini 2002; Landri 2007, 2012, 2013; Strati 2003, 2007). Czarniawska's (2004, 2012) work, informed by actor-network theory, further illustrates innovative use of ethnographic sensibility and methods. She captures the fuzzy relations between bodies, artefacts and knowing, exploring how times and spaces are woven together, often from a position in the field behind a worker at a desk.

Schatzki (2012) offers a strong, theorised rationale for ethnography in research informed by practice theory. He writes of anthropologists and educational sociologists who go into the field, and combine fieldwork with knowledge gained from books and other resources beforehand:

With the knowledge thereby gained, both about their subjects and about types of people more broadly, they can, when encountering their subjects, decently well identify the activities and practices these people carry on, as well as the material entities and arrangements thereof amid which do so. Nonetheless, much about the organizations and temporalspatial infrastructures of these practices and bundles, about how the practices and arrangements hang together and connect to others of their own ilk, about the contexts in which activities take place, and about the histories of the bundles and how they might develop in the future in what contexts, will be unknown. *This is detailed information that no one, including the subjects, possesses*; at best, the knowledge that is distributed among the subjects and those who have studied them might, if pooled, cover much of these matters. Despite this, understanding these things is essential to understanding the subjects' lives and worlds and to anticipating and attempting to shape their future.

To acquire this knowledge, the investigator has no choice but to do ethnography, that is, to practice participant-observation. (p. 23, my emphasis)

While he also acknowledges the value of oral history, the point he makes is crucial: many of the things that we are interested in as sociomaterial researchers of practice are unlikely to be seen as interesting to, or even in the realm of explicit awareness for the people performing those practices. As sociomaterial researchers we are seeking to give accounts of the world that are valuable precisely because they differ from those that practitioners would instinctively give, and indeed because they differ from those that academic researchers have historically tended to give, too. The interview to the double (Nicolini 2011) has proved highly effective in nudging participants to pay attention to and describe features of their working lives that would otherwise be overlooked, deemed too boring to be of interest.

Without diminishing the value of the interview to the double and other approaches, I maintain that ethnography does offer something valuable and distinctive in face of the challenges raised by Schatzki.

Trowler (2013) makes a strong case for the fit between practice theory and ethnography, echoing Miettinen et al.'s sense that practice theory is 'ethnographic in its sensibility' (2009, p. 1312). Trowler (2013) highlights how a practice perspective attends to artefacts as they are entangled with humans in the accomplishment of practices.

My ethnographic approach enabled me to notice and attend to things like pens, ink, footsteps and floating gaits, statuesque postures, synchronised nodding, grabbing bubble-wrap from a drawer behind a door while holding a baby. I did ethnographic research because it makes possible accounts of practices, professional learning and partnership that would be very difficult to generate otherwise. Borrowing Ganong's (1995, 2011) term, and rehearsing a concept I apply substantively in Chap. 9, I argue that ethnography offers a position of intimate outsidership that is precisely what is required in order to produce the detail and distinctiveness that are imperative in sociomaterial, practice theoretical work. I return to this theme below, in discussion of my fieldwork practices.

Overview of Fieldwork

This section provides an account of the fieldwork that provides the empirical foundation for this book. I first approach this from a practice view, conveying a sense of the ethnographic labour involved, but also finessing the notion of the 'site' of research in a Schatzkian sense. I then take up questions of participation and observation, and explain the fluid shifts between these that occurred in the accomplishment of a position that I term 'intimate outsidership' (borrowing on Ganong 1995, 2011).

Fieldwork Practices, Evidence and the 'Site' of Research

The question of 'What did I do?' as an ethnographer can be answered in a number of ways. The first focuses on a concrete account of fieldwork labour: where I went, what I did, how long for, whom I followed, and so on. This contributes to establishing a sense of a robust, weighty evidence base consistent with the approach to educational ethnography fold into which I was socialised in my earlier work (see below). However such an account can be conceptualised differently. Focusing on my actions in relation to ongoing (other) practices contributes to describing the *site* of my research in a Schatzkian sense. Here *site* is not just the setting as an organisation (Karitane), a service or building (the Residential Unit at Carramar),

as described in Chap. 2.¹ The site of my research is a result of my engagement with this setting—across all hours of day and night and its (sociomaterially produced) spaces, following the bodies of professionals as they support families, and engaging with the material world through touch, reproduction (photocopies and note taking), visual imagery, aesthetics and so on. It is through the bundling of practices and materialities of my ethnographic fieldwork with those of the Unit that the Unit becomes an empirical site, a clearing at which the big questions and themes outlined in Chap. 1 can come into view.

I visited the Residential Unit 60 times, on 29 separate weeks, between March and November 2011. Visits were generally between 5 and 12 hours, sometimes contained within one shift, but also spanning two shifts, or a period from evening through until dawn. Given the weekly rhythm of the Unit, most visits were scheduled to track what happened with particular families over a five day period. I often made three visits in a week, beginning on Monday, and spreading the remaining two visits out over the days and nights between then and Friday lunchtime.

My observations were for the most part loosely structured. I began with a month of very fluid observation, moving around the Unit in order to learn its basic temporal-spatial routines and cycles: what happens, where, and when. After this, the majority of visits involved shadowing a particular member of staff. The choice of which members of staff to shadow reflected empirical aims alongside practical and ethical constraints and opportunities. I shadowed all the nursing staff at least once, more than once if they had multiple roles, such as occasional in-charge duties. I spent time with both playroom coordinators, covering each day of the week in the playroom several times. I observed group activities and individual sessions led by the psychologist and social worker, and sat in on numerous paediatric assessments, and case conferences where many different health disciplines were represented. In total 37 different members of staff were directly observed and gave consent to participate.

Most of the time the choice of who to shadow was linked to the families who gave consent to participate, and whose stories I was following through each week. Typically between one and three families participated each week, and I would begin each visit by finding out who was assigned to work with them and asking their permission for me to shadow them. The process of recruiting families reflected significant input from clinicians, who made judgements about which families it would be appropriate to approach, and who held discussions seeking consent without me being present, so it would be easier for parents to decline if they wished. Given the presence of up to ten families in such a confined space, it was not possible to avoid all contact with other families, but other than basic information (such as how many parents and children were in the playroom or dining room at a particular time), no data relating to families who did not give informed

¹While the organisation and particular service are referred to with their real names (as requested by Karitane), aliases are used throughout this book for particular individuals.

consent were generated. In total 58 families participated formally, of which 18 had two or more children present on the Unit. Parents gave consent on behalf of all children with them. These children ranged in age from six weeks to three and a half years. The socio-economic backgrounds of participating parents reflected the diversity of clients discussed in Chap. 2.

My observations incorporated the full range of activities that take place on the Unit, including meal times, settling, play, all the group activities, intake, admission, discharge, handover, case conference, staff debrief, paediatric assessments, tours of the Unit, staff breaks, and staff meetings. Many of these were observed several times. Every hour of the Unit's functioning from 8 a.m. on Monday morning, until after the last client departs on Friday afternoon was covered at least once.

I took 338 photographs of architectural spaces, walls, objects, and people. Those of people were taken as *aides-memoire* to accompany written descriptions of bodily postures and relationships between human bodies, and between those bodies and things such as toys, tables, clipcharts, and pens. These have provided the basis for line drawings that de-identify the people involved and highlight certain features that I wish to draw attention to. These drawings are scattered throughout this book. They reflect complex processes of analysis and re-presentation that I will not discuss further here (see Hopwood 2014). A number of loose sketches were also made and incorporated within field notes (for example, hand-drawn maps of the layout of the playroom).

I also collected or copied 119 documents, including thank-you cards from parents, leaflets given to parents, blank copies of proformas such as forms used in admission interviews, measurement tools (Edinburgh Postnatal Depression Scale, Karitane Parent Confidence Scale), workflow checklists such as the Welcome Group guide, anonymised versions of the clients in residence sheets capturing informal notes made on them by staff, pages from the staff communication book, notices for staff (such as a message about amber necklaces on children), resources used in group activities, meeting agenda, and anonymised behaviour charts (records of children's sleep, eating and behaviour). Copies of documents relating to clients, such as progress notes, admission records etc. could not be made, but I was given permission to read and make notes on a selection of these, in order to capture the kinds of things that are written down.

A small number of interactions were audio-recorded, focussing on those where a verbatim record of speech was important. Over a two week period, most hand-over discussions (except those including parents) were recorded, and in addition I was able to record an intake phone call, and a counselling session between a social worker and a mother. During one week a video camera was used as part of a related methodological exercise (see Hopwood 2014). However the 77 video clips (ranging from a few seconds to 40 min) were included in the general dataset analysed for this book.

Finally, I also collected a significant amount of quantitative data that had already been generated as part of routine practice on the Unit. This included anonymised records of depression assessments (EPDS score on admission), parent

confidence measures (KPCS scores on admission and discharge; see Chap. 2), results of domestic violence screenings (positive or negative), and the number of referrals to allied health. These data were collected for the period of study, and gave several pieces of information about 250 parents. Results of the client satisfaction surveys (again anonymised) for the same period were made available to me, out of which I entered 280 responses to nine items (those of most relevance) into a separate database. In total over 5000 datapoints comprising scores, binary indicators, and likert scales were analysed. Furthermore, existing data in the form of responses to evaluation forms relating to group activities, largely in the form of likert scales and open-ended comments, were incorporated into the dataset and analysed.

Participation, Observation, and Intimate Outsidership

In this section I will describe how my approach to fieldwork accomplished, in a shifting and emergent way, my position of ‘intimate outsider’ (Ganong 1995, 2011) in relation to the professionals and families on the Unit. Ethnographic observation is often characterised by a position along a continuum from detached observation to full participation. However, I have previously argued that this is often an inadequate basis for capturing the fluid ways of being among and doing (with) as an ethnographer (Hopwood 2007b). There, I used the notion of ‘territories’ to pinpoint patterns in the shifting and emergent performances of the ethnographer, and how they relate to what is happening.

The concept of ‘intimate outsidership’ complements that of territories, and usefully captures much of what I think is so valuable about ethnography. It is most important in this book in Chap. 9, where I use it to understand the ways professionals learn much that is private and sensitive for families, and yet always stand apart from them too. Ganong (1995, 2011) used the term ‘intimate outsider’ to describe his position as a non-nurse but also researcher of nursing whose role required a close understanding of nursing and an ability to stand back and cast different light on what was happening in the field. In the same way, ethnography enabled me to become intimately involved in the goings on of the Unit (see below for a discussion of the fluid movement between detached observation and participation), while always being apart—noticing features that others may ignore, making the familiar strange by seeing (hearing, touching etc) with different ‘educational researcher’ eyes.

In one instant and space an ethnographer might be highly involved, and yet moments later, quite detached. This was true of my fieldwork on the Unit. I was not a full participant, either as a parent or a professional. But I did step into the embodied practices of both groups. I played with children (getting paint on my hands and face, singing and dancing), held infants in arms, and rocked cots. I joined parents on the floor of the playroom in the relaxation group (making my notes afterwards!), and shed tears with them in the Friday morning reflection

activity led by the Sister of Charity. I followed staff, mirroring their movements and postures, joining them in acting calm during toddler tantrums, eating with them in the staff room, and fighting yawns during the night shift. I had a ‘proxy pass’ that opened the doors to the building for me, a locker, and was subject to the regulations and rules applying to employees (wearing closed shoes, demonstrating immunity to specified diseases, completing child protection training etc.). But I never stepped into their role or responsibility in supporting and caring for parents. Often I was present but not near in a practiced sense (see Schatzki 2010, Chap. 3), as in admission and discharge interviews, where I would sit in a suitably visible but unobtrusive place and quietly make notes (see Hopwood 2013, 2015). I would often be seen standing or sitting, scribbling down notes in the corridors, playroom, lounges, dining room or by the nurses’ station. My notebook was small enough to fit in my pocket, so I could suspend writing and join in activity when it was appropriate. Thus my fieldwork was characterised by highly dynamic and responsive shifting between distance and proximity, observation and participation. It is through this fluidity that I felt I accomplished the position of intimate outsidership.

There are many ways to understand the movement and tension between emic (insider) and etic (outsider) perspectives in ethnography. These include Dhand’s (2007) account of legitimate peripheral participation among recovering drug users in Delhi—of interest to me because of its deployment of a theory of learning to understand ethnographic presence and practice. Todres’ (2007, 2008) notions of ‘being with’, and a range of accounts focusing on the embodied nature of ethnography and auto-ethnography (e.g. Denshire 2015; Ellingson 2015) all offer valuable enrichments to discussions of the position of the ethnographer in relation to the practices under scrutiny. For me, the concept of intimate outsidership conveys important features of my approach to fieldwork, and gives meaning to those features within the broader sense of the distinctive value that ethnography offers and its fit with the theoretical underpinnings of this book. In the next section I situate my ethnographic approach within a broader, contested domain, and make tentative connections between the idea of intimate outsidership and a diffractive (Barad 2007) approach.

Contested Ethnographies

So far I have described what I have done in terms of fieldwork practices, and the intimacy of broadly non-participant observation. The question of ‘What did I do’ with respect to my empirical approach can be answered in a different way, locating my practices within a wider and contested field of ethnographic research. What it means to do ethnography, or to do it well, is not universally agreed upon: there never was a hegemonic ethnographic order (Atkinson et al. 2001b). As Mills and Ratcliffe (2012) explain, the meaning attached to (good) ethnography is not dissociated from historical, geographical and (post-) disciplinary contexts; nor does it map neatly or exclusively onto these, as reflected in debates between British and

American anthropologists (Marcus 2007a, b; Okely 2007a, b). I will now locate my approach within this contested terrain, while acknowledging the messiness involved in any attempt to pin down or badge a particular version of or way of doing ethnography. I do this first by taking up Mills and Ratcliffe's (2012) historical-disciplinary mapping, then by focusing on ethnographies of practices and Barad's (2007) diffractive approach. I explain my (current) sense of the role of theory in ethnography, before clarifying the relationship between this (educational) work and other ethnographic research in health-related settings.

My approach to ethnography reflects an initial enculturation into a British educational guise. This stemmed from studies of schooling in the 1960s and 1970s, through which was fashioned an approach that contrasted strongly with anthropological ethnography of the day (Mills and Ratcliffe 2012). I was profoundly shaped by the accounts of ethnography I read during the early days of my postgraduate study. These included Hargreaves' (1967), and Willis' (1977) intimate explorations of schools in relation to big questions about reproduction of social class, schools as social systems, and professional work of teachers (Atkinson et al. 1993; Ball 1981; King 1978; Lacey 1970), and ethnographies that looked at schooling as a site to understand issues such as gender (Mac an Ghaill 1994). I was taught by Walford (see 1991a, b, 1996, 1998, 2001, 2009), and shaped by the way he approached questions of policy and privilege through studies of sites that were in some ways 'special'—such as British 'public' schools (1986, 1987), or the first City Technology College (1991a, b; Walford and Miller 1991).

Among many of these texts is a connection to what Mills and Ratcliffe (2012) identify as an approach to ethnography reflective of a particular historical and disciplinary moment: the take-up of ethnography among British scholars and its application in schools as a means to explore larger social issues. Notwithstanding the diversity within this body of work, and the inadequacy of any attempt to collate and badge them (acknowledged by Mills and Ratcliffe), there are meaningful connections that can be made between this tradition, the way I did my first ethnography (see Hopwood 2004, 2007a, b, 2008, 2009, 2011, 2012), and the approach I took for this study. The traits of this approach that capture my way of doing ethnography include the serious attention to and concern for evidence, and the relationship between claims made and the evidence upon which they are based (see Atkinson et al. 2001a, 2007; Hammersley 1998; Hammersley and Atkinson 2007; Walford 2001, 2009); this sentiment is reflected in the quotation from Willis (2004) below. This approach does not imply a naïve sense of researcher as *tabula rasa* upon which the world makes direct impressions (see Hammersley 2005), but does bring with it a distinct sense of ethnography as embroiled with questions of data, evidence, and claim-making, rather than notions of deep hanging out, or extended fieldwork as rite of passage that reflect a Malinowskian imaginary (see Marcus 2006). It also offers some resistance to what is perceived by some as a devaluation of systematic fieldwork and analysis.

However, there are features of my approach to ethnography in this project that emphasise aspects that are not foregrounded so centrally in what I outlined above. These include some of the more evocative, personal and embodied dimensions.

While the embodied nature of ethnography has been addressed by scholars who work within that tradition (Stephens and Delamont 2006), the body and senses have been given greater attention in other approaches to ethnography. Distinctive embodied senses and sensibilities and their connections with practice, spatiality and temporality are emerging (e.g. Ellingson 2006, 2015; Hockey 2006; Seymour 2007; Todres 2007, 2008). Elsewhere I have drawn on this trend, giving an account of my ethnographic practices as embodied, material practices (Hopwood 2013, 2015). Pink's (2005, 2008, 2009) account of sensory ethnography inspired and captures much of my deliberate attempt to engage fully with senses of sound, smell, touch, and taste, and to resist over-privileging sight and the visual (see also Mason and Davies 2009). Within a sociomaterial fold, Strati (2003, 2008) refers to this as an aesthetic dimension of ethnography, drawing on impressions, and sense-based judgements that may provoke questions as much as they provide answers, drawing on an empathic-evocative understanding in contrast to a logical-analytic one. Such a sensibility is reflected in the account of times, spaces, bodies and things in Part II, the continuation of these threads through Part III, and the aesthetic appreciation of professional practice and learning that this affords. In the next section I continue to describe the approach to ethnography in my work on the Residential Unit, linking back to the theoretical terrain of practice and diffraction.

Ethnography, Practices and Diffraction

At this point the assumptions, ontological position, and concepts discussed in Chap. 3 are brought into closer connection with methodological questions. In particular I consider the idea of ethnography as a study of practices, and connections between my approach and Barad's (2007) notion of diffractive research.

The specific ethnographic focus on *practices*, rather than cultures, or organisations brings distinctive qualities to my ethnography. Many ethnographies, of course, describe what people do and say, and the things involved with these doings and sayings. But I base the work in this book on a site ontology (Schatzki 2003; see Chap. 3). This assumes practice-arrangement bundles to be the fundamental unit of social life, making them the primary unit of analysis. Through this approach, ethnography ventures into frontier territory. In this respect I follow in some ways the wonderful example set by Mol (2002) in *The Body Multiple*. Mol describes how medicine *enacts* the objects if its concern and treatment (drawing on actor-network theory). Similarly I explore pedagogy, learning and partnership, as well as times, spaces, bodies and things, with reference not to what they are, but how they are done.

In furnishing the term 'ethnography' with richer and more specific meaning as it applies to my work for this book, I wish to make some guarded connections with Barad's (2007) notion of diffraction (see also Barad 2003; Nicolini and Roe 2014 offer a much deeper and more sophisticated account linking to interview

methodology). Barad challenges and undermines established ontologies, epistemologies and notions of reflection, writing of...

... shifts that are at issue in moving away from the familiar habits and seductions of representationalism (reflecting on the world from outside) to a way of understanding the world from within and as part of it, as a diffractive methodology requires. (2007, p. 88)

There are elements of my work that echo a diffractive approach, although I wish to be clear that I am not claiming the work presented in this book in any way does justice to the complexity and commitments of Barad's (2007) ideas. Nonetheless, it is worth noting a number of points of resonance. One is that diffractive research is not about a view from a distance, but about patterns that emerge from entanglement with the phenomena of interest. Here I refer back to my discussion of participation and observation, and suggest that the concept of intimate outsidership conveys something of the entanglements that Barad has in mind.

Diffractive research is performed and emerges through intra-actions, rather than representing pre-existing boundaries between subject and object (Barad 2007). The account of the *site* of my ethnography above did not take the site as an a priori entity or container for research, but as something produced through relationships between the practices and materialities of fieldwork on one hand, and those of professional work on the other. These relationships are not defined outside of the research, nor outside of the practices being investigated. Hence, I see a diffractive quality here, too.

The site ontology (Schatzki 2003, see Chap. 3) underpinning this research also has substantial, meaningful, common ground with elements of Barad's diffractive approach. Most specifically, her rejection of notions of knowing at a distance, in favour of ontologies in which knowing is viewed as material practice. I take up Gherardi's (2006) notion of knowing in practice as a key concept in the chapters that follow. This 'materialises' the notion of knowing in the sense that it is tied, fundamentally, to ideas of embodied action, performances that are always accomplished through a material body, amid, attuned to, towards (etc.) other features of the material world. Barad holds that diffraction is fundamentally about accounting for 'how practices matter' (2007, p. 90), and I assume the 'matter' here is deliberately rich and multi-layered in its meaning: matter in ethical, material, contingent ways, as established through entanglement rather than objective reflection from a distance. The sense of how and why practices of the Residential Unit matter is central to this book—it is why the professional practices and learning emerging there are worthy of our attention. Chapter 2 began the work of telling this story, and (more or less explicitly) all the remaining chapters unravel and unfold this further, through stories of change for families with young children, and professional expertise, practices and learning helping to create effective partnerships with parents. We may note echoes here of the discussion in Chap. 1, of critique and its present and absent forms in this book.

For now, I wish to lay one final marker in terms of ethnographic territory, and this is to clarify something this ethnography is not. The study discussed here is of one (part of) one institution, but it is not an institutional ethnography of the kind

proposed by Smith (1990), despite the obvious links between this approach and mine, in terms of its emphasis on practices (see Grahame (1998), or McGibbon et al. (2010) for an example relating to nursing). A Smithian institutional approach would doubtless reveal much of interest and value about what happens at Karitane and how this happens, and it would bring different and important questions about power, exclusion and ruling relations. This lies outside the scope and purpose of what I undertook and present in this book. However, questions of the role of theory in ethnography are highly pertinent, and form the focus of the next section.

Ethnography, Theory and Analysis

In this section I focus more sharply on questions of theory and its relationship to my ethnographic approach. I reconnect with the contested terrain and (post-) disciplinary traditions discussed above, and touch briefly upon processes of analysis that might justifiably be viewed as taking on a diffractive hue, although certainly not proceeding in a full Baradian (2007) sense. This section continues to weave together some of the foundations and assumptions outlined in Chap. 3, now from a methodological viewpoint.

The relationship between theory and ethnography is contested (Mills and Ratcliffe 2012). It has changed in my own history of ethnographic research—from earlier work that was much ‘lighter’ on theory (Hopwood 2004, 2007a, b, 2008, 2009, 2011, 2012), to the current study which is infused with theory, and has both theoretical and substantive agendas at its core (see Chap. 1). In response to an early draft of some of the material presented later, a colleague (with an anthropological background) commented:

I get a bit of a sense that you’ve been forced to genuflect in front of theory – the piece foregrounds theory in a big way.

This touched upon my wariness of over-theorising or theoretical over-determination. I want theory to shape my questions and enhance my answers. But it should not sew up what might be asked or found. I share Clegg’s (2012) sense of the danger in insisting too loudly on ‘theory’. I do ethnography because I feel I have something to learn from the world, by watching, listening, touching, being with, sensing. The point of collecting data is because one doesn’t understand something as well as one would like to. But there has to be theoretical rigour as well as empirical rigour when we engage with evidence or data (Clegg 2012). If theory doesn’t speak to data, the data are not at fault, and one must look elsewhere to find a means to engage with one’s empirical material. Hence the value I find in Nicolini’s (2009) notion of zooming in and zooming out, being agile in the application of theory in order to enrich the engagement with empirical material.

The theoretical literature and concepts I referred to in Chap. 3, and those I mobilise in the remainder of this book, are highly selective. This selection is

governed chiefly by what I have found most productive in generating and working with my data. One doesn't have to revert to naïve realism or empiricism to note that good data (whatever the processes of its construction), both enable and limit what we can say about the world. The infinite range of things I might have written about Karitane was radically reduced by what I was able, and chose, to notice as an ethnographer. Data were generated on the basis of this. The crisis of representation need not, in my view, create an ambivalence about data or evidence. Yes, I have concern for my role as a researcher and issues of ontology, epistemology, and representation: What am I noticing? How? Why? How am I capturing that in my notes, pictures? How do I account for the embodied legacy of fieldwork in my memory, senses of touch and smell? Yes, there are more than accidental and surface resonances between my work and a diffractive approach in a Baradian (2007) sense. Willis writes:

In one way I am a simple empiricist: Write down what happens, take notes about what people do and say, how they use objects, artefacts, and symbolic forms in situ. Do not worry too much about the endless debates concerning ethnographic authority and the slippages of discursive meaning understood from an abstract poststructuralism. Tell me something – I know all the method problems – tell me, tell your readers, something about the world... rather than endless methodological discussions where we learn everything about the sacred bourgeois formation of the writer and nothing about the profane formation of the subject. I seem to hear subjects screaming silently from the margins of the page, 'but what about us?'. (Willis 2004, p. 169)

I expect that readers will sense a tension between Willis' stance above, and Barad's (2007) notion of diffraction. There are certainly important differences in their views. However my reading of Barad, and I admit it is likely a naïve one, is that she is also seeking to undermine approaches that have elevated the notion of reflection or reflexivity beyond their station. In her sense of accounting for how practices matter, I hear echoes of Willis' 'but what about us?'. While Willis' subject-object distinction may be too coarse for a Baradian reading, not entangled enough, both are urging a stance that is engaged, that accounts for the world in a way that matters, that conveys what matters. I retain a sense of ethnography having a remit to tell a story about the world. I follow Walford (2009) in writing this book as an ethnographic account that attempts to construct a text where the evidence generated and shared enables and constrains what can I can say about a certain feature of the world. This still leaves space for multiple interpretations of the same phenomenon, and the indeed same data.

So I have a strong commitment to data and acknowledge its heavy presence in the research process. But there is a heavy presence of theory too. What data are evidence of, what they mean, can be greatly enriched through theory. Theory adds to the number of useful and valid interpretations we can make of data. Theory in some ways came before my data. How could it not? In this ethnography, compared to my previous studies (Hopwood 2007a, b, 2012), theory played a much stronger role from the start. My interest in questions of practice, bodies, materiality and so on stemmed partly from reading of sociomaterial literature, in particular Schatzki. My observations thus reflected an ethnographic sensibility that was purposefully

attuned to times, spaces, bodies, and things. No radical stretch for ethnography, perhaps, but nonetheless an a priori theoretical shaping of what I noticed and thus the data that were generated.

What of analysis? Srivastava and Hopwood's (2009) framework for analysis captures a shifting balance between the empirical and theoretical, the grounded and the purposefully selective. The questions 'What are the data telling me?', 'What do I want to know?' and 'What is the relationship between these two?' provided an overarching basis for how I engaged with my data, both as fieldwork was in progress, and in the more detailed analysis that followed. Theory and data spread across both of the first two questions: theory led me to the field and shaped my presence in the field; the field and the data shaped the material with which that theory was engaged, and laid out terms upon which theory became relevant and useful.

Furthermore, I suggest that there are some resonances between this iterative analytical approach, and the diffractive qualities I outlined above, particularly in terms of how they have been taken up in practices of data analysis. Lenz Taguchi (2012) takes up Barad's (2007) work (and that of other feminist scholars including Haraway), understanding diffractive analysis as a 'becoming-with' the data as researcher, as proceeding in non-linear fashion through shifting entanglements between the researcher and the data. This certainly captures the sense of shaping and being shaped by meanings that emerged as I analysed the data for this book.

An Educational Ethnography in a Health-Related Setting

I wish, briefly, to further clarify the intellectual location of my ethnography at Karitane, and to acknowledge some of its looser connections. In the preface and above I have positioned this work as an educational ethnography: an in-depth empirical study, based centrally on observation, driven by questions about practices and learning. It is 'educational' in the sense that issues of knowledge (or knowing), expertise, learning, and at times pedagogy too, are in sharp focus. As an academic I feel I belong to the discipline of education, and as I explained above, the tradition of educational ethnography (particularly its British guise, crude as such a badging inevitably is) is the one that shaped my early formative years as an ethnographer.

But this is an ethnography in a setting not traditionally viewed as an educational. Yes, Karitane and many similar organisations describe their role as including parent education, but there are other things going on too: care, therapy, even treatment (insofar as medications are at times prescribed and administered). The Residential Unit at Carramar is technically a hospital. It is staffed by professionals whose qualifications are in fields such as nursing, social work, medicine, and so on (see Chap. 2). As an educational researcher, I therefore notice and interpret what goes on with strange eyes. As I explained in Chap. 1, the idea of framing practices in such settings as pedagogical is fundamental to the fresh insights this book offers

in terms of rethinking professional practice, expertise and learning, and how these connect with notions of partnership and coproduction. The educational perspective is another way in which I always remained an outsider: I never had the intimacy of shared professional backgrounds with the staff of the Unit.

This said, it is important to acknowledge that the worlds of nursing and health care more generally are, of course, familiar sites of ethnographic enquiry. Lawler's (1991) *Behind the screens*, for example, offers an intimate *insider's* account of nursing life (in a more traditional setting of hospital care), followed up by descriptions of the embodied work of nursing, again highly inflected with connections between empirical material and personal professional experience (Lawler 1997a, b). Some focus on very specific care practices, such as communication (Osterlund 2007; The et al. 2000), or end of life care (Costello 2001), while others take up wider issues such as relationships between health disciplines (Allen 1997). The field of medical anthropology draws heavily on ethnographic approaches (inflected with anthropological disciplinary histories and sensibilities as well as influences derived from the medical context). This is a diverse field, and includes studies that explore cultures and meanings in particular sites such as community mental health centres (e.g. Ware et al. 2000), and others that take a higher-resolution focus on patient-practitioner interactions (e.g. Kingfisher and Millard 1998).

There are methodological canons of qualitative and ethnographic research specifically addressed to healthcare settings (de Laine 1997; Pope and Mays 1995; Reeves et al. 2008; Savage 2000a). To me these often appear infused with notions of research accountability and validity that seep through from the broader (hard) scientific world of randomised, controlled trials and quantitative evidence; either that or the qualitative approach is somehow positioned as counter to them. Nonetheless, ethnographies within the health field demonstrate features in common with broader methodological trends, including those that highlight the embodied nature of ethnography (Edvardsson and Street 2007; Savage 2000b) and the practices it explores (Hindmarsh and Pilnick 2007).

I have done scant justice to ethnographic research in health fields and medical anthropology. However the shallow contact I've made with these bodies of work above suffices for my immediate purpose. This is to clarify that while this book does, I hope, offer something new and distinctive within this body of work, it has not been developed primarily as a contribution to it, and the subsequent chapters do not unfold in close conversation with this work. This chapter is almost complete; it remains now for me to explain the joint and individual nature of the work relating to this book.

A Solo/Joint Endeavour

My work at the Residential Unit of Karitane had two different but linked components. The first was focused on my own fieldwork and analyses, and is described in this book. The second was made possible by a grant that funded a research assistant,

Teena Clerke. The aim was to pursue methodological questions relating asymmetrical approaches to joint ethnography, resulting in a book first-authored by Teena (Clerke and Hopwood 2013). Teena made 22 visits to Karitane during the period of study, 6 of which coincided with my visits. Methodological issues cannot be separated from substantive issues—indeed the former become interesting through their reference to substance, and so there was inevitable crossover between the joint and solo aspects. Our methodological questions were primary, but remained linked to substantive questions about partnership and pedagogy. The initial outcomes of our joint substantive analysis are reported by Hopwood and Clerke (2012).

The questions guiding the joint analysis focused on how staff learned from families and each other, how change was brought about for families, and how partnership was accomplished on the Unit. Teena has a professional background as a graphic designer, design academic, and feminist scholar of the discipline of design, but also has postgraduate qualifications in adult education and has published in design education and doctoral pedagogy (Bower et al. 2009; Clerke 2010). This meant that her account was not inflected with the same theories and concepts of practice, learning and pedagogy that I brought to the analysis. Indeed this difference, alongside our different ways of being, relating and noticing in the field (for example, Teena is a parent, I am not), was part of what made our joint work asymmetrical and interesting. However in terms of identifying general patterns and features, the practices that Teena described and identified overlapped considerably with my own account, such that we were able to merge our analyses and proceed together in refining our interpretations and understanding relating to those three questions.

Teena specifically raised the notion of running commentaries given by staff on their work (see Chap. 9)—something that I recognised immediately in my data, but had not previously framed so explicitly. Choreography (Chap. 9) and pedagogies of noticing and distraction (Chap. 10) are examples of concepts we both arrived at through our first, separate, analyses, and proceeded to enrich jointly. Teena's use of sketching in the field, and her lead role in using images for a staff development event at Karitane, led us to explore the use of line drawings instead of photographs as a means to convey selected visual detail while preserving the anonymity of people involved. Combined with the account of very similar drawings offered by Michael (2012), these became important features of our joint writing. As noted above, I have continued to create drawings in the process of analysis (see Hopwood 2014), with many of them included in this book.

The analyses and ideas presented in this book reflect work I began independently and continued after our joint project ended. The sociomaterial approach, engagement with temporality, spatiality, embodiment and materiality, and more detailed linking to notions of pedagogy and learning are all features of this project that I have pursued separately. I quote and refer only to data I generated, although my familiarity with Teena's field notes confirms that there is nothing in those to challenge or undermine my own account. These paragraphs have been written with Teena, and reflect our joint attempt to explain an ethnographic project with two overlapping strands, guided by both shared and separate logics and questions, and producing a mix of jointly authored and single authored accounts.

Conclusion

This chapter has justified ethnography in terms of alignment of methodology with theory. I have presented details of my fieldwork, inflecting this with sociomaterial and practice theoretical concepts discussed in Chap. 3, as well as the notion of intimate outsidership as a means to understand fluid relationships between participation and observation. I have located my approach to ethnography within a contested methodological terrain. I have also taken a clear stance on the role of theory in (this) ethnographic work, pointing to its diffractive features.

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Part II
**Four Dimensions of Professional
Practices and Learning**

Chapter 5

Times and Professional Practices

Introduction

This is the first of four chapters that make up Part II. Each takes a different point of departure—times, spaces, bodies and things, respectively—for analysing professional practices on the Residential Unit of Karitane. Throughout Part II the concepts discussed in Chap. 3 become entangled with the empirical materials generated through my ethnographic fieldwork, as described in Chap. 4. While it flows in and out of explicit focus, the idea of partnership, as discussed in Chap. 2, remains an important undercurrent in this chapter and those focused on spaces, bodies and things.

I consider times, spaces, bodies and things to be *essential* dimensions of professional practices and learning through connectedness in action, texture, or hanging together (see Hopwood 2014a, b). By essential I mean that they are necessary, constitute the essence of texture, and if any one is taken away, the whole is irretrievably lost. As explained in Chap. 1 the boundaries between each chapter are far from watertight, and there is much overlap. However the four approaches nonetheless remain useful as distinctive but related ways of thinking about practices, making connections with Schatzki, Gherardi, and concepts from other literature. Part II follows Shove et al.'s (2012) methodological strategy of separation in order to explore particular qualities and characteristics. This approach has resonances with a Baradian (2007) notion of diffraction. Some ideas recur throughout all four chapters, but others are best understood and come into clearer focus, by making a cut and foregrounding a particular dimension of connectedness. This chapter begins the process by foregrounding times.

I start with a focus on objective time and its close relative, clock time. I show illustrating how some of the Unit's practices produce time as if it were of this objective, linear, nature, a commodity that is used up, in short supply. Other concepts are required to open up questions of time that are about more than duration or the speed with which time appears to be used up (Shove et al. 2009a).

As discussed in Chap. 3, a practice-based approach to time generates questions of how multiple times are practised into being, rhythm and routine, coordination, tempo, synchronicity, periodicity and sequence (Southerton 2009). It also raises questions of the haunting effect materiality may have on times and routines (O'Dell 2009). Shove (2009) argues that patterns of temporality emerge from the coordination of more than one practice, and I explore these patterns as textures, in relation to rhythms and entanglements of the times of staff members and those of families. This approach treats time as spatial, embodied and material, emerging with rather than pre-existing bodily actions and material artefacts (Johncock 2014). I follow Gherardi (2009a, 2012) by going 'inside' practices, attending to temporalities that emerge as activity is performed. In doing so I trace how temporal connections between professionals and families are produced, framing this in relation to concepts of intimate outsidership and partnership (as discussed in Chaps. 1 and 2).

The second section focuses on Schatzki's concept of activity time (2006a, b, 2009, 2010, 2012b, 2013). Past, present and future occur together as activities reflect what they come from and what they head towards. As these ideas become entangled with my data, I adapt these ideas to this specific empirical context. I show how the Monday to Friday period constitutes a kind of extended present, and then focus on a range of more specific moments.

The third section explores how a range of different times are practised, enacted into being, drawing on Shove et al.'s (2009a, b) approach that focuses on the social and material production of multiple temporalities. These include times relating specifically to children (times of age, development, learning), before focusing instead on times practised in the playroom. The idea of time as a coming together of trajectories is introduced, borrowing from Massey (2005) and pointing ahead to Chap. 6 and its focus on spaces.

Lefebvre's (2004) rhythmanalysis forms the conceptual basis for the fourth section. The very purpose of the Residential Unit can be understood as driven by a rhythmic imperative. Connections between times and bodies become clearer as I explore bodies as metronomes, and finally times, spaces, bodies and things are discussed together with reference to how rhythms of day and night are produced and why they are important.

The final section focuses the routines of handover, before exploring the temporal organisation of the Unit in terms of a weak timetable. The conclusion highlights times and rhythms that are discussed later in the book, particularly in Part III.

Practising Time as Objective Time

Objective time is the time of physics, the universe, inevitable, linear chronology, time that is measured, used up, or consumed (Schatzki 2006a, b; Shove 2009). All events occur before and after others. There are several aspects of the Unit's practices that enact or produce time *as if* it is of this objective kind. A kind of time is

produced that appears to match the qualities of objective time. A particular signal of this is when practices constitute time as a finite commodity.

One feature of objective time is that it is consumed. A number of practices of the Unit enact time in precisely this way. The Unit functions on a five-day cycle, within which time a number of things are expected to happen. What these are in terms of what kinds of change in children might be expected is a complex issue, discussed further below. As the week progresses, this time is, in a sense, ‘used up’. If an attempt to encourage a child to eat solid food is unsuccessful, a nurse might count the number of meals remaining before the scheduled departure on Friday, and encourage parents by pointing out they still have five, eight (however many) more chances left to work on this before time on the Unit runs out.

Each shift, particularly for the nurses, is enacted as a unit of objective time that gets used up. This is especially evident on Mondays, when a certain number of admission interviews, Unit tours, and consultations with the paediatrician have to happen within a set timeframe. Long admission interviews, when staff listen as parents talk at length (part of how they enact partnership, see Chap. 2), use up time, leaving less time for writing notes. Thursday shifts are strongly characterised by the need to complete discharge summaries with clients before the day’s end.

Objective time is not only a commodity that is used up, it proceeds in stable, measurable fashion. As such, clock time is often closely related to objective time, to the extent that it is singular, incessant, consumed, and in particular, measured. There are ways in which practices on the Unit produce and respond to an external clock time that helps them hang together, creates texture. Clock time governs rosters, hours worked, and shift patterns. Clocks help staff ensure they arrive on time, hurry if they are running late, and so on. Clock time is also featured on the behaviour charts that are used to record information about children’s sleep, mood, toilet behaviours etc. (see Hopwood 2014c, d). Figure 5.1 shows what this looks like.¹ In these charts, time is represented in continuous, linear fashion, bounded by the duration of the residential cycle. These charts produce particular forms of connectedness in action—they are folded into discussions with parents, handovers, and changing actions from shift to shift. Reference to clocks or watches governs where nurses place pen marks on the paper in order to record information which in turn shapes handover practices and prefigures future actions. Clock time is intimately bound up with materiality, and functions as crucial organisational anchor that helps practices hang together.

It is worth noting how in many ways, clock time and objective time are absent and absented from practices on the Unit. As I will explain and illustrate below and in Chap. 10, much of the work relating to settling involves evacuating clock time, exorcising the haunting of clock time and its rigid material anchor (O’Dell 2009), practising multiple temporalities into being instead (including times of learning, times of change, times of infant development, and so on). The exception is the

¹Figure 5.1 is not a direct copy of a real behaviour chart. The actual charts have details of the family, and display three days on one side of paper. I have adapted the symbols and key slightly in order for the figure to work in black and white (red and black ink are used in the originals).

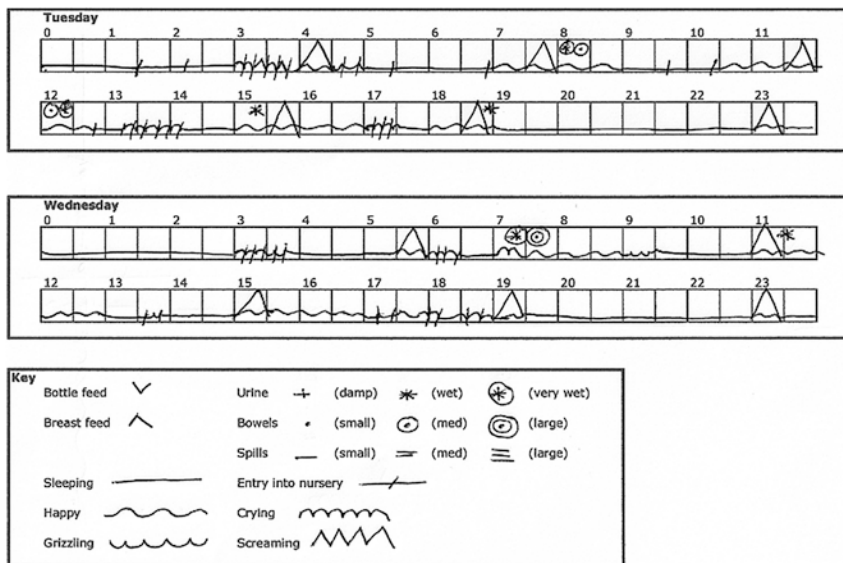


Fig. 5.1 A behaviour chart

45 min marker (of clock-based duration) that is consistently used as the upper limit for trying a new approach to settling: the practised consensus is that going beyond this places too much strain on parents and children.

Some practices thus produce a time with objective qualities. I move now to consider the multitude of times that are enacted there, beginning with the issue of activity time and past, present and future that is central to Schatzki's framework.

The Time of Activity

Many practices on the Unit are useful understood in terms of time that is multiple, fluid, non-linear, and so on. Following Schatzki's (2006a, b) activity time, an inherent dimension of activity is that past, present and future occur at a single stroke. What is done or said now (the present) happens both motivatedly (responding to what is past) and teleologically (with a view to what lies ahead). This is not positioning the present moment in linear succession. Rather all three occur together by virtue of a particular action and its motivation and intention.

Gherardi (2009a, 2012) writes of going 'inside' practices, from the point of view of practitioners or objects and the activity that is being performed, attending to the temporality and negotiated order that emerge. This shares elements of Schatzki's approach to understanding activity time. Barad, although writing from a different ontological position, offers the following argument, which powerfully captures much of relevance to the present discussion:

Future moments do not follow present ones like beads on a string. Effect does not follow cause hand over fist... causality is an entangled affair. (2007, p. 394)

I find these ideas helpful in understanding the temporal qualities and significance of what happens on the Unit. First, I explore how the five-day stay is enacted as a particular kind of present. I then show how particular moments can be understood with reference to how staff become intimate outsiders in family life (see Chap. 2), as their pasts, presents and futures become connected or entangled in action.

A Five-Day Form of the Present

A stay on the Unit for a family reflects a trajectory (discussed further below) of challenges, attempts at resolution, referrals and waiting. These continue to shape what is done and said, and the way in which those doings and sayings bundle with material arrangements. Families are on the Unit because they have a vision of the future, a form of family life that is changed in some way: perhaps more regular sleep patterns, less night-waking, a change from breast milk to solid foods, fewer toddler tantrums (see Chap. 2). This future is not a passive imaginary waiting to happen. It is an active player in the present that constitutes the period of residence on the Unit.

Parents' projections of the future are not independent of their past and present. Based on their ongoing experiences of parenting challenges, they imagine futures of worsening frustration, fatigue, strain on relationships and so on. At the same time, their stay on the Unit is a break from home life, a 'now' in which the aim is to change that projection. This extended 'now' does not exist separately from either or future. A stay on the Unit creates a five-day present in which each family's past, and their projections for the future occur together. Much of the work of shaping and altering the anticipated future is based on changing interpretations of the past (see Chap. 10).

For staff, too, the five-day cycle each week creates a long 'now'. *This week* is a kind of present that has its own qualities. It is connected to the pasts and futures of the families here *now*, but the work of last week and next week are barely visible. Past work with families leaks in through thank you cards and letters, while on Fridays, materialities are arranged in anticipation of new arrivals next Monday.

The enactment of a five-day 'now' is accomplished through material artefacts that are produced through practices and through the way they shape practices. Clients in Residence sheets, for example, are produced for each week, and versions of them are found in the handover room and secreted on staff members' person. These list parent and child names, child ages, allergies or dietary requirements, room numbers, and other information that is a record of and informs practices (see Chap. 9). While these are not stable—they are constantly updated and adjusted throughout the week—they nonetheless are key in the enactment of each Monday–Friday cycle as a reference point for 'now', a particular moment with its own characteristics and features.

Other artefacts work in a similar way. The filing cabinet in the nurses' station contains folders relating to the parents and children in residence each week. Those from previous weeks are stored elsewhere (following trajectories through the Medical Records Office into archives); those for weeks to come are yet to materialise or under construction somewhere else, too. The clipcharts that migrate from the hangers outside client rooms to the nurses station and handover room (see Chap. 8) are bundles of information relating to particular families for *that week*.

Returning to the idea of past, present and future occurring at a single stroke, we can see how these materialities and staff practices become entangled with the pasts and futures of families (see Barad 2007, and quote above). In this way, professionals become intimate outsiders in family life, and I thus argue that such temporal textures are crucial to the accomplishment of partnership (see Chaps. 1 and 2). Without these, the Unit would achieve none of the outcomes described in Chap. 2.

Intake phone calls and admission interviews are bodily performances that are both shaped by and produce material artefacts, in particular written documents and records of interactions with families. The interviewer steps into the space of intimate outsidership with families as parents discuss their pasts and goals for the future. Through handover and the reading of these documents and progress notes, this knot becomes more complex as each member of staff supporting a particular family becomes embroiled or entangled in clients' activity time (see Chap. 9). I use these terms in deliberate rejection of an observational or surveillance notion that would imply detachment. Staff members do not simply become more informed about family history and desires. They become *part of them*. They join in the collective enactment that produces these pasts, presents, and futures at a single stroke. To understand this we must change our focus and look within and beyond the five-day period, exploring other forms of time. One of these concerns how 'now' is always related what was and what might be.

The Past-Present-Future of Particular Moments

In writing of a five-day present I have deviated from Schatzki's specific notion of activity time, which is much more focused on the moments of particular actions (see Schatzki 2010, 2012a, b). And, of course, we cannot make sense of the Unit if we only treat each Monday–Friday period as a single temporal unit. We must also delve into particular moments to fully understand how past, present and future occur together, and why this is significant.

By talking to parents and asking questions through intake and admission, professionals begin to change the past and future for families. Questions are not pedagogically neutral or innocent (see Chap. 10), but can build confidence, suggest alternative interpretations, challenge unhelpful constructs, and reinforce positive visions of the future. I will explore these ideas further with reference to a moment in an admission interview, illustrated in Fig. 5.2.



Fig. 5.2 In the admission process

In this present, Kalisa,² mother of Aimee, is seated on a bed, while her daughter sleeps in a cot in the adjacent nursery. Penny, the nurse leading the process is seated on a chair diagonally across from the mother, while her colleague, May, is also seated on the bed. Penny is filling out some responses to information fields and questions printed in the admission protocol; the mother is completing the Edinburgh Postnatal Depression Scale (EPDS) screening tool.

This moment comes part-way into the admission process and temporal textures are being produced and modified. Penny has been asking Kalisa about her family, aspects of personal history, present condition, the challenges she has been experiencing, her reasons for coming to Karitane. While Kalisa completes the EPDS, Penny has a pause in the conversation in which to write more extended notes reflecting what Kalisa has told her. Kalisa's sayings and bodily performance (through posture, gesture, facial expression and so on) help Penny and May take further steps in their journey towards intimate outsidership with Kalisa and her family: they connect activity times as they understand what Kalisa is acting from and what she is acting towards. As Penny writes, this past and future is being materialised, with the present, enabling larger entanglements to follow as other colleagues read and respond to the notes.

Kalisa is reading the items on the EPDS, which ask her to choose the response that best reflects how she has felt in the past seven days. The past is explicitly brought into being in the present, not only as Kalisa reflects and makes a choice, but as this is materially marked in ink on the page. What of the future? At the moment of selecting a response by moving the pen, a suite of future actions are

²Throughout this book, aliases are used when referring to staff and clients.

prefigured, some set in motion, others ruled out or made unlikely. The response to question 10, which asks about suicidal thoughts, is linked causally to future doings and sayings, as nurses report in handover 'A zero on 10', or 'A one on 10'. Any response other than a zero will trigger a cascade of specific doings and sayings, including referral to the psychiatrist and discussion at case conference. As Penny and May subsequently read and interpret Kalisa's responses, the texture becomes more dense as their sense-making is informed by what Kalisa has expressed in terms of both her past and desires for the future.

In order to provide detail and empirical reference I have focused on admission, illustrating through reference to the moment depicted in Fig. 5.2. However, activity time, characterised by past, present and future occurring together is not unique to admission, but is inherent in all actions. I will now briefly highlight other practices on the Unit where these ideas are particularly useful.

Discharge summaries happen on Thursdays, and involve nursing staff discussing with parents their progress on goals so far, their satisfaction with the services offered on the Unit, and their thoughts, hopes and concerns about returning home. Both admission and discharge involve looking backwards and forwards, speaking and acting the past and future into the present, both involve material artefacts that are produced prior to the interaction, referred to during it, and which prefigure the future.

The same applies to any particular moment when staff support parents, be it middle-of-the-night settling in the nursery and corridor, around the dining table at morning tea, or in the playroom during a tantrum. The practices and materialities associated with such episodes are never free of what they react to and what is envisaged beyond them. Always, staff become folded into the activity times of clients, working from an understanding of what matters to families and what their goals are (this understanding is always provisional and emergent, see Chap. 9).

When a playroom coordinator responds to a toddler temper tantrum this does not simply follow universalised professional expertise. A site emerges, (in Schatzki's 2002, 2003 terms). It is enacted into being, constituted by practices and material artefacts, often in this case toys, and the bodies of professional, parent and child. The emergence and specificity of this site is partly governed by time, more specifically the aspect of temporality in which past, present and future occur together. Anh or Thi (the playroom coordinators) might intervene, perhaps joining in play, coaching a parent, or changing the material environment by removing a toy or introducing new ones. These actions can produce, repair and modify temporal connections in action between staff and families. This fluidity, agility and responsiveness is crucial both to the enactment of partnership, and as a feature of professional learning in practice (see Chap. 9).

The pasts and futures of professionals are also inherent dimensions of activity time on the Unit. Staff make frequent reference to their own childhoods and their own experiences as parents. As well as conveying a sense of empathy, normalising the challenges facing parents, and dismantling potential images of infallible professionals, such comments also speak other pasts and spaces into being in the present. These can infect the present, shaping parents' interpretations of their past, which are not so unusual after all, and their visions for the future, in which change may seem possible.

This was particularly evident in one toddler group session I observed, led by Sarah, a nurse. This group is held in one of the lounges on a Tuesday morning, without toddlers, who are either asleep or under supervision in the playroom. It aims to help parents explore what causes toddler behaviour issues and how they might respond effectively to tantrums. The afternoon involves a group play session in which parents can begin applying strategies discussed in the group. Kerry, mother of Zoe, entered the room, mentioning her daughter was crying because she'd left her. Sarah explains this 'goodbye cry' and mentions how her own children often displayed very similar behaviours. The connecting of Sarah's past into Zoe's present is contagious. As the group proceeds, parents repeatedly speak their own pasts into each other's present. Sarah reinforces the infection repeatedly through the group, by referring to 'we' (rather than 'you') and with phrases such as 'My second was on my leg the whole time, and he was my sleep problem too'. These are almost always echoed by sayings of 'mine too', or 'mine does that', establishing not only consensus and a shared norm, but entangling the parents and nurse together in an activity time in which pasts, presents and futures occur not only at a single stroke for each person, but in a collective 'knot' of temporal trajectories. Here I am borrowing Massey's (2005) idea of space as a coming together of trajectories (see Chap. 6), and translating it (rather unfaithfully, given Massey's reluctance to treat time and space separately) into an explicitly temporal frame.

Without the entangling of times, the connecting of times in textures, the Unit would not be able to do what it does. Professionals could not become intimate outsiders in family life, partnerships could not be established, and trajectories towards different, better futures for families could not be laid down.

This conceptualisation will be taken up again in Chap. 6, as it provides a basis for understanding how spaces of home come to haunt spaces of the Unit: treating space and time together, rather than separately, questions of the past and future are folded into questions of space in the present. Chapter 8 explores materialities of the Unit in more detail, and Chaps. 9 and 10 show how such artefacts are produced through practices, and yet shape them, playing a vital role in enabling staff to learn from families and each other, ensuring practices emerge in responsive and coordinated ways, and becoming folded into the pedagogic work of facilitating change in families. This concludes my discussion of time in terms of the concepts that are most strongly and in some ways distinctively offered in Schatzki. The following sections take up related concepts discussed earlier in this chapter, beginning with a more detailed exploration of notions of multiple times and their bodily and material production.

Practising Multiple Times

This section considers how times are practised, produced or enacted in the course of professional practices of partnership with families. Not forgetting that one cannot conceive practices without also attending to materiality (Ger and Kravets 2009; Jalas 2009), this continues the exploration of the textures of times that are produced on the Unit. This texture is multiple (Shove 2009; Shove

et al. 2009b) and it is *productive*, in the sense that it is key to understanding how positive change for families comes about (see also Chap. 10). I suggest parallels between what is happening on the Unit in terms of times and the way Massey (2005) describes space as a coming together of trajectories. Questions of rhythm, addressed more explicitly in the next section, leak into this discussion.

So what different times are there on the Unit? I will not exhaust all the different times that I observed, but will illustrate a diverse selection of these. Some relate specifically to the bodies of children and ideas of age, development, and learning (questions of the body resist an exclusive location in Chap. 7). I discuss others in more spatially confined terms, such as those associated with the playroom (Chap. 6 intrudes here). In this discussion of times and their production, we never lose sight of the material world (see Chap. 8).

Times of Children: Age, Development, and Learning

I will now describe three different times relating specifically to children (babies, infants and toddlers). Each was identified through an analysis of how children are held, touched, spoken to, listened to, and written or spoken about, and of the many practices that focus explicitly on these small bodies. Each is enacted, bodily and materially, playing a crucial and distinctive role in achieving the outcomes that mean so much to families. Each also constitutes a form of general understanding, shared forms of expertise that inform and arise through practices (see Chap. 3).

One form of time refers to the *age* of children. This can be understood simply as a numerical marker of duration since birth, a particular moment in objective time. However, age is practised differently on the Unit. The age of a particular child is noted in written form on Clients in Residence sheets and numerous other documents, including intake forms, admission forms, and behaviour charts. Looking at these markings of ink on paper, we can learn a lot about how child age is produced as a form of time and why it matters as such. For the youngest babies, the notation is given by X/52, such that 9/52 indicates a child is 9 weeks old (there being 52 weeks in a year). For older infants, the /52 is replaced with /12, so that 18/12 denotes 18 month of age. The age of older toddlers is denoted with a number and the suffix 'yr': 2 year, 3½ year.

This approach to notation is not unique to the Unit, but indicates that age is not enacted as a smooth linear kind of time. The younger the body, the more precise the age reference: first weeks, then months, then later years. Staff enact child age in ways such that the difference between, say, six weeks and nine weeks since birth is more significant than a three week difference between the age of two toddlers in their third year. This kind of child age is not divided into equal units of equal importance. Rather different units are used and these are taken in up in what staff do and say with families.

It is important to note that child age as practised on the Unit is not rigid, nor is there any automaticity or inevitability associated with it. Despite the importance of

the increased sensitivity in measure applied to younger children, child age is only ever enacted as an approximate indicator, a guide as to what might be appropriate to help staff anticipate but not impose plans of action. I never once heard age being invoked as the exclusive and outright basis for a decision or action. It would always be accompanied with a more contextualised reference. 'She's 18 months, and she separates well, so it might be appropriate to try settling her in the cot'.

So we come to a second form of child-related time, what I call the time of child development. This is linked to age, but is not pegged directly to it. Child and family health professional expertise offers an understanding of child development, guiding their attention to look for, and to an extent, expect, certain things in children. While the language of 'developmental delay' was not unheard of during my time on the Unit, in the vast majority of instances, child development time was enacted as non-linear, multiple and fluid. For example, many parents express concerns that their child is not crawling or walking by a certain age, comparing their son or daughter to previous children, children of friends, children described in books, websites, and so on. Such close linking of development time to age time is seen as an unhelpful construct, and is often challenged. 'Some children miss out the crawling stage and go straight to walking', 'Oh, she's a bum-shuffler. Yes some of them get very good at that, and it serves their purposes for getting around, so it's nothing to worry about', 'Yes, he's not speaking much, but he's able to communicate with you in other ways, and he doesn't seem frustrated'.

Child development is a form of time that is produced on the Unit more in response than in anticipation. Judgements relating to it are based on attuning to bodies, sounds, speech and movements. Children may well crawl or walk for the first time while they are there, and this is often attributed to the sociality of the playroom in which children follow the cues of others. However the purpose of the Unit is not to secure child development within the period of a family's stay. Child development is enacted more as context than focus, folded into pedagogies that challenge unhelpful notions of linear development pegged universally to age.

Enactments of child age and development contribute to the dense textures of time that are produced each week on the Unit. These textures arise through the different ages of children present—some weeks with more toddlers, others with more very young infants. They also arise as the forms of age and development time practised by staff are taken up by parents. On arrival, parents often talk of their children's age and development in a way that enacts objective time, but their connectedness in practice with the doings and sayings of staff, as well as the materialities of the Unit, often leads them to mirror more the kind of times discussed above.

This takes us to the third form of time related to children and their bodies, which I term the time of learning. This might be termed the time of change, but I follow the language used by staff in preferring the association with learning. This *is* the time to which the Unit is explicitly oriented, although it is important to note it does not correspond with the five-day period of a family's residence. Time and learning are not in flat or linear relationship to each other (Zukas and Kilminster 2012). Intake calls, admission interviews, the welcome group, reviews of goals

and progress, and discharge summaries are all characterised by staff explaining that the changes take longer than five days, but that five days on the Unit can effect and affect changes on a longer timescale: ‘It’s a learning thing. It takes time’. Signs of learning can be seen more readily and sooner than signs of the kind of change most parents are looking for (providing one knows what to notice and attune to—see Chap. 10). Expectations are managed, such that a stay on the Unit is expected to be productive of a child’s beginning to *learn* new ways of sleeping, re-settling, playing, eating, and so on. A trajectory of learning can be established in five days, and the first steps along it taken. Thus the time of learning is one that effectively connects the relatively short cycle of the Unit (Monday–Friday), with the longer temporal horizons of the changes that parents wish to see.

I have shown how a suite of times are practised into being on the Unit, each closely anchored to the bodies of children, yet produced through much wider assemblages. Not only do these demonstrate the multiplicity of times on the Unit, and the modes of their production, but these examples show how each multiple forms of time are folded into the work of supporting positive change in families through partnership. In this way these times, and the fluid temporal textures that are produced, modified, repaired, restored and maintained, are shaped by teleoaffective structure, oriented around overarching, shared purpose. The way in which age, development, learning and postural times are practised is no accident: the specificities of these times and their enactment have crucial connections with the pedagogic functions of the Unit.

Times of the Playroom

One way to explore the multiplicity of times is to hold our gaze (spatially) still, and perhaps the best place to do this is the playroom. The playroom is a rich site at which temporal textures are produced, modified, temporarily suspended only to be restored later on. The times produced through the doings, sayings and materialities of the playroom are highly distinctive, fluid and multiple. They provide an interesting focus for exploring different ways in which times are practised on the Unit and their significance. I begin with a vignette, drawing on field notes.

One of the playroom coordinators, Anh, is in the playroom with Nipa, mother of Aadi (aged 10 months). The two adults are chatting as Aadi plays with toys, Anh is sat cross-legged on the floor. A nurse leads Victoria, mother of Lara (5 months) into the playroom. Anh says ‘halloooooo,’ in an excited voice, ‘who do we have here?’. As Lara responds by smiling, Anh says ‘thank you for saying hello to me’ and introduces Lara to Aadi. The nurse asks Anh if it’s okay to leave Lara in the playroom while she does the admission with her parents, explaining that both Lara and Victoria are comfortable with separating. After Victoria and the nurse leave, Anh plays with both children together, making ‘pssh-hhhhhh’ sounds of pouring water as they play with a plastic teapot and cup set. Nipa is sat on a child-size chair, watching. Anh comments that Aadi seems to enjoy playing with other children. Anh sits on a coloured mat with the two children, often quiet, sometimes commenting on their play – ‘You’ve got the teapot!’ – sometimes guiding them, as when

Aadi tries to grab a toy from Lara, and Anh says ‘That’s for Lara, the baby’. After a while the children appear to get a bit bored and find sharing the toys more difficult, and Anh encourages them over to a different area of the playroom, to join her in playing with a toy involving a spiral track which different coloured balls roll down. Anh continues to watch, talk to Nipa, and offer specific labelled praise to the children: ‘well done for sharing!’. Lara begins to grizzle (cry gently, off and on), and Anh picks her up and holds her on her knee. She continues her conversation with Nipa, and her play with Lara and Aadi and the spiral toy. When Aadi shows signs of boredom, Anh leads the children to the outdoor play area, and Nipa follows. Anh helps Lara enjoy the slide, while Nipa plays with Aadi. Anh feels that Lara’s nappy is wet, and leads Lara into the building and to a nursery to change her nappy.

This short episode provides a useful reference for a number of key ideas. The first of these is a child-led form of time. This is enacted in ways that respond to children’s bodily doings and sayings, such as engaged play with a toy, signs of boredom, wet nappies and so on. The response itself is of course, performed bodily by adults—attuning to physical cues (see Chap. 9), changing postures (squatting, sitting cross-legged, kneeling), holding children, listening to the qualities of cries, feeling dampness in nappies. The duration of play with a particular toy or set of toys has nothing to do with clock time, and everything to do with the hanging together of these bodily doings and sayings. This child-led time is intimately bundled with the material world made practically intelligible in agile ways—plastic cups and teapots, coloured balls and spiral tracks, mats, urine and nappies. It is worth noting that such time is not exclusively child-led. Anh’s commentary on the play and specific labelled praise often have the effect (as well as the intention) of helping children become absorbed in play, sustaining their interest, enabling them to develop play, while satisfying their wish to be attended to by parents and carers. The onset of boredom, which triggers a change in activity, movement to different toys, is often delayed by such sayings, and thus this time is to an extent produced by adult practices, too.

Anh’s bodily doings (postures that secure eye level with children, varying involvement in and distance from play) and sayings (commentary, specific labelled praise, suggestion) are all modelling forms of adult-child interaction that are often discussed with parents and which form means to address parents’ goals relating to behaviour (such as sharing, tantrums), and solid food intake (where a child’s want of what others have may be used productively to encourage eating by offering food from a parent’s plate). Indeed Nipa remarked to Anh that Aadi tends to find sharing toys hard and this is often connected with him becoming unsettled during play. Such practices and their pedagogic effects will be discussed further in Chap. 10.

My reference to Anh and Nipa’s conversation points to the multiplicity of times being practised in the vignette. In concert with the time produced through Anh’s interaction with the children, is a time produced through her interaction with Nipa. Their conversation follows and enacts a different temporal logic and structure. It is more dialogic, and flows in a single thread, although the focus changes and evolves. It speaks into being temporal connections to pasts and futures, as well as times such as those of child age and development as discussed above.

The time of this adult conversation is not isolated from the child-led times of play. Rather they hang together. A period of focused engagement of both children in play may give Anh the opportunity to continue her interaction with Nipa, and this may be temporarily suspended if one or more children requires attention: they did something worthy of labelled praise, they show signs of boredom etc. The children's doings and sayings may also form the content of the interaction between adults, as Anh directs Nipa's attention to something in Aadi's behaviour, or as Nipa identifies something as typical of her son. The change in space to the outdoor area also prefigured changes in their conversation, and essentially brought this time to an end, as the different toys (slides, hoops, tricycles, cubby houses) stimulated different kinds of play and required different attention from the adults.

Not included in the vignette are other forms of time produced in the playroom, and which hang together in the multiplicity of times enacted there. There is a clock on the wall, and while clock time is often evacuated, its haunting effect exorcised (as described above), it is also crucial in coordinating with other practices. For example, morning tea and lunch are provided in the client dining room in specific time periods determined by a clock-based routine and related to staff shifts. Often I observed Anh or her colleague Thi looking up at the clock and responding, perhaps by announcing to the children that there are a few minutes left before they have to tidy up and go for lunch (modelling the practice of giving children warning before the end of play, and involving them in a game of tidying up). Through the artefact of the clock, the times of the dining room seep into the playroom and are practised as temporal structures that affect other times such as the times of play. Thus there is not only multiplicity, but connection and flow between times. To explore this further, I focus in the next section on a different but related concept.

Times as Coming Together of Trajectories

An alternative way to understand this temporal multiplicity is to borrow Massey's (2005) metaphor of *space as a coming together of trajectories*. I suggest that rather than movements over space coming together, it is movements of and enactments of time that come together. This is not replacing space with time, but diffracting the concept differently. This helps us to elaborate Schatzki's notion of hanging together, which has limited temporal reference, and also to bridge from the current discussion to the subsequent exploration of rhythms. Trajectories need not be linear, straight, or unbroken.

In the vignette a number of temporal trajectories come together. Trajectories of child age and development come together in each child body and her or his doings and sayings, and then these in turn come together when the children interact. Their ages and development are not arbitrary external temporal markers, but are significant in the practised ways I have discussed above. Anh's choice of toys to guide them towards, activities to engage them in, postures, bodily holding (of Lara),

touch (feeling the nappy) reflect understandings she associates with times of age and development determined not by abstract rules, but by bodily presence.

Trajectories of parenting also come together—enacted in Nipa’s attention to Aadi’s sharing, her expressed expectations and hopes, and in Victoria’s comfort in separating from Lara, enacted also by Lara’s ability to settle. Trajectories of the Unit’s routines also come together: this is Monday, so families are arriving: parents meet each other, children meet each other, and staff meet parents and children for the first time. Admission processes fit into the organised routine of Mondays, resulting in Lara’s being left in the playroom at this moment; Nipa arrived earlier and has finished her admission interview. Meanwhile, trajectories of Lara’s bodily digestive system are working in the background, coming together in the explicit moment when the wet nappy is detected. Trajectories of the onset of boredom in play are present too, slowed down perhaps by Ahn’s commentary and interjections. And the clock ticks, not only representing its own linear trajectory, but enabling the times of the playroom to come together with the temporal trajectories of the dining room. The clock ticking, routines, and temporal cycles of hunger, boredom and so on all point to the rhythmic nature of temporality. It is to the concept of rhythm that I turn my attention in the next section.

Rhythms of Professional Practices and Partnership

A rhythmic sensibility adds a great deal of value to understanding times and practices on the Residential Unit (see Hopwood 2014c). Lefebvre’s (2004) rhythm-analysis offers a well-developed framework for discerning rhythms and their significance (see Chap. 3). As well as being explicitly named by Schatzki (2010) has having promise in relation to developing his own account of time and human activity, rhythm-analysis makes strong links between times and spaces, bodies, and things that is highly consistent with my approach in this book more generally. Furthermore, Shove et al. (2012) argue that the emergent character of relations between practices has consequences for shared temporal rhythms, and these rhythms shape relationships between practices. They connect their theory of practice to Lefebvre (2004), referring to as rhythms as co-existing interaction.

‘Everywhere there is interaction between a place, a time and an expenditure of energy, there is rhythm’ (Lefebvre 2004, p. 15). His concept of time is non-linear, lived, non-calculable. I draw parallels with Schatzki’s notions of activity time, and the many writers who discuss time as practised, enacted or produced (Gherardi 2009a, 2012; Shove et al. 2009b). Where Lefebvre adds distinctive value is in his expansive notion of what it means to attend to rhythms in everyday life (see Chap. 3):

You will grasp every being [*chaque être*], every entity [*chaque étant*] and every body, both living and non-living, ‘symphonically’ or ‘polyrhythmically’. You will grasp it in its space-time, in its place and its approximate becoming. (Lefebvre 2004, p. 80)

I will show how rhythm-analysis applies not only to sound, but to objects, movements and actions, to material texture and aesthetic qualities (see Chap. 3),

and to relationships. In practice-based studies, material artefacts are approached in terms of their being-in-use (Strati 2005), giving them a sense of time and rhythm that resonates with rhythmanalysis. Strati's (2003, 2007, 2008) notion of aesthetics involves a strong rhythmic dimension. He refers to the aesthetics of practice enacted through speed and tempo of movements, bodily postures, fluidity, sensory attunement and responsiveness. These chime with what Lefebvre (2004) means when he writes of rhythm, and in particular with his concept of dressage. Relationships between rhythms expand on the textures of time concept that I have discussed previously. Notions of arrhythmia, polyrhythmia, eurhythmia and isorhythmia provide tools to further describe and explore these textures. I draw on this vocabulary to understand what motivates much of the work on the Residential Unit, and the changes in families that come about.

Following Lefebvre (2004), and my approach to analysing the Unit in terms of time more generally, questions of rhythm are not separated from issues of bodies, materiality and space, although rhythm provides a temporal reference point from which the analysis proceeds. 'The rhythmised organisation of everyday time is in one sense what is most personal, most internal. And it is also what is most external... acquired rhythms are simultaneously internal and social' (2004, p. 75). When, in the following sections, we look at bodily metronomes, or rhythms of day and night, we are simply adopting different vantage points for examining what is internal and social at the same time. There are parallels here with Schatzki's (2010) idea that activities, performed by individual bodies doing and saying, uphold and are at the same time governed by wider social practices (see Chap. 3). Taking a Schatzkian view of practices foregrounds the purpose of professional work, and in the next section I argue that the telos of what staff do in their work with families can be understood in rhythmic terms.

A Rhythmic Imperative

Rhythm lies at the heart of why the Unit exists, why families uproot their lives for five days and decamp to a building in Sydney's western suburbs. As such an understanding of the teleoaffective structure that governs practices on the Unit requires a rhythmic sensibility. Rhythms that are normally ignored or in the background can become a focus of attention when they are not working or deemed outside what is normal (Ehn and Lofgren 2009; Trentmann 2009). A stay on the Unit is prompted when rhythms become foregrounded as problems in family life. Below are data that express why families are referred to the Unit, goals worked on, and outcomes, drawing from a range of data sources. The quotations from letters sent to Karitane by parents, presented in Chap. 2, are also relevant here, particularly the letters from Amelia and Fiona.

Dummy dependent, mother wants for sleep only (Intake notes: reason for admission)

Toddler behaviour, frequent tantrums, defiant. Bites and kicks/hits younger sister (Progress Notes added by Paediatrician)

Poor routine; doesn't sleep well (Intake notes: information from referring agent)

Breast refusal – lost weight; cat naps (Intake notes: reason for admission)

“I want for him to go to sleep without the kicking and screaming” (Mother comment in admission)

“She really wants some help with resettling little Henry” (Nurse comment in handover)

Every time we lay our little girl down to sleep, we will think of you all (Thank you card received from parents, March 2011)

Poppy is her happy self and now sleeping perfectly! (Thank you card received from parents, May 2011)

All of the excerpts above point to rhythms. Dummy dependence indicates a rhythm, marked by whether or not a dummy is in a child's mouth. Moreover, this entry indicates that the child's mother wishes a change in this rhythm, so that it becomes associated only with sleep (another rhythm). Other terms are more explicit in their rhythmic nature: *frequent tantrums*, *poor routine*. Cat napping, poor sleep, need of help with resettling (helping children fall asleep again after they wake up), all also articulate a rhythmic problem and a desire for a solution that has qualities (at least partly) expressed in and achieved through changes in one or more rhythms. Breast refusal is a rhythmic problem, relating to dressage, or bodily postures, as well as secret rhythms of hunger; weight loss refers to a longer rhythm, associated with times of age and development (see above). The expressions of thanks point to positive change in families that have rhythms at their root: perfect sleep implies lack of interruption. The Unit can be understood as offering families a way to unravel, braid (or perhaps rebrail) and repair rhythms (Trentmann 2009). As Wilk (2009) notes, routines are not arbitrary, and thus changing the rhythms that underpin them implies hard work, and investment in the future (linking back to the temporalities of Schatzki's activity time, discussed previously).

Whether parents express goals relating to how children fall asleep, when they sleep, how long they sleep for, what and when they eat, unsettled behaviour or tantrums, and so on—these all point to desired rhythmic function in family life. Many of these rhythms are captured graphically in the behaviour charts, as in Fig. 5.1. While each rhythm has a material origin in a human body, usually that of a child, it is through their being part of a texture of rhythms and practices that their problematic nature becomes more pressing: a child's rhythms affect those of her parents, siblings, and so on—as the letters from Amelia and Fiona convey so powerfully (see Chap. 2). In much of their work, professionals on the Unit address questions of relationships between rhythms. The desired change in rhythms enacted by one body, that of a child, is not defined independently of the rhythms enacted by other bodies (parents, siblings) and the material world with which they are bundled (including day and night, see below). The Unit exists in order to help families experiencing arrhythmia and to transform this into polyrhythmia (multiplicity without conflict) or even eurrhythmia (alignment and constructive interaction). It responds to a rhythmic imperative relating to challenges in parenting, and

it responds rhythmically in the way it brings about new rhythms in the lives of families with young children. The production, and adjustment of temporal textures in daily practices on the Unit is strongly shaped by, and contributes to the accomplishment of, the purpose of changing rhythms. Many of these rhythms are bodily in nature, so I bring bodies into sharper focus in the next section.

Bodily Metronomes

The rhythm analyst ‘never loses sight of the body’ (Lefebvre 2004, p. 23). The connection between rhythm and body is both intimate and social, such that internal bodily rhythms can serve, for example, as public metronomes, helping social practices hang together or form a texture. Rhythms of the body as metronome are crucial to many facets of the Residential Unit, and are attended to explicitly in multiple forms. I will now extend Lefebvre’s metaphor of the metronome, considering related notions of steadiness of beat, the ability to change tempo, and the use of metronomes as a temporal reference point for other practices, as a musician might play along with a metronome in rehearsing a piece.

Children’s bodies are made practically intelligible and responded to as bodily metronomes with key sources of rhythm focused on:

- Sleep and related notions of rest or downtime, and their counterpart of being awake, stimulated, or ‘up’
- Hunger and practices of breastfeeding, eating, and drinking
- Levels of energy or tiredness/fatigue
- States, or moods, often referred to with reference to degrees of being more or less settled or unsettled, with a ‘peak’ in strong tantrums.

Over my 60 visits I observed staff using forms of language that invoke, more or less explicitly, ideas of children’s bodies as rhythmic, and even metronomic. At ten past one early on a Tuesday morning, Jessica, mother of Alex, comes to the nurses’ station, explaining that Alex woke up, so she patted the mattress, and he resettled. Irene, one of the nurses on duty that night says ‘like clockwork!’ Describing Alex’s waking in this fashion does pedagogic work, associating Alex’s behaviour with normal, expected, and predictable qualities, challenging Jessica’s interpretation of night-waking as pathological, and indicative of something wrong with her child. Jessica then goes on to describe Alex’s sleep at home on rhythmic terms: ‘On a good night he’ll go for 2 h at a time, on a bad night 45 min or less’. This changes the nurses’ knowing in practice and prefigures their future actions as they continue to support Jessica, write progress notes, and give handover to their colleagues (see Chap. 9).

On another occasion, a Monday afternoon, Penny is conducting an admission interview with Kirsty, mother of Harry. Here, Kirsty offers a metronomic description of Harry’s sleep and waking patterns: ‘It’s the 40 min mark without fail [when] he stirs’. Waking after 40 min is as a remarkably common rhythm. In

handovers reference is made to ‘the usual 40 min waking issue’, while with parents this is used as an opportunity to stress the normalcy rather than pathology of a child’s waking. Other expressions do similar work, such as the ‘witching hour’, used to denote a particular beat within the many that punctuate a 24-h period during which children are likely to become unsettled.

The metronomic idea of steadiness applies, with caveats, to many aspects of the work of the Unit. Staff often support parents to work on goals relating to producing a steadier beat in relation to sleep and feeding. Such steadiness is normally referred to as a routine. However, here the caveat must be introduced: routine is neither enacted nor sought on the Unit as a rigid form that is externally defined and unchanging regardless of circumstance—this is where the metronomic metaphor breaks down. Rather, rhythms of sleeping and feeding are always discussed as ‘flexible’, ‘responsive’, and ‘rough guides’. Such routines are products of both freedom and constraint (see Wilk 2009), and are not static, uniform or empty of meaning (O’Dell 2009). Rather they are full of ethics, associated with values, doing stabilising work (Slater 2009). Staff do not seek to produce children whose sleep rhythms are exactly like that of a metronome. They do, however, help parents learn strategies that stabilise unsteady rhythms, perhaps rendering the beats less sensitive to perturbation, as well as equipping parents with resilience and approaches to cope when beats temporarily go awry. Chapter 10 shows how being consistent in practices of settling, mealtimes, and play constitutes one of several forms of pedagogic continuity through which professional practices of partnership hang together. Consistency has a clear metronomic quality, this time referring to the stability provided by parents, for example in how they response to tantrums, which can help a sporadic beat become a more steady and settled one.

Metronomes are useful to musicians because their tempo can be easily changed. One of the most basic functions of the Unit is to help parents see that rhythms in their family life can similarly be changed—not directly, but through consistent practices of settling, feeding, interacting and so on. In the case of tantrums, the aim may be to slow the beat down, so that the interval between tantrums increases—producing fewer tantrums. Or it might also be understood as speeding up, such that the cycle of a tantrum is shorter, with less escalation over time, transforming a prolonged and intense screaming (or kicking, vomiting etc.) episode, into something briefer and less accented. Much of the sleep-oriented work involves changing the tempo, for example, from two sleeps during the day to one, or from frequent catnapping, to fewer, planned sleeps. Both involve a slowing down of the tempo. Similar qualities apply to goals focused on irregular breast-feeding and tempos of mealtimes.

Expressed through the metaphor of the bodily metronome, a stay on the Unit can be understood in many cases as beginning the process of steadying beats, changing their tempo of beats, and, most importantly, learning the practices which bring these changes about. The point is that professionals help parents attune their children’s rhythms differently (echoing what Lund et al. (2012) describe as learning by joining and shaping joint rhythm). This provides the basis for establishing suites of practices at home in which the bodily metronomes are neither silenced

nor problematic, but noticed and contributing to the polyrhythmia or eurrhythmia of family life. The pedagogic dimension of these issues has been pointed to and is explored further in Chap. 10. Chapter 9 explores the work of attuning to children (and parents) as a constant focus of professional learning. Not all rhythms of the Unit are bodily in nature, however, and so I now shift my focus to rhythms of more external origin.

Day and Night

Rhythms of day and night are very significant to the way the Unit works, and in many cases, the goals being worked on with families. In this section I will discuss how daytime and night-time are sociomaterially produced, and I will explore connections between these rhythmic beats, and the practices of supporting families. Day and night are associated with distinctive forms of connectedness in action—both among staff and between staff and families. Textures of day and night are cyclically produced, suspended and restored on a diurnal basis.

‘Everyday life remains shot through and traversed by great cosmic and vital rhythms’ (Lefebvre 2004, p. 73). Seasons and natural rhythms are intimately connected with domestic practices (Daniels 2009). Day and night become distinct from each other through spatial, material and bodily practices of family homes, and of the Unit, too. Importantly, on the Unit there are also many ways in which day intrudes into night and vice versa: such intrusions reflect both the challenges that many parents seek to address, as well as forms of intervention or pedagogy that help to resolve those challenges.

A common problem experienced by parents relates to difficulty settling children at night, or frequent waking during the night. Late one Monday afternoon, Hayley, a nurse, comes to the playroom to find Sophie, mother of James and Alicia. Hayley and Sophie arrange to get together shortly to talk through what they are going to do tonight. During the admission early that day, Sophie identified issues relating to difficulty settling Alicia and her frequent nightwaking as her primary goal. Sophie says to Hayley ‘you’re the one who’s going to suffer with Alicia!’, and Hayley replies ‘No! We’ll be doing it together!’ Here we see the idea of partnership being spoken into presence (see Chap. 2).

Shortly afterwards in the welcome group, a different nurse, Sarah, leads the welcome group in the client dining room. At one point she explains about how the staffing works differently at night (see below). She then asks parents to call the night staff any time their baby wakes during the night: ‘Hi I’m in room three, my baby has woken up, could you come along?’. Sarah stresses the importance of calling for assistance, particularly on the first few nights. She adds ‘Tonight and tomorrow are likely to be noisy! These will be tough nights. We don’t judge you. A lot of staff had unsettled babies themselves so we know how you feel. There is really nothing we haven’t seen before’.

One of the ways in which night is produced as a different time from day is through staffing. The multi-disciplinary composition of the daytime staff is changed to one comprising only nurses and a security guard at night. While in the day nurses are assigned to work with specific families, at night the team of two or three nurses are available to work with any family at any time. Night's beginning is marked by the departure of the daytime staff, and its ending by their return the following morning. The social production of night-time is bundled with changes in material arrangements. To use Shove's (2009) language, day and night are not inherited passively from nature. Rather they are *made*, as times, socially and materially. Each time my observations spanned the period from afternoon to night, I noted a suite of ritual actions (not necessarily followed in strict order), summarised in Table 5.1.

Night-time is also enacted as a distinctive kind of time through bodily-spatial practices. Night staff tend not to go into parents' bedrooms at night. It has become a more private and intimate space of sleeping, and often one of the parents may be sleeping (or trying to sleep) in the main bed while the other attends to a woken child. Parents are encouraged to use the phones by the bed to call to the nurses' station when their children wake at night. Many parents do this, but often the nurses on the night shift will be working at the nurses' station, and will hear a cry, and walk up to the corridor, standing outside the nursery. There, they wait, listening to the cries, and for the phone at the nurses' station. Perhaps the cries dissipate as the child resettles, or the parent gets up, sees the nurse standing outside, and comes into the corridor.

Table 5.1 The sociomaterial production of night-time

Components of ritual
In-charge nurse locks fire doors at end of each corridor and pulls blinds down
Staff check with parents, or themselves, that windows are closed in client bedrooms and curtains drawn
Toys in the playroom are washed and disinfected
Clipcharts are moved from hangers by nurseries to arrangement on nurses' station (see Chap. 8)
Playroom lights are switched off and the door is locked
Smells of soap and sounds of taps running and splashing permeate the corridors as parents bathe their children
Security guard escorts afternoon shift nurses to cars as they leave (around 10 p.m.)
Security guard escorts parents who wish to smoke to area outside main entrance
Doors to Karitane complex are locked
Lights are switched off in unused spaces (storage corridor, psychiatrists' office, massage/hairdressing room)
Chairs may be brought out into the corridor, in anticipation of settling work
Cups and plates in the staff room are loaded into the dishwasher
A plastic bag is used to tie the staff room door open, so that night staff can hear sounds from corridors better when in the staff room
The CD player is moved from the playroom or the massage room to the nurses' station, so that it can be placed in one of the spaces used for nurseries under staff care (Wombat Burrow, Wallaby Rock, or Paediatrician's office)

Not going into clients' bedrooms at night has other important effects too. It avoids the possibility that staff get 'stuck', as could happen if parents begin a long conversation, or if re-settling takes a long time. There are only two or three nurses on duty overnight, and if they all ended up in client bedrooms, they would struggle to hear other woken children, and would be invisible to other parents (this is discussed in terms of secret and public spaces in Chap. 6). Limiting movement of their bodies spatially to the corridors and nurseries, and creating a continuing of space from the staff room to the corridor (by tying the door open, see Table 5.1), creates enhanced soundscapes for staff to listen out and visibility for parents to see that help is at hand. The material arrangements of the phone lines, and the straight, hard-floored corridor (see Chap. 8) constitute place-path arrays, material arrangements that help practices of the night-time hang together (Schatzki 1996, 2002) or form a texture of practices (Gherardi 2006) that is both temporal and spatial. They are also part of the way that night-time is produced, sociomaterially, on the Unit.

Some of the practices that produce night-time in the hours of general darkness also partially simulate night-time during the day. At moments when many children are (hopefully) having a daytime sleep, select elements of the ritual are enacted to produce 'sleeping day time'. The lights in corridors are dimmed (see Chap. 8 for a discussion of the dimmer switches and lights), curtains are drawn, and staff tend to treat the client bedrooms as private spaces for families, often because parents are themselves trying to get some sleep at this time. However, the Unit is not locked down, reflecting the comings and goings that continue as others practise 'waking day time'. In the daytime, the surrounding areas, notably the car park and parks, are not as threatening as at night, and the Unit does not need to seal itself off in the same way. The playroom remains open, toys yet unwashed, as some children continue to play. The staff room door is closed. I describe these practices here for a number of reasons. First, they dismantle a day/night binary and show not only the permeable boundaries between them, but other times that are in some senses in-between. Second, they show how practices on the Unit bring particular times into being, or make times, that closely reflect the kind of work being done—in this case helping children sleep and settle. Third, they begin connections to questions of space—through the contrast between the Unit's external environs in day and night—anticipating the next chapter, while demonstrating that times and spaces are not independent of each other.

Organisational Routines

Having explored times as multiple phenomena enacted into being through practices, and delved into the rhythms of the Unit, I now bring these ideas together. The temporal structures described below build on the introduction in Chap. 2, but are now presented as practical accomplishments, infused with, creating, modifying

and perpetuating, rhythms. I first focus on the routines of handover (a focus of Chap. 9), then describe the week as it follows (approximately) a kind of timetable.

Of all the rhythms and routines on the Unit, those most closely anchored to clock time, and the most rigid in their enactment, relate to staff shift patterns. Administrative and reception staff work close to office hours, kitchen staff work slightly different hours, and the social workers, Visiting Medical Officers, masseuse, hairdresser, and Sister of Charity work specified hours within a nine to five day. The nursing staff hours are more complex, reflecting both contracted hours (the percentage of full time) and the shift pattern, as represented in Fig. 5.3.

Figure 5.3 is approximate, as the shift hours vary slightly, adjusting on Mondays and Fridays to different routines of admission and families leaving the Unit (see Chap. 9, Table 9.1 for further discussion). However it is useful in demonstrating how one key rhythm is governed. Most handovers occur in the times of overlap indicated by vertical dotted lines on Fig. 5.3. These are relatively short periods when staff from both the ending and beginning shifts are present. The staff who have been working have not yet left the Unit, while others have travelled from home to be on the Unit at the same time.

These prerequisites for handover reflect a spatial temporal coming together of trajectories (Massey 2005), and so lead us on towards Chap. 6. Some handovers occur within a shift, when nurses report to the in-charge nurse what has happened in the past few hours. Chapter 9 will explore all handover practices in more detail, comparing and contrasting the choreographies (of bodies and things in time and space) that are enacted in different forms of handing over.

The temporal rigidity and clock-based nature of some handover practices is the exception rather than the norm on the Unit. However practices on the Unit unfold through and produce a relatively stable routine, stable enough for key features of what happens each day to be representable as a kind of timetable, as shown in Table 5.2.

Table 5.2 conveys only selected features of the Unit’s practices, focusing on group activities and formal processes such as admission and discharge. Chapter 2 described a typical week, showing that at almost any time, other practices may also be taking place including play, settling, discussing goals, feeding, bathing, watching television (for parents), writing notes (for staff), and so on. Unlike a school, where a timetable specifies activities according to clock time, and materialities such as bells are used to produce activity time that synchronises with clock time, the timetable of the Unit, is produced differently; it is much weaker. Indeed I never found a material artefact that represents practices in this way (as one would readily find in a school).

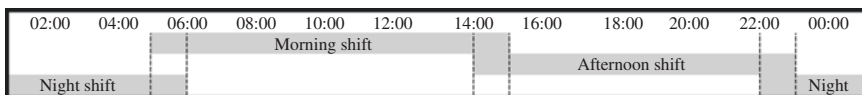


Fig. 5.3 Rhythms of nursing staff shifts and handover

Table 5.2 A timetable of key practices on the residential unit

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Admission Tour of unit Paediatrician	Toddler group Music and story time	Pram walk Paediatrician follow-up	Discharge summary	Self awareness group
Afternoon	Admission Tour of unit Paediatrician Welcome group Staff massage	Toddler play Staff briefing	Staff case conference Hairdresser Psychiatrist	Infant massage Toddler arts and crafts Connecting with your child ^a Parent massage	Family departures completed after lunch
Evening		Parent relaxation group	Other half group (fathers)	Parent relaxation group	

^aThe connecting with your child group was led by the psychologist and was not continued after she left her job at the unit

Figure 5.3 is my construction. No specific clock-markers are used. The closest some of the group activities get to hanging together with clock time is when notices on the whiteboard give an approximate start time, never more specific than on or half past the hour. None of the laminated flyers for group activities have times printed on them. These are added in removable ink each time, and often get changed in the hours before each group event. Activities are roughly scheduled based on staff workloads and what is known about each family's plans for the day, children's sleep patterns and so on. The pram walk notices suggests a time at which parents and children can congregate. I never saw this or any other group begin 'on time', with parents and children coming afterwards being treated as 'late'. Rather 'on time' is practised as a form of readiness. 'On time' for the pram walk is a reflection of parents, children, strollers, food, jackets, umbrellas, sun cream (etc.) being assembled together. The clock barely matters, although it is not utterly irrelevant, as kitchen hours and other more rigid temporalities cannot be totally ignored. Clocks are not made practically intelligible as rigid markers of time or determinants of the start and duration of activity in the way that they would be in other practices (as in schools, for example).

Admission interviews and discharge summaries are never scheduled according to clock time, although as discussed above they comprise features of shifts that are enacted as objective units of time that get used up. The timing of these practices respond to parents' arrival, children being asleep and parents available to chat. Case conference, a meeting between representatives of different health disciplines and services at Karitane, is more closely linked to clock time, but still enacted fluidly. While the kitchen hours are closely tied to clock time, the Unit works in a way that means that practices of eating are not so tightly anchored. Periods when breakfast, morning tea, lunch and dinner are served are relatively extended, to allow for varied mealtimes. Meals and snacks are sometimes taken outside of these periods, with families able to access a fridge and some foods at

any time, and take-away meals and food being brought into the Unit (except anything containing nuts, as a prevention of allergic reactions).

In this way these practices produce and follow a timetable that has qualities of both freedom and constraint that Wilk (2009) associates with routine. In Chap. 9 we will see how such routines, and those of handover (see below) create shared or collective choreographies (Ehn and Lofgren 2009) that are crucial in enabling staff to learn from families and each other as each week progresses, so that practices hang together effectively in textures that respond to each family's needs. Routines as practised on the Unit have particular and flexible tempos, rhythms and orders (O'Dell 2009), and are crucial devices through which the idea of partnership is respectfully enacted, and through which families begin journeys towards happier times.

Conclusion

The previous section outlined a number of temporal features that will be explored more fully in their spatial, or perhaps spatial temporal, qualities in Chap. 6. In writing about professional practices and learning on the Unit, we can never lose sight of the five-day cycles on which it operates, and the situation of this week-long episode within trajectories of family and professional life. *All* aspects of the Unit's work with families is simultaneously thrown into the pasts that bring families to Karitane, and projected into their desired futures as a family. The entanglement of staff in these textures of time, comprising past, present and future, is a requirement and result of their learning about families (Chap. 9) and their work to help bring about change (Chaps. 10 and 11). I will continue to show how multiple times are practised into being on the Unit, revisiting some discussed here, and exploring others in greater depth, such as times and rhythms of settling, eating, crying, being up and down (rather than awake and asleep), settled and unsettled. The conclusion of this chapter does not mark the end of discussions of time, but signals concepts that course throughout Part II, and the arguments relating to professional learning and partnership in Part III.

Connections between times and bodies, and times and materialities will be considered in Chaps. 7 and 8 respectively, including with reference to foods, digestion, medication, and breast milk. As Part III progresses, I argue that a five day stay on the Unit is, for the vast majority of families, what Ger and Kravets (2009) call a 'special time', a time of change and hope, brought about, I suggest, through learning. However, I must address the tension that threatens to upset this whole chapter, focused as it is on time, namely the fallacy of isolating time and space from each other. And so I move to Chap. 6 and consider spaces as a point of departure, beginning precisely where this analysis left off, by exploring the routines of the Unit. This segue follows Bode's (2014) notion that rhythm is as much a spatial as it is temporal.

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Chapter 6

Spaces and Professional Practices

Introduction

This chapter continues the (somewhat) diffractive strategy of considering times, spaces, bodies, and things—the four essential dimensions of practices and learning—separately. Their essentialism or essence is described elsewhere (see Chap. 3, Hopwood 2014b), and builds on Gherardi's (2006) notion of texture as connect-edness in action. Through Part II, the links between the four dimensions become increasingly, conceptually developed, clear and empirically illustrated. As I shift from times to spaces as a point of departure for understanding practices on the Residential Unit and how they hang together, it is worth pausing briefly to outline a few key assumptions about relationships between times, spaces, and practices. As the chapter unfolds, further connections between these and bodies and things (the focus of Chaps. 7 and 8 respectively) will emerge. However, a spatial approach elucidates features of professional practice, learning and partnership that are less visible when our focus is on times, bodies, or things.

Rejections of the treatment of time and space as separate phenomena, in which time is 'frozen' when considering space, are now widespread (see Chap. 3). The need to consider them as intertwined and co-constitutive echoes through the writings of Massey (2005), Lefebvre (1991, 2004), Soja (1996), Schatzki (1996, 2006, 2010), and Thrift (2004, 2006, 2007). According to Thrift's (2006, 2007) non-representational stance, all spaces are in constant motion and states of fluid multiplicity. I follow him in turning away from the search for (frozen) space separated from movement and time. Space conceived this way becomes folded and animate, in perpetual movement through joint action, bringing new things into the world. Multiple encounters produce a space that is open-ended, and does not have to 'add up'. Cooren et al. (2005) argue that timing and spacing are hybrid achievements. Their reference to *timing* and *spacing* indicates their focus on practices. They also

emphasise plurality or multiplicity produced through relational processes. This resonates powerfully with the tenets of a sociomaterial, practice-based approach (see Chap. 3).

Thus, having written about times in Chap. 5, space becomes the focus here. We cannot think about spaces without also addressing times, but spatial approaches do offer us something distinctive and valuable. As Fuller and Unwin (2011) note, particular and sophisticated tools are needed to unlock the secrets of spaces of work. The primary assumption underpinning this chapter is that spaces are not objective containers for practices. Instead they are understood to shape and be shaped by, produce and be produced by, practices (see Chap. 3). Fenwick et al. (2011) deploy the concepts and language of a sociomaterial approach in describing space as an effect of heterogeneous material relations; they also note that concepts of space offer fertile tools for analysis. I do not treat spaces as used or occupied, but produced, appropriated, created, imbued with significance and meaning through practices and materiality.

Schatzki (2010) makes extended reference to Lefebvre's (2004) work, seeing synergies with his focus on bodies, enactment, and the broader attempt to construct an account that rejects structure versus agency debates, and instead proposes a dialectic or co-constitutive relationship between individuals and larger phenomena (see Chap. 3). In Schatzki, this focuses on the idea that individual activities uphold (and perhaps evolve) practices, while those practices govern and shape the activities upholding them. Spaces are produced through practices and material arrangements, while at the same time shaping (or prefiguring) those same practices.

This connects with Cooren et al.'s (2005) work, which considers the simultaneous embedding of past, present and future in single events and future orientation. Spaces and times, they argue, become enacted in material (i.e., through bodies and artefacts) carrying out of activities. Their emphasis on materiality and reference to Pickering foregrounds the fourth dimension—things—discussed in Chap. 8.

While in Chap. 5, Lefebvre's (2004) *rhythmanalysis* was introduced as a key reference point, here it is his earlier (1991) writings on space that provide a useful basis for interpretation of empirical material. In particular his tri-partite distinction between conceived spaces (the spaces of planners and architects, designed to shape or dominate through symbols or signs), perceived spaces (the practices and arrangements characteristic of particular social formations; these practices propound and presuppose perceived spaces), and lived spaces (the directly lived space of inhabitants, wherein practices and imagination appropriate physical space and make special use of objects). While my analysis does not seek to explore these three spaces per se, reference to them is made throughout the chapter in order to emphasise the production of spaces through local enactments, and the fluid, multiple (lived) spaces that come in and out of being in particular physical locations.

Massey (2005) offers a rich account of space and time, addressing questions that befit her critical, feminist stance within cultural geography: questions of power, globalisation, equity, and so on. In this chapter I mobilise and appropriate one key idea from her work, that of space as a coming together of trajectories.

This is highly suggestive of a practised (rather than received or container) notion of space, and insofar as any trajectory implies a temporal as well as a spatial progression, it is useful as another means to connect back to times and the issues discussed in Chap. 5.

The first main section of this chapter adopts a topographical approach (McGregor 2003), taking particular spaces as a unit of analysis: the Residential Unit itself, the playroom, the nurses' station, and family homes. By holding these spaces 'still' in our analytical gaze, we can see their movement, liveliness, how they are produced as multiple spaces, and how practices transgress physical borders to create practised spaces of varying geographical extent. In stillness, we see movement, beginning where the last chapter left off, considering the temporal emergence of spaces through routines, timetables and rhythms. This approach does not essentialise spaces in their conceived form, or assume anything about the stable alignment between practised spaces and the architectural entities (buildings and rooms) in which they take place. It does, however, provide a rich basis for exploring spatial connectedness in action (or texture), advancing the account of practices on the Unit and how they hang together.

The second section follows practices as they move across spaces, extending the engagement with Thrift's (2004, 2006, 2007) work. There, questions of secret and public become prominent. These reconnect us with Lefebvre's (2004) work (secret and public are a key rhythm-analytical opposition), but also give us a meaningful lens through which to interpret the reasons for and consequences of particular practices. In doing so we catch our first glimpse of some of the features of the Unit that underpin the epistemic work that are subject to detailed examination in Part III.

The discussion in this chapter progresses from a focus on public practices and spaces, to those that are more secretive, ending with an account that tackles questions of movement head-on, following practices as they move around the unit. Through this, the concept of body geometries is introduced (see Hopwood 2013, 2015), here as a form of spatial practice that is central in the production of lived spaces even when there is geographical movement. This concept is left to hang over the divide between this chapter and Chap. 7, which switches the focus to bodies, and begins by extending the empirical and conceptual exploration of body geometries. Introducing it here brings bodies explicitly into focus in the discussion of space, following Thrift's (2004) idea that spaces are axes invariably bound to the body.

Spaces and Practices

This section adopts what McGregor (2003) calls a topographical approach, exploring: the Unit itself, the playroom, the nurses' station, and family homes. In this way, we explore how practices hang together asynchronously through shared spatial settings (Schatzki 1996). These are not understood as stable containers for practices, spaces that are used or occupied. Neither does what follows suggest

that such spaces necessarily have clearly demarcated or impermeable boundaries: precisely the opposite is often found to be the case (see Thrift 2004). By holding particular places still in our focus, we can see more clearly how they move and change over time, picking up where Chap. 5 left off: exploring questions of routines in their spatial dimensions. We can also explore Schatzki's (2010) notion of spatiality as the pertinence of materiality to human activity by noting the shifting materialities associated with the fluidity of practices in particular locations. A topographical approach also enables us to highlight a different (but theoretically consistent) feature, namely space as a coming together of trajectories (Massey 2005). This is most clearly evident when we pause in particular spaces and ask what kind of spaces they are, how they came to be this way. In all these regards we enrich the account of texture, exploring connectedness in action that has a clear spatial anchor.

The account that follows the principles associated with Thrift's (2004, 2006, 2007) work. Each space is shown to be shot through with others, emphasising plurality and multiplicity, particularly in the playroom. This multiplicity is tied to movement rather than stasis, and thickens the connections between spaces and times. The fallacy of impermeable spatial boundaries is repeatedly emphasised, most strikingly in the discussion of the practised extent of the Unit (immediately below), and the spatial texture that connects the Unit in action with families' homes (the final part of this section).

The Residential Unit

The Unit can be conceived as multiple spaces, that hang together, co-occurring simultaneously. But before we explore this multiplicity, it seems apt to explore the Unit in terms its location and the permeability of its boundaries. From a practice-based perspective, we need to look not at the walls of the Unit or its architectural plan, but at the practices that constitute it as occupying a particular location, obtaining a particular spatial reach, and maintaining more or less permeable boundaries. None of this implies holding time still.

Answers to questions of where the Unit is and why this matters vary depending on the spatial practices that are considered. It cannot be resolved as a single 'authentic' space: these questions are relative (Thrift 2004, 2006, 2007). The Unit is located in Carramar, 26 km West of Sydney's central business district, close to a major suburban centre called Fairfield. For the staff who work there, this location matters in terms of their practices of commuting to and from home. Immediately questions of space become questions of time as well: the length of a commute reflects the distance travelled and the time of travel, the latter being governed by the shift patterns of staff. For families, the location of the Unit has different kinds of meanings. The Unit supports families from across the State of New South Wales, and for some this mean long drives or even flying into Sydney. Others may live in the vicinity. Space and the practices associated with it matter in this regard. For

more local families, fathers may be able to work in the day and come and stay in the evenings, and other relatives may be nearby and able to visit. For those living further away, a mother may come to the Unit with her children, staying for five days in an unfamiliar area without access to a car, while her husband remains at home.

Connections between spaces and times are particularly apparent when we consider the Unit's immediate vicinity. A short walk down the road lie Oakdene and Fairfield Parks. During the daytime these are pleasant, green spaces, and the Wednesday pram-walk often heads in this direction to make use of the swings and climbing frames, and feed the ducks in the river. Many other local parents and children do similarly, and schools use the parks for sports games. However at night these parks are dark and become the location for more practices that do not hang together well with those of the Unit. The area is widely known as a site for drug taking and dealing, and stories of muggings or violent crime create strong perceptions of threat. The inevitable porosity of the Unit's boundary (Thrift 2006) is produced at changing levels as both the 'outside' (the park) and the 'inside' (the rooms and corridors) are in fluid motion, sharing beats with diurnal rhythms.

This moving geography practices on the Unit that isolate and protect the people in it from external threat. These practices are prefigured by physical proximity, yet sever connections with neighbouring spaces. As darkness falls, a security guard comes on shift and leads a process that I could best describe as putting the Unit in lockdown (see Chap. 5 and Table 5.1 in particular). All parents are asked to close and lock the windows in their bedrooms. The doors at the end of each corridor are locked and their blinds drawn. After the rest of the complex shuts down and staff leave (the toddler clinic, Jade House and other services generally run to office hours), the main entrance is also locked, as is the indoor entrance to the Unit itself. Nurses working the afternoon shift, which finishes around 10 o'clock at night, are escorted to their cars by the security guard. He comes into the Unit twice during the evening and stands with any parents who wish to smoke (they have to be outdoors to do so, which means going beyond the main entrance to the edge of the car park).

A nurse reports to the security guard that she saw a man on a motorbike riding around the car park of another service adjacent to Karitane. As she does so a mother arrives to go out with the security guard for a cigarette. A second nurse challenges the mother: 'you went out half an hour ago on your own, you know you're not supposed to do that'. The mother responds in a 'cocky' way, 'I was on the phone with my aunt, that was my support person'. She waves her phone as she turns her back to the nurse and walks out with the security guard.

Here a mother resists the lockdown practices, and the nurse seeks to restore them through a gentle reprimand. Interestingly, the mother plays a game, justifying her solo venture into danger by referring to getting support from her aunt. In Schatzki's (1996) terms, she 'knows how to go on' with rule-breaking by invoking the overarching purpose and teleoaffective structure that governs practices on the Unit, namely that of getting support with parenting.

The point made here is that the location of the Unit matters to and shapes professional practices. To understand its significance we need to engage with location as a practised, sociomaterial phenomenon, not just one of coordinates on a map.

We need to understand space as multiple, fluid, and porous (Thrift 2006). The proximity of the Unit to the park matters differently depending whether it is day or night and in relation to the practices in question: pram-walking, or keeping families and staff safe? The significance of location is not fixed to a point on a map but brought into being sociomaterially, as with the actions, utterances, doors, locks, phones and cigarettes involved in the episode described above.

Many practices occur within the L-shaped building and adjacent outdoor play areas that are signed as the 'Residential Unit', and enclosed by fences, walls and doors (see Fig. 2.1). But as already mentioned, on Wednesday mornings (weather permitting), the playroom coordinator (usually Anh) and a nurse accompany parents children on a walk to the nearby park. The practised extent of the Unit reaches out in other ways: samples of urine and faeces travel out of the Unit to testing laboratories, and results come back in; infections and viruses may enter from outside, carried in bodies, and are quickly contained and then ejected again (see Chap. 8); parents sign in and out of the Unit as they come and go during the week (perhaps to local cafes, shops or the park).

Another key way in which the practices of the Unit seep through its physical walls and fences concerns the texture or connectedness in action made between the Unit and families' homes. These homes, whether in Sydney or across the State, haunt the Unit: they shape what happens on the Unit, and the Unit's very purpose can be understood as aiming to change practices (and thus spaces) elsewhere, in family homes. This is a crucial point and will be discussed further at the end of this section.

The buildings that now comprise the Unit's physical architecture are simultaneously a single space and a collection of smaller spaces (see Figs. 2.1 and 6.7). In turn this enables numerous practices of supporting parents, feeding and accommodating staff, and administering an organisation, to hang together (Schatzki 1996). The physical co-location of these practices enables through a range of shared and common locations (the nurses' station, staff room), artefacts (progress notes, clip charts), and bodily interactions as the paths traced by professionals and each other, and parents intersect.

Gordon and Lahelma (1996) describe the physical buildings of schools as more than a context, but as shaping practices and processes of education and movements of bodies. The Unit as a built space can be similarly understood in terms of the intention to produce and facilitate forms of texture or spatial connectedness in action that would not be available so readily in a spatially dispersed set-up (such as visiting parents in their homes). This effect reflects all three of Lefebvre's (1991) spaces in production together: the conceived space of planners, the perceived space produced through specific locations and spatial practices, and the lived spaces of inhabitants and users that appropriate and tie practices and codified spaces together.

This brings us to a final conceptual resource that helps us to understand the Unit as a space. Massey's (2005) idea of space as a coming together of trajectories is useful, particularly when we take into account the Unit's teleological dimensions and a sense of space as something that is accomplished or produced through

practices. Another way to answer the question ‘what kind of space is the Unit?’ is to ask ‘what trajectories come together in the daily (re)production of the Unit as a particular kind of space, or set of spaces?’ Here we must recall the scene-setting from Chap. 2, when the professionals who work at and the families who attend the Unit were introduced.

Parents and children arrive at the Unit through a range of trajectories that share challenges of parenting in common. There are several pathways through the referral process, and the time from referral to attendance can vary, depending on the complexity of the case, availability of families (for example if they prefer to wait until a father can take leave from work), and availability of rooms and staff in the Unit. For some families, the trajectories of difficulty have deep roots in time, stemming from neglect and abuse of parents when they were children, from upheavals, vulnerability and isolation relating to migration or unemployment, ongoing domestic violence, prior drug and alcohol abuse, and so on. For others challenges may have arisen suddenly and unexpectedly in households that otherwise seemed stable and resilient, as with parents who commented to me ‘my first two were dream babies, really settled, but the third! What a nightmare!’

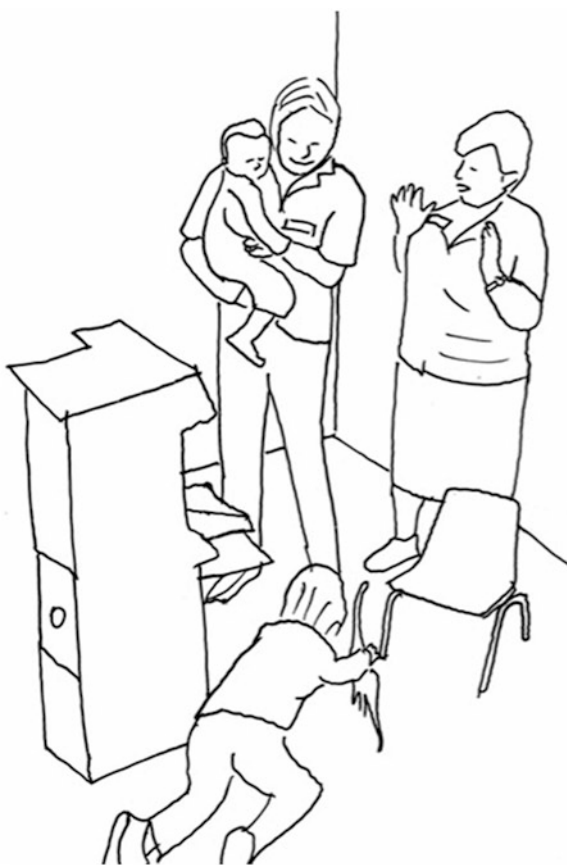
Varied trajectories brings professionals to the Unit. These include their career histories in different health professions (such as nursing, social work, psychiatry etc). One thing I noticed after some months shadowing staff, hearing them talk with parents, and chatting to them during breaks, was that many of them experienced challenges in parenting themselves, from unsettled babies, to lifelong caring responsibilities for children with physical disabilities and special and educational needs. Shared trajectories with parents are made public as part of the process of normalising parenting challenges and demonstrating empathy, and dispersing the presence and effect of professional expertise that acts as a form of pedagogic continuity (see Chap. 10). Having considered the Unit as a spatial whole, I now begin the work of exploring particular spaces within it in more detail, focusing first on the playroom.

The Playroom

The spaces enacted in the playroom are folded and animate. Such fluidity and multiplicity within a single room could just have easily have been described in relation to the dining room, client lounges, corridors, handover room, Visiting Medical Officer (VMO) rooms, and so on. Indeed much of this will be conveyed in the second section of this chapter, which follows practices through multiple spaces. Just as the discussion of the Residential Unit overall highlighted temporal features of spaces and the practices producing them, so this remains a key aspect to be explored here. I will discuss the playroom as a space of multiplicity (many spaces at once), and as multiple spaces, including those of play, learning and pedagogy, safety, relaxation, and as a ‘dead’ space at night.

The playroom is often a vibrant, busy *space of play* with children knocking down towers of blocks, matching shapes with holes, rearranging a dolls' house, driving cars or trains on the floor, doing puzzles on a small table, rolling balls down a plastic spiral, running around, holding tea parties around the mini kitchen, retreating to safe spaces from dinosaurs (see Fig. 6.1). Many of the toys produce sounds (sirens, bells, rings, voices), and there is also often either music playing, or background noise from a television showing programs by The Wiggles, Dora, Bob the Builder, and Teletubbies. Combined with children's shouts, laughs, talk and (yes, sometimes) cries, this makes for a noisy and somewhat aurally unruly space. At any one time multiple children may be pursuing more or less independent play—sharing space and toys (or not), playing together (or not). This playroom is a space or set of spaces led by children, produced mainly through their doings and sayings, and the toys that the playroom coordinators make available to them. Chapter 8 discusses how these available materialities are closely attuned to the coordinators' evolving knowledge about children's interests, combined with their expertise in matching developmental stages with appropriate toys.

Fig. 6.1 Toddler Mitch (aliases are used throughout this book when referring to staff and families) chases nurse Maggie and playroom coordinator Thi into a corner



At other times, practices and spaces of play are different, as on Thursday afternoons during a ‘Toddler Arts and Crafts’ session, where activity is focused on particular objects (cardboard, stickers, glitter, glue, paint) in a more organised and collective fashion. On Tuesday mornings, Anh (one of the two playroom coordinators) leads ‘Music and Storytime’. Chairs are arranged in a circle in the middle of the room, and a CD of popular nursery rhymes is played. Anh leads children (and any parents wishing to join) in singing with matching actions (Heads, Shoulders, Knees and Toes; The Hockey Pockey, etc.). After a few songs, Anh asks children to select one or two large story books, and she reads out the story, including children in turning pages, making sounds of animals, or pointing to images on the page. This is an organised space in which the bodies of children and adults are arranged in a more deliberate way, around the circle formed by the chairs. Their actions hang together in near unison in the songs, dancing, and reading of the story. When I observed (and joined in) this activity, most of the parents knew the songs and actions, and often the story books were familiar too. For them, this was a space of fun, a chance to socialise with other parents, enjoy being with their child(ren) and watching them interact with others. For others, singing, dancing, and storytime are more novel, in which case Anh’s bodily actions and those of other parents and children, model practices of having stimulating and engaging with children: it can also be thus produced as a *space of pedagogy*.

Practices and spaces of pedagogy are more focused at other times, as when a playroom coordinator or nurse might be with a parent as she plays with a child. This often happens if parents have nominated language development or toddler tantrums as goals they wish to work on. These focused spaces involve a professional watching parents and children interacting, perhaps while also supervising other children whose parents are elsewhere. Here the professional may model specific labeled praise (commenting on what a child does), or offer such praise to a parent; she may model commentary on the child’s play—‘I see you have the blue block now!’—or guide parents in providing such commentary themselves. The details of this pedagogy are discussed in Chap. 10, and the body geometries involved (which are replicated in the dining room and other spaces) are discussed in Chap. 7. For now it suffices to note how while children may be producing and enjoying spaces of play, at the same time, adults may be producing spaces of pedagogy. It may also be noted that the playroom coordinators Anh and Thi practise forms of commentary and praise that their expertise tells them encourage child development, for example by linking actions and objects to language. When parents are present, this constitutes a pedagogy of modelling, which also takes forms of tantrum-avoidance by warning children that the end of play is approaching, and turning tidying up into a game in which children relish being involved.

Other practices and material arrangements produce the playroom as a *safe space*. As mentioned, toys are brought out of or put away in cupboards (with child-proof magnetic locks) depending on the ages of children present. During one visit, a parent brought a tube of shaving foam in for her child to play with, triggering a polite request to return it to the bedroom in case the foam was ingested by children. Another time, I joined Anh in the outdoor play area, hosing down the

large plastic items, and checking underneath them for spiders (which can be poisonous in Australia!). Much of this outdoor space is under a cover that produces shade from the often fierce sun and heat. A tall fence around this outdoor space prevents children from running out onto the busy road nearby. Every evening two nurses gather all the toys and wash them by hand in water with disinfectant. The playroom is further produced as safe in the sense ‘infection-free’ by the strict policing of rules that regulate the entry of bodies into its space. Visitors are not allowed in, and as soon as a member of staff, parent or child is known to be physically unwell, the playroom becomes out of bounds.

The main room of the playroom is itself divided into spaces which protect small and vulnerable bodies from those of older children, who may otherwise (and quite unintentionally) injure babies and infants. A 70 cm high wooden fence making a complete square, keeps the youngest children in, and toddlers who may not know how to be appropriately gentle, out. Within the fenced area are soft mats, baby-gyms, and sometimes, rolled towels (used in ‘tummy time’, in which babies lie prostrate on the mat, supported by the towel under their upper chest). Figure 6.2 shows nurses Hayley, Gillian, and Pippa playing with and supervising five young infants, while a toddler looks over the fence. Here we see how the playroom is shot through (Thrift 2006) with sub-spaces; that of the fenced-off area only needs to be impermeable in one key aspect: preventing physical entry of toddlers. Visual, aural and other transgressions of its boundary (Thrift 2006) are indeed welcome, and are crucial in the way the fenced-off and main play spaces hang together.

In contrast to the space of play, full of moving bodies, brightly coloured toys and unruly sounds, the playroom is periodically produced as a *space of relaxation*. This happens every Tuesday and Thursday evening, in a group activity for parents. Its purpose is to offer them some downtime, given the high levels of exhaustion they have been experiencing at home, and the physical and mental challenge that a stay on the Unit presents. It is also offered to parents, to challenge unhelpful constructs, to put themselves first and understand that they are entitled to, indeed need, their own ‘space’ and ‘time’ in which to reflect, recoup, recharge, or just switch off.

Fig. 6.2 The wooden fence helps to produce the playroom as a safe space for young infants



How is the same room turned from the space of play described above, to this one of relaxation? In Thrift's (2004, 2006, 2007) terms, we ask what forms of movement are evident in the playroom and how are they relationally achieved? Contrast the business and action in Fig. 6.1 with the stillness and orderliness of Fig. 6.3. Certain bodies, namely those of children, are excluded. By holding the group around 8 p.m., most children asleep, and if they are not, staff are happy to take responsibility for settling if parents wish to attend the group. The toys are out of sight (drying in the side room after having been cleaned). It is dark outside and the lights are turned off; a disco ball emitting soft coloured light is brought in and switched on. Soft mats are brought by nurses from a store room, and parents bring pillows and blankets from their bedrooms. Once parents are lying down on the mats (see Fig. 6.3), a nurse starts a CD, which combines soothing, gentle sounds (such as waves lapping and quiet adult music, not the same as the music piped into nurseries!), and quiet speech guiding listeners through a slow process of tensing and relaxing different muscles around their body.

The playroom is also produced as a *space of readiness*, overnight. The toys put away, the parents from the relaxation group gone (if it is Tuesday or Thursday), the doors are locked, CD player, television and lights switched off. To borrow from Thrift's (2006) language, the playroom is in a kind of suspended animation: it temporarily freezes, but still connects with the spaces that are to come tomorrow. The toys are ready because they have been cleaned and dried. The floorspace is ready because the mats, pillows and blankets from the relaxation group have been put away. When the playroom coordinator arrives early in the morning, she will select toys to put out, beginning the production of spaces of play, safety and

Fig. 6.3 Relaxation group in the playroom



pedagogy all over again. The entire Unit suspends animation in a space of readiness from Friday evenings until Monday mornings. Fresh bed linen is put in place, cots or beds changed to suit the children arriving next week, and folders for the new set of families placed in the cabinet at the nurses' station.

It should be noted, finally, that the playroom is also produced as a space of interaction between professionals and parents in which goals are discussed, hand-over given, discharge summaries, and part of admission interviews completed. These spaces are produced as part of mobile practices discussed in the second section of this chapter (see also Fig. 6.8, which shows a parent-nurse goal discussion alongside children at play). The issue of mobility is crucial in the next section, which focuses on the nurses' station: not only a destination that staff and families go to, but one where practices are shaped also by it being a space of passing through.

The Nurses' Station

The nurses' station is located at the corner of the L-shape formed by the main two corridors (see Figs. 2.1 and 6.7). Anyone walking onto the Unit and down either corridor will pass it, as will anyone going from one corridor to another, as would happen when going to and from the dining room and playroom, for example. The nurses' station is a site of multiple practices and artefacts that produce spaces of passing, knowing, modelling and, at night, waiting.

Underlying this are continuous practices of listening for cries. The spaces of the nurses' station not only exceed its physical size, extending down the corridors, but also constitute strong centripetal forces that produce it as a central and centralising space. The nurses' station is a relationally produced space shot through with others, in perpetual motion, tied to temporal (rhythmic) phenomena and with no boundary to speak of (Thrift 2006). The multiple encounters that take place there do not 'add up' to a single space, but constitute it as a plural, open-ended set of spaces (Thrift 2004), folded into one another, in constant animation.

The nurses' station is, among other things, a *space of passing and pausing*. Its location of the nurses' station does not in itself produce this. However, this is what is produced when combined with the practices of professionals and parents, who frequently move from one corridor to another, visit the whiteboard, go to the handover room, VMO rooms, massage room, staff room, or leave the Unit (to go outside, for Allied Health appointments, or to visit intake officers in the office near the main door). Traffic up and down the corridors is itself produced in part by the spatial arrangement of the client bedrooms, dining room, playroom, and the holding of group activities in the lounges at either end.

Parents' practices of passing the nurses' station are exploited to further the ends of practices: building confidence and resilience in families, facilitating parents' learning through partnership (see Chap. 2). The outward walls of the nurses' station are covered with posters giving information about other services (such as

mensline, one poster shows a mother and father carrying a child each, under which is written: ‘Being a family starts with talking’, and the mensline phone number and web address), initiatives (such as a falls prevention campaign) and guidance as to health etiquette (hand-washing, coughing, sneezing). Colourful pictures are placed on the lower parts, on eye-level with toddlers. Cards recently received from families who visited in the past are placed on the top of the counter, in prominent position. My fieldnotes document parents stopping to read these numerous times on each of my visits, reading messages of thanks and stories of the positive and lasting changes that families have experienced. My field notes frequently document parents walking past, altering their gaze, and reaching out to pick up the cards: they softly nudge parents from passing to pausing. Many parents told me these help them have faith that ‘it will work’ and giving them the drive they need to persist through the challenging week on the Unit.

The regular passing of the nurses’ station by parents is also used by staff to increase opportunities to greet parents by name, show a friendly face, offer assistance, ask how things are going, engage in informal chat, talk excitedly with or give a sticker to a toddler, and give praise (either to children or parents, or both). Such praise is always specific and labeled, and contributes to the ends of creating the Unit as a space that is saturated with praise (see Chap. 10, discussion of pedagogic continuity). Figure 6.4 shows Ruth standing up from her chair, breaking off from writing notes, to talk to a mother who is passing by with her child in arms. The combination of parents’ passing, occasional pausing, nurses’ doings and sayings, and the artefacts placed on and around the nurses’ station create an effect rather like a pedagogic ‘wash’, many of whose effects I was able to trace explicitly.

Fig. 6.4 Ruth, a nurse, breaks off from writing as a mother and child pass the nurse’s station



Fig. 6.5 Passing becomes a pause for nurses Ruth and Jayne to share knowledge and make plans at the nurse's station



The position of artefacts like the whiteboard (see Chap. 8 and Fig. 6.5) sign-out book (when parents leave the unit) or preforms filled out by parents prior to the massage turn passing into pausing that has a different effect: this time one of organising. Parents also use their passage and pause at the nurses' station to solicit help, most often relating to immediate practical assistance, such as asking for a nurse to mind a toddler while they use the toilet, or to care for a child while they attend an appointment (allied health, massage etc.).

As nurses pass by or through the nurses' station, the 'wash' is quite different. However moments of passing become crucial in terms of enabling staff to update and learn from each other about how things are going in the work of supporting families (epistemic work, see below), and to coproduce the ongoing accomplishment of organizing breaks, handovers and appointments. Nurses might offer brief comments in the form of commentaries as another passes by: 'Jason in room 4 went down about 20 min ago, he's due to wake any time'. Such information allows the passing nurse to continue on without having to pause, but to adjust her plan and bodily movements, perhaps to go and check room 4, or find Jason's parents. At other times, staff turn passing into pausing, either because they seek information, or wish to share something in more detail, as when the playroom coordinator comes down and outlines her plans for play activities in the afternoon. Again this may relate to work with clients, or have organising functions. Figure 6.5 illustrates this as nurses Ruth and Jayne talk on either side of the nurses' station counter (nurse Bridget is sat close by, reading notes). Chapter 9 describes in more detail the processes through which staff learn from each other throughout each week, keeping practices going while constantly tweaking them in light of emerging knowledge. The nurses' station as a space of passing and pausing is crucial to these.

The nurses' station is thus also a crucial *space of (professional) knowing or epistemic work* (Jensen and Christiansen 2012). It is produced as such a space through practices of reading, writing and talking, and through related artefacts of clipcharts, progress notes, post-it notes, paper forms and so on. It is as a space

of knowing that the nurses' station exerts some of its strongest centripetal forces. Much of the knowledge that is acted upon and recorded comes through and to the nurses' station. Chapter 9 describes how professionals' knowledge about families emerges, is modified, questioned and shared, recording past actions and prefiguring future ones. For now I will place these issues on hold and focus on the nurses' station as a special, centripetal space of knowing within this wider context, and the practices that produce it as such.

The practices of passing and pausing are crucial to producing the nurses' station as a space of knowing and knowledge work. The brief interactions that occur frequently and spontaneously across the counter enable knowledge about families, and about the work that professionals do to support them, to be constantly updated. While such interactions happen elsewhere—in the corridors and playroom particularly—it is at the nurses' station where these interactions are most common and where this knowing connects. Other practices that produce this centralising space of knowing include the writing of progress notes and their storage in a filing cabinet behind the counter. Not all notes are written at the nurses' station (see below: occasionally staff seek a space of fewer interruptions), but they are all stored there, and much of the writing happens here nonetheless. Time and again my notes record a nurse or social worker coming to the nurses' station, quickly finding a folder in the drawer, and either looking something up, or adding notes to it. Clipcharts, which contain ever-changing information about child behaviour (see Fig. 5.1) and parents' goals, are often found at the nurses' station too. Their rhythmic migration around the Unit is discussed in Chap. 8. The centripetal character of the nurses' station is most in evidence at night when all the clipcharts are arranged on the counter top (see Fig. 8.4).

As discussed in Chap. 8, the inside of the nurses' station is normally populated by numerous notes and cards displaying information that helps ensure professional practices flow smoothly: regularly used telephone numbers, sequences for admission and discharge, and personal reminders on post-it notes. Blank versions of forms are stored here. While some information is kept elsewhere—such as the group activity resources and staff communication book, which are found in the handover room—the materialisation of knowledge at the nurses' station allows staff to access it without leaving the public spaces of the Unit (see below): they remain visible and available to parents, and can easily hear cries down the corridor. Listening out for cries is an unceasing feature of all activities at the nurses' station.

Knowledge artefacts are bundled with practices of talking, reading and writing, and the passing and pausing that constitute the nurses' station as a centripetal force in the shared, emergent ways of knowing on the Unit. The nurses' station as a space of knowing is not static, but constantly evolving, reflecting what has happened and shaping what will happen next.

The nurses' station is also of interest as a *space of modelling*. Modelling is a diffuse pedagogy practised in many spaces across the Unit, including in the playroom, the dining room, corridors, and nurseries. However there is a special feature of modelling at the nurses' station that warrants attention and reflects its simultaneous enactment as a space of knowing (as discussed above). In focus here is the

performance, primarily by nurses, of caring for infants while also doing something else. For parents who often struggle to cope with the demands placed on them by their children (for attention, cuddles, feeding etc.), demonstrations of providing attentive care while also attending to something else can have important effects that further the broad ends of partnership practices.

In my first week of shadowing, the nurse leading the tour of the Unit on a Monday afternoon, completed the tour by returning to the nurses' station. I noted how she was rocking a baby in a pram, regularly performing visual checks on the (sleeping?) baby, while pointing out sign-up and sign-out sheets and the whiteboard to parents, addressing them by their first names, and reminding them of arrangements for the welcome group later that day. My notes from the next day describe how two nurses were sat behind the nurses' station counter, one holding a baby in her arms and lap while making a telephone call, and another sitting with her left arm extended to rock a pram, while writing notes with her right hand. So regular was this occurrence that I stopped noticing it and it disappears from my later field notes. Another instance—this time pram and phone—is depicted in Fig. 6.6. Such dual practices of caring for a child and performing another work duty were not limited to the nurses' station, but here they were on public view and thus had the effect of enacting a pedagogy of modelling. My notes and drawings of handover between nurses convey many instances of simultaneous child-care, and the dual-task postures of child-holding and pram-rocking and writing or talking with others are mirrored there, too.

Just as the location of the Unit and its associated practices changed from day to night, the same is true of the nurses' station, which becomes a different *space at night*. Some practices and materialities remain stable, while others change to take on a distinctive night-time character. One notable change is the congregation of clipcharts on the counter top: during the day they are dispersed and mobile, sometimes at the nurses' station, sometimes hanging next to nursery doors, sometimes in handover rooms or with nurses' as they talk with parents in the playroom, lounge or dining room (see Chap. 8 for a detailed discussion of the rhythmic migration of these artefacts).

Fig. 6.6 Nurse Julia rocks a pram while talking on the telephone at the nurses' station



Practices of knowing and listening are both sustained and modified as day turns to night. During the day, nurses take advantage of pauses to read notes, or can be prompted by a particular event or question to look for something later on. At night, the two or three nurses have much more time to familiarise themselves with the notes. Similar comparisons and contrasts can be drawn between practices of writing notes in day and night. Updating progress notes after a period of settling is performed just as it is in the daytime. However at night, this always happens at the nurses' station, while during the day nurses often seek other quiet spaces in which to write relatively undisturbed. At night this tends to happen almost immediately after a settling episode is over (unless the nurse is called straight away to attend to another child), while in the daytime, moments to write up notes are taken as and when they arise (which may be short and not in regular supply). Day shifts involve allocation of nurses to two or three families, and so their reading (and writing) of notes is generally limited to those relating to the parents and children they are working with. In contrast the night staff are not allocated to particular families, and thus they read, and write in, a wider set of notes.

Where does all this extra time at night come from? The nurses' station is no longer a place of such intense passing and pausing. Parents are largely in their bedrooms or the corridors, and the multi-professional team of up to twenty bodies has reduced to just two or three. At night, the nurses' station becomes, in some ways, a *space of waiting*. It is not that the night nurses have nothing to do, but that their work takes on a different character. The nurses' station is a stable anchor to which they repeatedly return, waiting for the next cry down the corridor or call for help from the parents via the telephone. Depending on how unsettled the children are, night nurses may spend most of their shift at the nurse's station; this is rarely the case during the day. The centripetal force of the nurses' station on nurses' bodies is stronger at night: they are called away but always return.

The idea of waiting is useful to further contrast the kind of day-time and night-time nurses' station spaces, and the practices which produce them, and for further linking questions of spaces to those of times. Waiting be seen as indicating engagement in and expectations from something—not just a dead space or time of doing nothing, not a passive activity, but an active process of being on the lookout for what will be thrown our way (Hage 2009). Dwyer (2009) refers to 'situational waiting' that is engaged, of the world. The nurses' station at night is produced as a space of waiting as the nurses engage in some activity (reading or updating progress notes, chatting to each other) as they wait for cries down the corridor or calls from parents' bedrooms. The activities performed while waiting are always undertaken by nurses who are ready to abandon them as soon as the cry or call comes. The rhythm of the night is set by these cries and calls, and the nurses' station is the space produced between them.

Rundell (2009) highlights how we wait for futures, but not the same ones, nor at the same tempo. Indeed spaces of waiting at the nurses' station can be accurately understood in Schatzkian (2010) terms as spaces in which past, present and future occur together. The nurses wait for the cry or call that is yet to come, but their expectations are shaped by their past experience (what happened last night) and

what is written about the past in the notes they are reading. The notes they write themselves, become part of that past, and may be read by another colleague only minutes later. This analysis chimes with Minnegal's (2009) rejection of arguments that waiting has come to create an absolute boundary between past and future, disconnecting what has brought us to a particular place (spatially and temporally) and what will take us from it. Minnegal (2009) illustrates that the temporality and sociality (relationality) behind waiting as a way of attending to others is in itself productive of wider temporal structures or rhythms. This is strongly reminiscent of Lefebvre's (2004) *Rhythmanalysis* (as Hage 2009 notes), and affirms how exploring the production of spaces through practices at the nurses' station leads us to new understandings of times and how they are produced—not only at the nurses' station itself, but in its broader spatially practised extent down the corridors.

Both the playroom and the nurses' station are firmly, materially, *within* the physical space occupied by the buildings that comprise the Residential Unit. In the next section I consider spaces that are present in a different way: family homes. Their presence is a haunting one, but this is not ghostly, but material.

Family Homes

Spaces of home are what the practices of the Unit are moving from and moving towards, in practices that bring past, present and future together (Chap. 5). The Unit in Carramar and family homes across the State hang together through doings and sayings, and the use of artefacts to create a spatial texture or connectedness between them. The spaces of the Unit are shot through with the spaces of homes; both are 'intruders' in the space of the other. If we wish to understand spatial connectedness in action (texture) as it is enacted on the Unit, and why it is important we must consider family homes. The overriding teleoaffective structure governing the practices of the Unit reflects the need parents feel to change their certain things about family life at home and elsewhere (see Chap. 2).

The whole process is very much one of moving from one situation, characterised by significant parenting challenges and stresses, to another, in which parents' confidence, self esteem and resilience are enhanced, and they are able to use what they have learned on the Unit to lead the (often slow to emerge, see Chap. 5) changes that they wish to see at home. The professional practices and materialities of the Unit are oriented towards this shared purpose, which shapes how the doings, sayings and things of the Unit hang together. The spaces of the Unit and family homes are in motion, not independently, but together, catching each other in moments, pulling each other forward.

The first and last direct contact between families and the Unit's professionals happens via telephone calls to parents in their homes. Intake calls are triggered after referrals are received, and a follow-up call is made to families several weeks after they leave the Unit. In Schatzki's (1996) language a place-path array is established; the Unit and home may remain physically far apart, but they come into

practical proximity through parents' and professionals' doings and sayings which hang together through their conversation on the telephone.

However, connections between the Unit and family homes are not limited to these pre- and post-visit telephone calls. 'What would you normally do at home?' is a phrase that I noted numerous times in my field notes. The playroom co-ordinator asked this of a mother on her first day, when the question of what to do in the afternoon came up; the same question was asked in several admission interviews I observed, when mothers described difficulties, such as toddler tantrums; again during the daily goal-setting and planning with parents, nurses ask this question relating to feeding, meal times, approaches to settling, play and so on. This is more than sourcing information. It contributes to the enactment of a partnership approach (see Chap. 2), in which the starting point is an attempt by the professional to understand what a parent already does and to show interest in and respect for her or his decisions and actions as a parent. It also shapes subsequent practices: nurses may take cues from the response and work with parents to mimic home practices on the Unit, or they may see an opportunity to discuss alternatives or present challenge to parents (see Chap. 10).

The Unit is also shot through (Thrift 2006) with spectral space of home, woven into the doings and sayings on the Unit by parents themselves. On my thirteenth visit, I observe a nurse talking with a mother in the playroom.

It is a Tuesday (the second day of a family's stay), and one of the mother's chosen goals is to get her infant to sleep without a breastfeed. The nurse asks 'how are you going today?' and the mother responds 'Much better, thanks. Already I'm feeling more confident and think I'll be able to do it when I get home'. She adds 'Last night she went down without a feed. It'll make such a difference at home. I'm really hopeful'.

This is just one of dozens of instances whereby parents and children performed (new) practices together and connected these to spaces of home through their hopes, imagination, and plans to re-perform them later. These could be practices of settling, avoiding or responding to tantrums, encouraging intake of solid foods, helping siblings share toys in play, and so on. Home also takes on a spectral or haunting quality (see O'Dell 2009), particularly towards the end of the week, when parents may feel anxious about returning home. As explained in Chap. 5, a week on the Unit is not expected to be long enough to change sleeping and settling patterns such that there are no cries in the evening or through the night. This is an elusive goal, and one whose timeframe is weeks or months.

The texture that connects spaces of the Unit with spaces of family homes is also produced, modified and maintained through material artefacts and particular kinds of attention to them. This attending to objects illustrates what Schatzki (1996) refers to as practical intelligibility, in which the meaning or practical significance of material entities reflects the ways they are bundled with or made sense of in practices (see Chap. 3). One example was documented as follows in my notes from the playroom:

A mother wants to give one of her children a bottle to drink her twin plays with wooden puzzles on a low table. Anh, the playroom coordinator moves to interact with the toddler, while a nurse switches the ceiling fan on slowly. Tinsel hangs from the ceiling fan blades.

She says 'This isn't to cool the room, but to give the child something to look at and help calm down'. The child, sits and calmly drinks from the bottle, to her mother's surprise. She comments 'That tinsel's a great idea! We could do that at home!'

Here, tinsel on a ceiling fan is practically intelligible as a means to distract and calm children so they can shift from excited, active play into a more sedate temperament for drinking, and potentially eating or preparation for sleep. The mother connects the playroom with her own home through the common material presence of ceiling fans, and plans future actions to bring features of the Unit into her home. On a different day, a nurse discussed with a mother her plans for the day. The mother commented:

I might even go to the coffee shop! [which is just outside the main entrance] We used to do that lots at home, and I've love to be able to take him [her son] by himself on a trip. I want to see if he can sit as well there as he has been doing in the dining room.

Again, opportunities are taken to perform practices here that reflect the desired future practices at and around home. In this case, the nurse talks to the mother about how she plans to prepare for the trip, what she anticipates the challenges might be, and how she might respond to them.

The comment from in the quotation above 'We could do that at home!' has a counterpart in the idea expressed in various ways by professionals, that what parents learn on the Unit has to work for them at home. This is a ritual part of the welcome group on Monday afternoons, when the nurse leading the meeting emphasises the importance of parents communicating with staff about how things may carry from Karitane to home. This is how I recorded it on one occasion:

We will be trying to help you in different ways. The nurses will talk to you about your goals. If at any time they're suggesting something and you think I couldn't do this at home, then you must say something. There is always a different approach. Like getting from here to the city. It's the same destination but there are lots of different ways to get there.

Aside from the obvious use of a spatial metaphor, what is interesting here is how connections between the Unit and home are foregrounded, and how this texture is co-produced by parents guiding professionals about what may or may not work elsewhere. This is an important feature of working in partnership, ensuring that strategies learned on the Unit are not redundant when parents get home. Often the question of things working at home is a material one. The following are all questions asked by nurses, recorded in my field notes: 'Is the cot like this at home?' 'Does your cot at home have wheels?' 'What sheets do you have at home?' 'Can you rock the cot at home?' 'Is it this dark [in a child's nursery] at home?' 'Do you have a CD player you can use at home?' [CDs with the same music as that piped to all nurseries at Karitane are available for purchase] 'Do you have a bump at home?' [this refers to practices of rolling a pram or stroller back and forth over a bump: the gentle rhythm can help lull a child to sleep in the same way as rocking] 'Do you have a high chair at home?'

Answers to these questions shape subsequent practices, materialities and forms of practical intelligibility. No wheels at home? Then we won't use the wheels here. You use a sleeping bag at home? Then let's use one here, or wrap the sheets to

mimic this if the bag is not available. It's lighter at home? Let's adjust the curtains or dimmer switch. You don't want to use music? Let's not! This is discussed further in Chap. 8, which focuses on materialities of the Unit, but for now we can see how the spaces of homes are folded into the spaces of the Unit, and animated through bodily doings and sayings, and materialities with which they are bundled.

Spaces of the Unit and home are connected through multiple practices and materialities. These connections are not frozen in time, but rather can be understood as temporal-spatial 'infections', reflecting the overarching purpose of practices at the Unit. Spaces of home bring parents to the Unit and their production as different kinds of spaces shapes what happens at Karitane. Home spaces shoot through the Unit, and the Unit shoots through homes.

Practices and Spaces

In the previous section, I took particular spaces as a point of departure for an analysis, taking a practice-based approach. Now I flip my gaze, focusing on practices as units of analysis, and exploring the spaces they produce. At all times I remain close to Schatzki's (2010) key idea of spatiality as the pertinence of materiality to human activity, and continue to supplement this with concepts from Massey (2005), Lefebvre (1991, 2004) and the non-representational approach of Thrift (2004, 2006, 2007). I will revisit some of spaces the discussed above, this time moving through, anchored to practices such as admission, discharge or handover. I will also delve into new spaces including parents' bedrooms, nurseries, the client lounges, dining room, and staff room.

Concepts of secret and public form key in what follows for a number of reasons. First, they draw directly on Lefebvre's rhythmanalysis, and thus draws on and connects to the temporal ideas discussed in Chap. 5. The opposition between secret and public is a way of understanding questions of privacy and openness in the spaces, practices and materialities of the Unit. I portray these not to be stable, exclusive and binary pair, but rather fluid, blurred, at times overlapping, and above all enacted into being socially and materially. Second, secret and public provide a structuring device in which to locate particular practices that will be examined, pointing to important similarities and differences in the spaces produced and work that is going in this process. Third, by tying the account to concepts of secret and public, I enrich the conceptual analysis of spatial connectedness in action: secrecy implies certain kinds of disconnectedness, and publicity a more open form of texture. It is worth noting here Goffman's (1959) well-known concepts of frontstage and backstage. This pair of ideas does not prove sufficient in dealing with the complex and multiple forms of secrecy and privacy that were evident in my data. A sociomaterial approach provides this, although Goffman's ideas do make a brief appearance, however, in reference to the staff room, where they seem particularly apt.

I begin by examining public practices and spaces including those of settling and cruising in corridors and group activities. Then I consider practices and spaces that are more secret: discussion of confidential and personal matters, sleeping, and breastfeeding. The chapter concludes by exploring practices that move around the unit, and how secrecy and publicity form a complex and fluid part of the spatial and mobile texture that they produce. This provides a bridge to the following chapter, which focuses on bodies, introducing the notion of body geometries, maintaining the close connection with the work of Thrift (2004, 2006, 2007).

Public Practices

Many parents express goals relating to sleep and settling. For example, they may want to encourage their children to fall asleep in a content and settled way without being breastfed or held in arms. They may be exhausted by frequent and long periods of unsettled waking during the night, and want to learn how to help their children resettle when they wake up. Practices of putting children to bed and encouraging them to sleep and resettle normally occur in the private spaces of family homes, often in the extra-private and intimate spaces of the night. Making this work public is a key feature of the relations of intimate outsidership that professionals come to have with families (see Chap. 2).

On the Unit, much of the work of settling children for sleep is done in public: in the corridors. This reflects elements of spatial layout of the bedrooms and nurseries, practices of supporting parents (particularly the bodily arrangements involved), organisational needs (to keep nurses available to other families), and a pedagogic intent to normalise such challenges, producing settling as a shared, social process. This latter point is discussed in Chap. 10, while a detailed discussion of the materialities of the corridors and client suites is provided in Chap. 8. For now I will focus on the practices and material arrangements that produce the corridors as a particular kind of public space. Key to this is understanding their physical set up in terms of rooms, as illustrated in Fig. 6.7.

Looking back at Fig. 2.1 and at Fig. 6.7 which zooms in on the North corridor, notice the small nursery rooms that directly line the sides of each corridor, and how one must pass through these in order to access parents' bedrooms (the larger spaces numbered 7–13). Positioning the nurseries adjacent to the corridor makes children's cries much easier to hear from the nurses' station, shown on the left of Fig. 6.7 (see Chap. 8 for a discussion of how the materialities of the floor contribute to this).

Some settling practices remain largely within nurseries, particularly those adopting a 'hands on' approach where physical contact is used to help calm children down. However many involve at least some time outside of the nursery. Apart from a few instances where settling was occurring in parallel with a private conversation with parents in a bedroom, the movement away from the nursery was *always* out into the corridor.

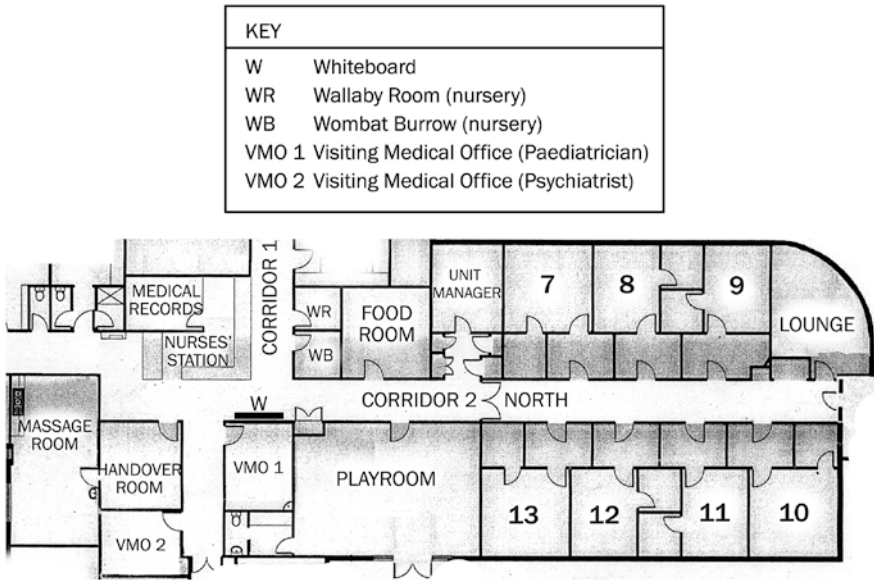


Fig. 6.7 Close-up of the arrangements of bedrooms and nurseries along a corridor

The nurseries near the nurses’ station are used occasionally for very unsettled children in the first night or two of a visit, when nurses take care of children overnight allowing extremely exhausted parents to rest; when this happens they are brought down after first trying settling them in the nurseries in the client suites; the VMO 1 office and handover room are sometimes also used for this purpose; see Fig. 6.7.

Not only do the sounds of settling seep into the public spaces of the corridors, producing them more as paths of access: they are spaces of listening (extending to the nurses’ station and even through into the staff room), and spaces of communication (cries are interpreted as meaningful communicative acts, see Chap. 10). Settling is no longer a private or secret process, but is part of the shared practices of the corridors. Day or night, nurses and parents can be seen standing or sitting outside doors. Often parents interact with each other in the moment, expressing empathy, chatting informally, comparing experiences. I also recorded numerous instances of parents recognising each other later in the playroom, dining room, or lounge, and talking about their shared experiences. Several commented either to nurses or to me (at the time or later, for example during discharge) how reassuring it is to know ‘you’re not the only one’ (see Hopwood 2014a and Chap. 10).

Producing corridors as a public space of settling has organisational benefits, too. It means that nurses can support more than one family at the same time, and it also means that nurses are much more publicly available to each other and other staff. This is crucial to the effective hanging together of work that is often proceeding in parallel strands simultaneously, and which is also often passed on from one person to another.

Breaks can be arranged and information exchanged much more easily if nurses are out in the corridors rather than in parents' bedrooms. This public presence of staff during settling becomes even more important at night, when there are only two or three nurses. One of them explained to me: 'At night it's really important not to go into the bedrooms. You can get stuck, and it's important that other clients can see and find you'. The idea of 'getting stuck' in parents' bedrooms shows how in this case secrecy—being hidden away behind closed doors and walls—is problematic. Nurses need to remain figures of public availability. The arrangement of the nurseries along the corridor, and the practice of settling in public make this possible. Furthermore, drawing on Thrift's (2004, 2006, 2007) form of expression, the production of corridors as spaces shot through with settling and crying, rather than just as sites of walking to and from, are bound to the bodies of parents, nurses, and children on the other side of the nursery doors.

Practices of *cruising up and down the corridors* further contribute to their production as particular kinds of public spaces. I use the term 'cruising' to refer to practices whereby nurses walk slowly up and down the corridors, glancing through windows into the playroom or dining room, slowing or pausing outside nurseries to listen out for sounds from children, perhaps lifting the signs that block out light through the nursery door windows to perform a visual check (see Chap. 8). They reach the lounge at either end, see if anyone is there, then turn and head back towards the nurses' station. Cruising makes nurses visible and present across almost a wider space—the limited location of a body in an instant is turned into a temporally and spatially diffuse presence.

The bodily performance of this (see Chap. 7) creates the corridors and by extension the whole Unit as a space of availability: yet again, space is tied to the body. One nurse, Sarah, had a way of performing cruising that strongly accented this. Her pace was *very* slow, and she would walk with her hands loosely held behind her back, head tilted back slightly, gaze switching slowly from side to side, frequently breaking her step with pauses. The sound of her footsteps was loud enough to be heard by parents in adjacent rooms: to pass silently would be to pass secretly not publicly. Their steady rhythm and slow tempo conveys a lack of urgency. This performance sends out a message 'I am available, I have time, I'm not in a rush': it makes nurses publicly available to families. The space is thus created in which asking for help is not a temporal interruption nor a spatial (in the sense of what is being practiced and the material-bodily arrangements in place) disruption.

Cruising has organisational functions, too, that exploit the public nature of the corridors: colleagues are not hidden away behind closed doors, but out in the open, making them easy to find. It has a kind of organisational legacy, as when I witnessed on numerous occasions a nurse asking a colleague 'Do you know where XX is?' The colleague, having just cruised the corridors, can reply 'I just saw her in the playroom with the family from room 4', or 'I think she's in room 12 doing a handover'.

Group activities are by definition public. All parents are given the choice of attending any groups that they wish. Table 6.1 provides summary information

about the focus and activity in each group, and its key spatial and temporal characteristics. Coursing through the Table are Thrift's (2006, 2007) principles of motion, porosity, multiplicity, connectedness with time, and a sense of spaces as produced through bodily and material relations.

There is much to notice in Table 6.1. The two right-hand columns demonstrate how spacing and timing are linked, 'hybrid achievements' (Cooren et al. 2005). Looking down the third column, it is easy to trace how the group activities produce spaces in practice-specific ways. The conceived space (Lefebvre 1991) of the dining room is, through local and particular spatial practices of meeting and through arrangements of chairs, produced as the lived space of the welcome group. The often empty (in the sense devoid of human bodies) lounges become animated as temporary sites for groups led by professionals. At other times the lounges are empty, or spaces for parents to treat 'as home', during which the whiteboards are practically far away. Connecting back to the first part of this chapter, Table 6.1 shows how spatial connectedness in action (texture) extends beyond the confines of the Unit as a physically bounded entity. Practices of the group for fathers, the pram walk, and the self awareness groups all transgress its architectural boundaries, but remain connected to the purposes, teleo-affective structures, and ways of working that govern practices in the Unit proper.

It is worth commenting on the public nature of these activities. Why are they so? Why are similar practices not done privately with individual families? In some instances, both group (public) and individual (private) approaches are taken. Almost everything that is said in the welcome group is repeated in admission interviews, and during the many discussions and reviews of goals during the week. For parents who nominate goals relating to toddlers, the toddler groups are two episodes folded into five days of work with professionals on related issues. Staff see significant benefits in parents getting to know each other over the course of the week, and many parents appreciate this, too. Groups are used as a way to encourage and facilitate this. As discussed in Chap. 10, the plurality of bodies and the publicly shared discussion is used to further the ends of partnership practices, particularly through the effect of pedagogic continuity: not only do professionals introduce their expertise and ideas, but parents share multiple experiences, and the pool of history, suggestions, and empathy is widened.

Groups are also a means to produce particular constellations of bodies around specific, shared purposes, as opposed to more chance encounters that might happen in the dining room or playroom. These bodily constellations include professionals who can bring expertise that aligns with the distinctive focus of the group and its contribution to parents' goals. The toddler group brings together parents with children of similar ages, and a nurse with special interest and experience in working with toddlers.

Before moving on to consider secret practices and spaces, I wish to plant the seed of a thought that readers may hold in suspension until the section on mobile practices that weave in and out of secrecy. The dining room and playroom can become sites of practices that are essentially 'private', such as goal reviews and handover with clients. If no other families (bodies) are present, these public spaces

Table 6.1 Summary of group activities

Group	Details	Spaces	Times
Welcome group	In-charge nurse leads an informal meeting; introduce social worker; explain partnership approach, raise prospect of challenge for parents and children; explain rules (e.g. smoking, hot liquids)	Located in the dining room, produced as a space of open discussion by arranging chairs in a circle, and tables pushed away to the side; food is put away, and frosted door of fridge avoids children seeing its contents	Always around 3 p.m. on a Monday, as announced on whiteboard; fluid start time as wait for parents to arrive; lasts around 20 min, parents may leave to attend unsettled children
Toddler group (I)	A nurse with special expertise in toddlers meets with parents to help them understand toddler perspective on behaviour issues, discuss strategies for avoiding and responding to tantrums	Takes place in one of the guest lounges; one of only two times in the week when the whiteboard in the lounge is used; extra chairs brought in to accommodate parents	If there are enough parents with toddlers in residence in a particular week, this happens sometime on a Tuesday morning, and is coordinated with the music and storytime play session (so toddlers are occupied elsewhere)
Toddler group (II)	The same nurse meets again, now with parents and toddlers, and is on hand to support, guide and praise parents as they play with their children	Takes place in the outdoor area at the end of the West corridor (weather permitting) or in the playground; outdoor area has toddler-focused toys and a road track, as well as benches	Occurs as a follow-on to Toddler group (I) and thus depends on numbers of toddlers present and parents wishing to be involved. Timing within Tuesday afternoons varies, announced on whiteboard
Relaxation group (discussed above—see playground)	A parents-only group aimed at promoting relaxation and giving parents some downtime, time to themselves	In the playground: mats, pillows, blankets, lights, and CD produce it as a space of relaxation	Tuesday and Thursday evenings, timing determined by when children are expected to be asleep
Pram walk	A playground coordinator and at least one nurse accompany parents and children on a walk off the unit premises; this is presented as a chance for parents to socialize and enjoy fresh air	The group congregates by the nurses' station and walk together (in crocodile form) to a nearby park, usually stopping by a set of swings and climbing frames, then on a bridge to feed the ducks; they return to the unit together, again in crocodile fashion	Weather permitting, this happens on a Wednesday morning. An aimed-for time of departure, is announced on the whiteboard but is almost always delayed as they wait for (and help) parents to get ready; timing includes morning tea, so snacks and drinks for children are taken

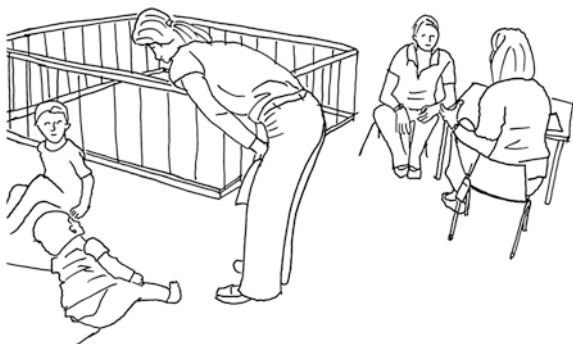
(continued)

Table 6.1 (continued)

Group	Details	Spaces	Times
Other half (Dads' group)	A social worker meets with fathers, discussing challenges and rewards of fatherhood—fathers select from a range of topics	Takes place in Jade House—off the unit, but within the same building—where a lounge and television are already set up but not in use (Jade house is open in daytime hours)	Occurs on Wednesday evenings if enough fathers indicate interest in attending; timing enables those who are working in the daytime to come along
Infant massage	A nurse with expertise and qualifications in infant massage demonstrates strokes and discusses benefits of massage with parents and young infants (or infant dolls)	Takes place in a guest lounge, where the large open floor space is used so parents can sit on the floor with children lying in front of them, in a semi-circle around the nurse	Depends on the number of young infants (for whom massage is most appropriate) present and parents' interest; very loose timing within the expert nurse's shift on Thursday morning
Connecting with your child ^a	The psychologist leads a group in which parents discuss their relationship with their child, their children's character and qualities	Takes place in a guest lounge; the white board on the wall may be used, but main focus is on coloured laminated cards with adjectives (e.g. 'chatty' 'determined' 'loving') printed on them	Was determined by shift patterns of part-time psychologist; would normally happen later on Thursday morning; interruptions while parents leave to settle children were common
Self awareness group	A sister of charity (Nun) leads a group using creative arts (painting, writing) to help parents reflect and express their feelings/experiences (routinely described as a 'real tear-jerker', which I found to be true when I attended!)	This takes place off the Unit, but within the same building complex, usually in a room that is part of the Toddler Clinic Suite. The Sister brings a range of photographs and painting equipment; parents may take their works away with them	Shaped by the routines of the Sister's weekly visits to the unit; the timing on a Friday morning provides many with a reason to stay until lunchtime, though some with long distances to travel have to leave early and miss this group

^aThis group was not run after the psychologist left the unit (the position was replaced with an additional social worker)

Fig. 6.8 Multiple practices in the playroom



are (briefly) produced as private, but at other times, private practices and spaces become public, folded into the multiple spaces and practices of, for example, the playroom. This is illustrated in Fig. 6.8, in which a conversation between Penny and Lisa, which might normally be private, is conducted in the public space of the playroom. Multiple trajectories have come together here (Massey 2005) to produce this plural space, including those of children's play, the Anh's primary anchoring to the playroom, the shift pattern and allocation of Penny to support Lisa that day, and the routine of having goal focused discussions towards the start of the day.

Secret Practices

In direct contrast to the practices that unfold in public, producing and shaped by spaces of the public, many practices I observed on the Unit are more private in nature, and the spaces associated with them more secretive. In these cases the spatial texture is governed by a desire to promote intimate or close connections in one space, while isolating it from others at that moment. Public spaces can be shot through (Thrift 2006) with secret ones, or vice versa. Practices that are conducted amid, and produce, secrecy both allow for a kind of private hanging together, as well for temporary cuts in connections between staff and families.

I will show how secrecy is a sociomaterial, relational accomplishment, and that some forms of secrecy may be preserved in a particular moment while others are not. Secret spaces are animated, folded into the spaces around them. Private conversations may be physically, visually, aurally and socially 'secret' but not epistemically so. Secret spaces are not an impermeable container for what happens in them: new knowledge seeps out of the secret space of admission through handover and paperwork, but remains within the private bounds of a particular family and the staff. In the following sections I address questions such as: Why is secrecy important for some practices and not others? How are secret spaces produced?

All individual meetings between parents and the psychiatrist, psychologist, and social workers are conducted in private. Dedicated rooms are used for these meetings, and the door to them is shut (labelled VMO2 and Allied Health on Fig. 2.1). The location of these rooms helps to produce their secrecy: VMO2 is down a short corridor that ‘ends’ in double doors leading to Jade House, a separate day-stay service for mothers with perinatal mood disorders, that are rarely used; the allied health office is actually outside the bounds of the Unit within the larger complex, on the way to the main lobby. Neither have any windows. Even from VMO2 it is hard to hear children’s cries from nurseries or the sounds of their play from the playroom. These rooms are physically secret (closed off), visually secret (opaque, with no windows), aurally secret (sounds from inside don’t escape, sounds from outside don’t get it), socially isolated, and located in sites that are not on any of the frequently trodden paths of movement around the Unit. Accomplishing this requires significant bodily and material work. This secrecy is important as the subject matter of the interactions between parents and these professions is highly sensitive. The content of these interactions is noted in progress notes, and may be spoken about among professionals in the case conference (see below). So they are not epistemically secret.

When parents and their child(ren) meet with the paediatrician on a Monday or Wednesday, secrecy is enacted and produced somewhat differently. The door to VMO1 is closed, and the blinds adjusted to make the windows opaque, as before. However, a nurse is usually present (on Monday mornings this is typically the Unit Manager). This is mainly so that a full verbal handover can be given later on, without having to rely solely on the paediatrician’s brief written notes. It also brings a nursing presence into a medical encounter.

The weekly case conference takes place at Wednesday lunchtime off the Unit: still in Karitane’s main building complex in Carramar, but in an area not accessible to clients. It is attended by the psychiatrist, paediatrician, Nurse Unit Manager, nurse in-charge for the day, a representative from intake (the nurses who make the first calls to parents after referral), a social worker (if available), and staff from other Karitane services such as the Toddler Clinic. Here the boundaries of secrecy are not drawn around particular families, or even the staff who work on the Unit. Bodies from different health professions and services come together to share information, question what they know, make decisions, and coordinate responses, for example arranging follow-up by one of the other services offered by Karitane after a family leave the Unit. No family members attend. Like some (but not all) of the handovers on the Unit itself, this is about families but not with them. During one case conference I attended, the psychiatrist described aspects of his discussion with a mother experiencing post-natal mood disorder, and then outlined medications he had prescribed, discussing issues relating to side effects and breastfeeding. The in-charge nurse made notes, and through the remaining days I followed this information as it passed from one handover to another. The case conference produced as secret in the form ‘professionals only’, in a closed off part of the building, behind closed doors. It is however characterized by inter-professional

openness (publicity), and as before, the knowledge work of case conference seeps out through other practices such as handover and documentation.

Other staff-only gatherings include handover and a weekly debrief. Handovers are discussed in detail in Chap. 9, and some of them are done with parents. Those that are not either happen in the handover room, with the door closed and blinds down, or in VMO1 or VMO2 (Figs. 2.1 and 6.7) under similar conditions. The staff debrief on Tuesday afternoons is an opportunity for staff to have more expansive discussions about complex or challenging cases, and unlike handovers, is usually attended by the playroom coordinator. Both handovers and the debrief involve discussions between staff relating directly to the ongoing work of supporting families present on the unit that week. The spatial texture between staff and families is temporally changed: bodies are shut off, visually and aurally, even though they remain in the centre of the Unit. Handover and debrief produce connection in action through collective knowledge work, and prefigure future practices: handover is not an epistemically secret space, but a crucial part of the connectedness in action that sustains the work of the Unit over the course of each week (see Chap. 9).

There are some practices that are enacted with extremely clear boundaries of secrecy around them. A spatial texture is produced with some common connections clearly severed. One such practice is the domestic violence screening, conducted between an admitting nurse and a mother as a routine part of the admission process. This parallels what Staller (2014) describes as a difficult conversation in a private space. If a father is present during the admission, the nurse will produce a secret nurse-mother space, perhaps saying that the next bit will involve some special questions just for the mother, and that maybe he'd like to go out and get a coffee, or take his daughter/son to the playroom, where they will come and join as soon as possible. The evacuation of the male (father) body, and the bodies of any children old enough to understand the conversation, produces this most private of spaces. This quality is crucial in ensuring that any barriers to disclosure that can be removed *are* removed. This does not guarantee that victims of domestic violence will share this information, but such questions must be asked in secret. Before they are asked, the nurse explains to the mother the forms and limits of secrecy that apply to any answers that the mother gives. In Australian law, if domestic violence is reported between adults in a household where children are present, then a professional who becomes party to this information must report it to the Department of Community Services (DOCS).

This links to a second highly secretive set of practices: when professionals make telephone calls to DOCS in relation to child protection. In the course of a week, information may come to light that falls under this legal requirement, or into other categories where it is felt its sharing is necessary to protect children's interests. These calls are *never* made from the nurses' station, or the handover room (where staff come in and out all the time). Whoever is making the call usually goes to the Allied Health room (see Fig. 2.1) and closes the door. Often, if the caller is a nurse, she will inform one or more of her colleagues that she is going to make a call and shouldn't be disturbed. In the time I was there, these calls are not made in secret from parents: staff discuss with parents their intention (or

obligation) to share the information with DOCS before they do so, and clarify with them what the outcomes of this may be. The call itself, is a highly private and secluded affair, produced by isolating the body of the caller (and her voice) from others. If rough notes have been made by the caller to refer to during the call, these are immediately shredded: any relevant information will be formally documented, but such loose notes are not left lying around lest they become public.

In considering practices and spaces of secrecy, it is worth pausing to consider the staff room. It is one of a few spaces on the Unit that are materially announced as not for families. Others include the Spill Room, the Store Room (where staff lockers and spare cots, beds and mattresses are kept), and the secondary corridor parallel to the main West corridor, which houses linen and archives (see Fig. 2.1). Over my sixty visits I spent a lot of time in the staff room, and observed it as a fluid and multiple space, the site of multiple practices with varying degrees and kinds of secrecy attached to them.

The staff room is the only place on the Unit where staff can relax their public-professional presentation. Different bodily postures and actions (including eating), sounds (loud laughter and particular tones of voice), smells (of food brought in by staff), topics of conversation and vocabulary produce the staff room as a backstage (Goffman 1959) space, in which staff perform things they would not do in the presence of parents or children (in the frontstage of the corridors, playroom etc.). The importance of bodily aspects here affirms Thrift's (2004) notion of spaces as bound to the body. While frontstage spaces are not completely devoid of informal chat between staff, by and large this is reserved for the staff room. I sat in on conversations about holidays, appearances on television quiz shows, diets, shoes, shopping, the drudgery of commuting, the price of groceries, current affairs, staff nights out and so on. As well as food, objects such as glamour magazines produce the staffroom as a backstage space. Staff food is not allowed out on the Unit. Food for clients is in the dining room; all documents in the frontstage areas are professional in nature.

When the staff room door is closed, it is cut off visually, aurally (conversations within can't be heard outside, and cries from nurseries can't be heard inside) and olfactorily from the Unit. It is particularly the aural cutting off that makes it possible for staff to relax during their breaks: sounds shape the practices of the Unit so strongly, that being separated from them enables staff to temporarily disconnect. Again we see spatial connectedness (or here, disconnectedness) in action is produced through materialities of sound.

The staff room is also produced as and shot through with particular kinds of professional spaces. The posters around the room almost exclusively address nurses and issues of nursing; there is little that speaks to social work, childcare, medicine, and so on. The rhythms of the Unit (see Chap. 5) also mean that the playroom coordinators tend not to take their breaks at times when the nurses' do: I often saw them alone in the staff room, or with administrative/hotel services staff, rarely with the nurses.

The staff room is also produced as a continuation of other spaces of the Unit, through performance practices that take place in similar fashion elsewhere. In

some breaks, nurses discuss clients in a way that is hard to distinguish from what would be said in handover or debrief. In this way the staff room is shot through with the spaces of handover and organizing. I made notes on several occasions about colleagues discussing how to work in partnership with particular families, asking for second opinions about decisions they had made or actions they were about to take. Personal Clients in Residence sheets (see Chap. 8) may even be taken out from pockets, glanced at, or notes added, just as they are in the handover room, corridors, or nurseries. Such practices dismantle the textural breaks that produce the staff room as a separate, backstage, and secret space. These spatial qualities are not atemporal: at night, the staff room door is tied open (usually with a plastic bag), so that as nurses go on breaks, they can still be found by parents, but most importantly, so they can still hear cries from down the corridors. The soundscape of the frontstage seeps into the staff room at night, and indeed there is no backstage or secrecy produced in this space at all during these shifts (see Chap. 5).

There are also spaces that are produced through a texture in which families are included, and (some) connections with staff are broken. The spa suite is for the exclusive use of clients. Once the playroom has been set up for the relaxation group (see above), a nurse starts the CD and then all staff exit. At night, nurses avoid going into parents' bedrooms if at all possible including for reasons of not 'getting stuck' and become invisible and inaccessible to others, as discussed above. Other reasons for this include the fact that at night the bedroom becomes a more private and intimate space of sleeping, and often when there are two parents staying on the Unit, one will be asleep (or trying to sleep) while the other gets up to respond to a waking child. In such cases families' secret spaces are produced by the withdrawal of staff bodies, rather than by actions of parents or others that exclude parents.

However, secrecy can be actively produced by parents during the night if they do not telephone down to the nurses' station to ask for help, or come out into the corridor when their baby wakes up. Several times when I shadowed nurses on a night shift, I followed them as they heard a cry from a nursery. They would wait outside in the corridor, perhaps peer through the window, but never enter the nursery uninvited. This is discussed with parents earlier on in the evening, and parents can thus produce the nursery as an extension of the secret space of their bedroom. This tended to happen later in the week, particularly on Thursday nights, when parents were feeling more confident, wanting to take a lead and act more independently in resettling their children. In this case, nurses tend to know what to listen out for and notice in terms of how parents are enacting new strategies for settling, and can judge how things are going based on corridor sounds alone. Handovers the next morning may report lots of success!

On some occasions the production of the nursery as a space of secrecy, devoid of nurses' presence, also seemed to reflect acts of avoidance by parents experiencing the difficult tension between trying out challenging different approaches with a nurse (which may get noisy and be quite hard emotionally), or staying with what they are used to doing (which is unlikely to bring about the changes they are looking for), and opting for the latter. These practices create impediments to the

crucial attempts by professionals to become intimate outsiders in family life—a key feature of partnership work with parents (see Chap. 2). The consequence of this is that nurses are not able to offer much support, and cannot learn much about children’s sleep and (re)settling patterns, other than noting what they can hear: subsequent handovers report a lack of (new) knowledge emerging through the night. Secrecy is produced in multiple ways for multiple reasons, and with multiple effects. In the next section I further expand the forms and spaces of secrecy by exploring mobile spatial practices and textures that produce privacy for families from each other.

Moving Between Secret and Public

Some important practices on the Unit move around. In doing so they transgress certain kinds of conceived spaces (such as rooms), but spatial practices maintain the production of consistent lived spaces despite their mobility. This takes up Thrift’s (2004, 2006) principle of perpetual motion. Although some practices move from one location to another, and thus change the production of space in those locations, the mobility of practices also involves the conservation of particular spatial arrangements. This prompts different questions: Why do these practices move around? With what effects? How are useful lived spaces produced in a mobile manner? What do these movements and the joint action associated with them bring about in the world? The following paragraphs show how spaces animate and fold into one another through practices, while also prefiguring those practices in particular ways.

There are two kinds of mobility that I observed in practices that have a bearing on fluid, sociomaterial production of secret and public spaces on the Unit. The first involves movement from one location to another in separate instances of the same kind of activity. For example, a handover with clients may occur in the dining room one day, and in the playroom the next. The second involves movement from one location to another during a single activity episode. For example, an admission interview may begin in a parent bedroom and move to the playroom before it is finished. I will now address these in turn, before discussing a common feature of both, namely production of lived spaces through body geometries (Hopwood 2013, 2015).

Mobility from one instance of a practice to another is a spatial phenomenon that is very closely linked to issues of temporality, particularly rhythm and routine. Handover between staff (usually nurses) happens either in a pair between a nurse and the in-charge, or as a group when the in-charge hands over to the whole team of nurses starting the next shift (see Chap. 9). The group version always happens in the handover room. In these instances the conceived, perceived and lived spaces (Lefebvre 1991) of the handover room align straightforwardly in a single location. The room designated for this purpose (conceived) is the site at which nurses congregate and share information (spatial practices, perceived space), producing it as a space of handover for its inhabitants (lived space).

The paired version normally happens in the handover room, but can happen elsewhere, such as in the paediatrician's office (VMO1 on Figs. 2.1 and 6.7). Nurse-nurse handover becomes mobile because it gets *displaced* from the main handover room, normally because it is being used for another handover at the same time. The relevance of rhythm here is clear (see Chap. 5). This displacement moves the handover into spaces that were conceived otherwise, as in VMO1, conceived and materially furnished as a site for paediatric examinations (with weighing scales, equipment for visual inspection of ears etc.). However spatial practices and importation of relevant material artefacts enable VMO1 to be produced, temporally, as a lived space of handover for the nurses inhabiting it, perhaps only for a few minutes. This is illustrated on two separate occasions in Fig. 6.9a, b).

When handover is displaced *from* the handover room, why is it displaced *to* VMO1? VMO1 is located opposite the nurses' station (see Fig. 6.7). It is still in the space where nurses congregate or pass towards the end of a shift, knowing they have to give handover some time soon. VMO1 can easily be produced as a secret space by closing the door, meeting the practical requirement that the conversation unfold in private, aurally disconnected from the public space of the nurses' station and the corridors. Part of the furniture in VMO1 directly mirrors the relevant set-up in the handover room: a desk with two chairs. An almost identical arrangement

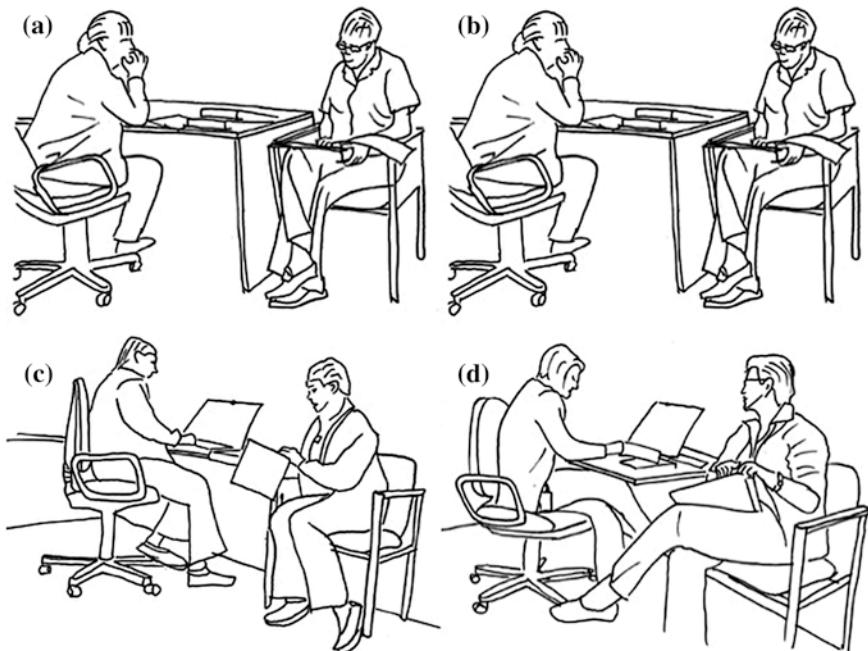


Fig. 6.9 Body geometries of handover: **a** Nurse Ruth hands over to Diana in the paediatrician's office (VMO1); **b** Pippa hands over to Penny in VMO1; **c** the same body-geometric and material formation is evident in handover between Sarah and Bridget in the handover room; **d** the formation is repeated in the handover room between Jayne and Julia

of bodies and things can be seen in Fig. 6.9c, d), where different nurses perform the same practice in the handover room itself. I will later highlight the importance of the body geometries in producing relevant spaces in mobile practices, and will develop the concept further in Chap. 7; details as to how handover occurs and the important knowledge work it does are presented in Chap. 9.

At least once per day (if possible), the handover from one nurse to another is done with a parent present. There is no conceived space designed for this purpose, and the spatial practices of its performance are highly variable. The lived space of handover with clients is fluid, produced wherever and whenever it can be. My notes document such handovers taking place in the dining room, corridors, playroom, client bedrooms, and handover room. The spacing and timing of these are closely connected (Cooren et al. 2005), with these features most strongly governed by the unplanned arising of an opportunity when both nurses and the parent can be in the same space at the same time, when the child is either elsewhere (asleep, in the playroom), or present but such that dual attention to both child and the handover can be given. The bodily geometries and postures are different—perhaps sat on chairs around a dining table, squatting or sitting on the playroom floor (as in Fig. 6.10), sitting on a bed or sofa, or standing.

Chapter 9 discusses the different ways in which handover practices, including those with clients, are choreographed. For now it suffices to note the mobility of handover with clients, and the bodily practices that produce it as a varied or multiple kind of lived spaces, wherein the inhabitants are staff, parents, and sometimes children too. We can now see how the secret spaces of staff-staff handover are not reproduced when handover involves clients. While the latter may take place in ostensibly private spaces of client bedrooms, their mobility around a range of spaces, including public ones of corridors, the dining room, and playroom, indicate how secrecy has different meanings and values attached here. This reflects and shapes the content of handover with clients, which is generally of a nature

Fig. 6.10 Handover in the playroom between nurses Louise and Pippa (*right*) and Terri, who holds her daughter Annabel



where its being overhead by other parents would not be a problem. In Fig. 6.10, Louise's and Pippa's discussion with Terri is focused on Terri's goals and her priorities for the day, but the severing of this discussion from other spaces through physical, visual or aural barriers is not necessary.

The practice of discharge also occurs in a range of locations across the Unit: parent bedrooms, the playroom, and client lounges being the most common. Figure 6.11a, b illustrate the same nurse, Julia, conducting discharge with two different mothers on the same day. One took place in a client lounge, the other in the playroom. The use of the lounge reflected the fact that this is where Julia found Denise at the time when she wanted to see if she was available to have the discharge summary discussion (she was, as her son was asleep). Trying to fit two or maybe even three discharges into her morning shift, Julia later found Kirsty in the playroom. Harry was awake and playing, and so the table in the corner was used—made practically intelligible—in the same way the sofa was in the lounge. At some point, Harry became a bit unsettled, and is held in Kirsty's arms; Julia holds him briefly while Kirsty fills out some written forms.

Just as in handover with clients, discharge practices are significantly shaped by opportunistic spacing and timing (Cooren et al. 2005): being able to catch a parent *there* and *then*. However, unlike the handover, which proceeded as one of several public spaces co-occurring together, discharge summaries tended to maintain forms of privacy and the production of secret spaces. I never observed a discharge process in a space that was *at that moment* being produced as a public space with other activities occurring. The lounges were at these times, private, as was the playroom—note the absence of other bodies in Fig. 6.11b.

A second form of mobility that weaves through spaces of secrecy and publicity occurs when *one activity moves from one physical space to another*. I will illustrate and discuss this with reference to admission interviews and writing up notes,



Fig. 6.11 Discharge: **a** nurse Julia (*right*) sits on the sofa in a client lounge with Denise; **b** Julia (*right*) sits on a table in the playroom with Kirsty, who holds Harry

exploring what prompts the movements, why activities are displaced and why they settle elsewhere, and how particular lived spaces may be preserved or changed in the process.

Admission interviews can take anything from an hour to two hours. Few practices on the Unit have such a long duration. This is key to understanding the spatial mobility of admission and the fluid production of secrecy and publicity associated with it. Admissions always begin in parent bedrooms, with the door to the corridor closed. The conversation is physically, visually and aurally disconnected, the spatial texture is deliberately severed. The initial stages of the admission are often quite hard for parents: they describe the challenges they are facing, and often become teary when asked to name their strengths as parents (many struggle to do so and feel they are failing). The domestic violence screening also always happens behind closed doors in parent bedrooms, and as discussed above, is rendered even more secret through the exit of fathers.

What displaces admission from this convenient, comfortable and private space? Admission might begin when children are asleep in the adjacent nursery, but they rarely sleep in the day long enough to span the entire admission process. So when they wake up, it is common for the admission party, including the child, to migrate to the playroom. Some admissions begin with children awake, perhaps being supervised in the playroom. After a while, parents may feel the strain of separation, or children may become unsettled for the same reason, in which case bringing these bodies back together becomes most important, and the admission moves to the playroom, or a lounge, or the dining room. Normally this happens later on, when goals and strategies are being discussed. These are much less private, indeed goal discussions routinely happen in public throughout the week. Thus the mobility of admission as rhythmic causes: the polyrhythmia of different duration of the admission process compared to that of child sleep, or comfortable separation between parents and children, requires the space of admission to be reconfigured in terms of bodily presences and absences, and its physical location. The lived space of admission for its (changing) inhabitants changes. The space is in motion as children or fathers come in and go out, in tune with the changing focus and requirements of the admission process itself, including the changing need for secrecy. Furthermore, this mobility means that the spaces of the playroom are shot through with those of admission.

The practice of writing up notes is also a highly mobile one, and again this mobility can be understood in terms of practices and lived spaces that weave through different conceived spaces. The writing body may be displaced because the lived space becomes unsuitable for the practices in focus, but this displacement is governed by the fact that writing can never be completely disconnected from the wider spatial texture: connections in action to colleagues and families can be reduced but not severed. Writing notes normally begins at the nurses' station, and sometimes remains there. In such cases, the lived space being produced is conducive to writing. There may be only one, or multiple bodies writing together, as illustrated in Fig. 6.12a, b.

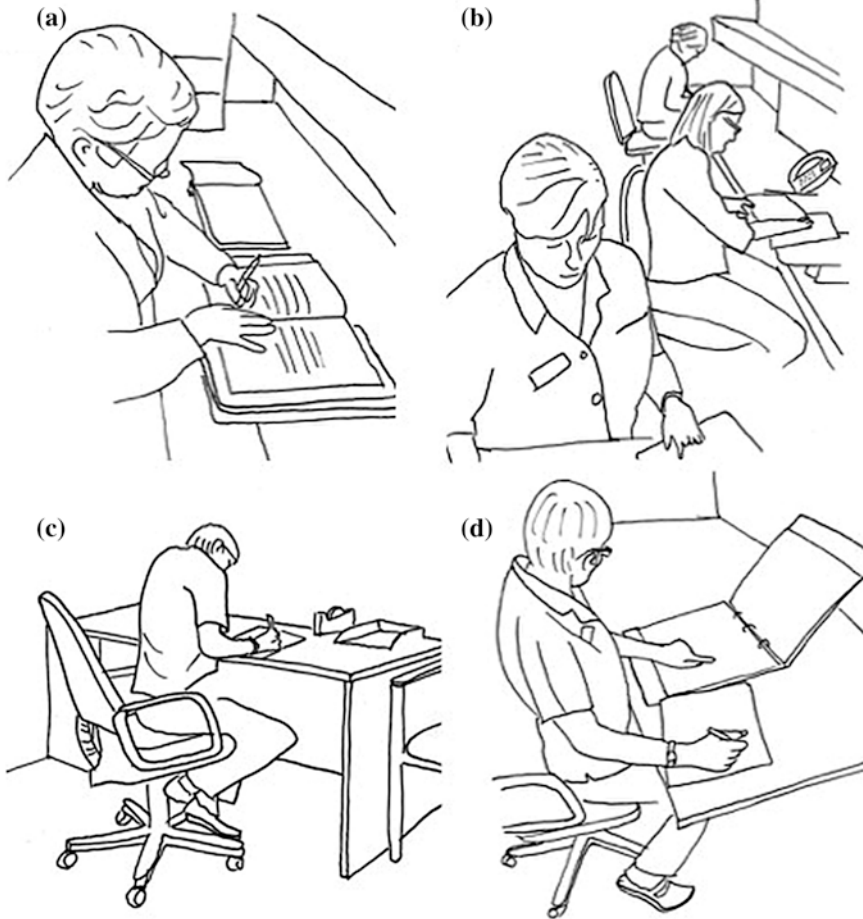


Fig. 6.12 Writing notes: **a** Bridget writes alone at the nurses' station; **b** Sarah, Penny and Jayne write notes at the nurses' station; **c** Ruth 'finds' a quiet space in VMO1 to write up her notes; **d** As in-charge, Ruth completes paperwork alone in the handover room

Writing notes begins at the nurses' station because this is where the notes are stored; it was conceived as a space for writing, with chairs, a desk-like surface behind the counter, and the filing cabinet readily at hand. These material arrangements prefigure writing as something that makes sense to do, and is in some ways easily accomplished at the nurses' station. However, as discussed earlier in this chapter, the nurses' station is a space of frequent passing and pausing by colleagues and families. The constant flow of bodies animates the nursing station, countering its prefiguring as a space of writing. When nurses are trying to write notes, this passing and pausing becomes an interruption: it is impossible to preserve the nurses' station as a bounded space for writing, it is constantly shot through by other spaces. The nurses' station can be too public to get writing done.

So, nurses may move elsewhere. Figure 6.12c shows Ruth sat in VMO1, the paediatrician's office. This is just across the corridor from the nurses' station (see Fig. 6.7). She leaves the door ajar, making herself visible, making needed interruptions possible, but avoiding casual distractions or interruptions that could be dealt with by others. By moving her body, taking her pen and paperwork with her, Ruth produces VMO1 as a lived space of writing, with just the right connections in action (spatial texture), the right balance between secrecy and publicity, to allow her to write relatively undisturbed, without shutting herself off from the demands of colleagues or clients. Much the same is illustrated in Fig. 6.12d where Ruth, this time as in-charge nurse, sits alone in the handover room in order to update some paperwork.

It is worth noting one final kind of movement between secret and public that occurs within ongoing activities. Here, the activity remains in the same physical space, but other changes in particular bodily performances and material arrangements (spatial practices) change the lived space from a public to a secret one. This is most clearly evident at the nurses' station. Two or more nurses may be sitting or standing, talking together about non-confidential matters. Perhaps they are arranging breaks, discussing logistics for a pram walk or handover. Then the subject matter changes through reference to a particular family (one example involved discussion of an incident in which a frustrated mother threw a cup of hot coffee in the kitchen). Bodily postures change, their geometries retract, and hushed tones of voice create, however briefly, a lived space of privacy within this very public space.

Conclusion

A number of important ideas have been introduced in this chapter that are taken forward not only in the exploration of bodies and things as further essential dimensions of practices and their connectedness in action, but in the discussions of professional learning that follow in Part III. By shifting the focus of attention from spaces to times, new and important features of the Unit's practices have become apparent, including the porosity of the Unit's boundaries, the fluid production of spaces such as the playroom, and the multiplicity and constant motion of spaces, folded into and shot through with one another, as is particularly evident at the nurses' station. In diffracting spaces as a focus of gaze we have not frozen time still, but rather pulled many of the ideas discussed in Chap. 5 through the analysis of spaces.

Having first focused on particular spaces—the Residential Unit itself, the playroom, the nurses' station, and family homes—a range of temporal contrasts were drawn, between day and night, weekdays and weekends, and in relation to the routines and temporal organisation that brought us from the previous chapter to questions of spaces. Concepts of temporality as linked to intentions and motivations help to understand how the texture connecting spaces of the Unit and spaces of

family homes is produced, while rhythmic oppositions of secret and public prove highly relevant and fertile as analytical tools. Sleep and settling, cruising the corridors, and group activities produce and require public spaces, while confidential discussions with medical and allied health staff, domestic violence screening, child protection referrals, and case conferences produce and require certain (but never absolute) forms of secrecy. The staff room constitutes a fluid and multiple site in which bodily performances and material arrangements create a kind of backstage, whose connections with the rest of the Unit are in constant flux. Other practices are mobile—whether from one occasion to the next (as with handovers), through geographical movement in an ongoing performance (as in some admissions and in the writing up of notes), or through changing bodily actions and material arrangements that shift the production of space from public to secret.

The practices through which professional knowing emerges and shapes what staff do, discussed in Chap. 9, cannot be fully understood without first understanding the spatial dimensions of connectedness in action, and how different forms of work and professional learning on the Unit hang together in a fluid texture. The practices through which the ends of these partnership practices are accomplished—helping parents learn, sewing seeds of long-term positive change in family homes—cannot be adequately accounted for without first understanding how the corridors, the playroom, the dining room, and nurses' station are produced as spaces of learning.

As with the conclusion to Chap. 5, we find the analysis focused on spaces pressing forward, leaking into the next chapter. The concept of body geometries has been introduced, showing how particular lived spaces can be maintained or adjusted as practices and bodies move. However we have only scratched the surface of this idea, and Chap. 7 extends the entanglement between this idea and my empirical data. This is a fitting way to leave off the discussion of spaces, recalling Thrift's (2004) reference to space as invariably bound to the body.

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Chapter 7

Bodies and Professional Practices

Introduction

We now arrive at the third of four essential dimensions of professional practices and learning: bodies (see Hopwood 2014a, b). This continues the approach in Part II of entangling sociomaterial and practice theoretical concepts with empirical data, while diffracting out bodies as an artificial yet useful analytical point of departure (see Barad 2007). Doing so elucidates aspects of professional practices and learning that are not so visible when times, spaces and things are held more centrally in our gaze. I will show how bodies and body work are constantly wound up in the production, repair, restoration, modification and maintenance of connect-edness in action. This provides a basis for my more specific arguments about the nature of professional learning in Chap. 9. The focus on spaces in Chap. 6 led us to bodies: they inhabit space, construct space, and haunt it (Grosz 1994). Equally, we remain close to the issues discussed in Chap. 5: time emerges with, rather than pre-existing, bodies (Johncock 2014). In this view, bodies participate in the production of time and space, neither of which precede the body. Equally, bodies may be understood as inescapably temporal, spatial and material.

Before diving into the analysis, I briefly revisit the key concepts and assumptions relating to bodies in practice presented in Chap. 3, including Schatzki's (1993, 1996a, b, 2001) particular view. The analysis itself then begins where the discussion of spaces left off, exploring the concept of body geometries. The subsequent section focuses on body work in professional noticing and attuning, with reference to soundscapes and bodyscapes and body work as mindful, knowing in practice (Gherardi 2006). The focus then shifts to explore the face, voice and posture in professional interactions with clients. Schatzkian concepts of practical understandings and practical intelligibility course through these discussions. The final main section addresses bodies' resistance to stable definition, their porous and changing boundaries. The idea of cyborgs (Haraway 1991) is explored, first

with reference to porous bodies and containment, and then through ideas of appendage and extension. This leads us on to the last of the four essential dimensions—things—the focus of Chap. 8.

Conventional accounts of professional practice and the learning associated with it, have typically been drawn to the cognitive realm. Bodies have been described as an ‘absent presence’, in professional practices that are conceived as mindful but bodyless (see Chap. 3; Ellingson 2006; Jackson 1983). Several authors have sought to redress this problem by providing embodied accounts of professional practices (Acker 1990; Billett 2009; Ellingson 2015; Markauskaite and Goodyear 2014; Monaghan 2002a, b, 2003; Mulcahy 2012a, b, c, 2015; Park Lala and Kinsella 2011; Pastore and Pentassuglia 2015; Shapin 2010; Shotter 2011; Todres 2007, 2008). Others have highlighted the embodied nature of learning and education (Beckett and Moris 2001; Cheville 2005; Evans et al. 2009; Fenwick 2003; Hodkinson 2005; Mulcahy 2000; O’Loughlin 1998; Peseta 2001)—something that has been a hallmark of Hooks’ (e.g. 2004) feminist work. Green and Hopwood’s (2015b) volume presents a wide range of approaches to doing so, across diverse professional contexts. This chapter extends such disruptive writing. Every mention of bodies, faces, arms, posture, gesture, gaze, senses, sensible knowing, and prosthetics incorporated into ‘cyborg’ beings constitutes a deliberate attempt to give an account of professional practice grounded in bodily senses, sensations and performances, and the materiality of bodies.

Within a practice theoretical, sociomaterial framework, our attention is always focused on doing, on performance. The body in practice is always a matter of practicing the body (Green and Hopwood 2015a; Schatzki 1996a). When we abandon an entity-based view of the body and focus instead on how it is enacted, then the body becomes bodies, multiple (see Mol 2002). Mol and Law (2004) suggest that we *do* our bodies, and this chapter is certainly occupied with bodies as they are *done* in the course of professional practices.

I draw on two triadic understandings of the body in practice. Schatzki (1996b) distinguishes between notions of being a body (the body that we are, that aligns with our sense of self and being), having a body (the body that we become aware of in moments of breakdown), and the instrumental body (the use of our body to achieve things). Green and Hopwood (2015a) refer to the body as background and resource for practice—which have parallels with Schatzki’s being a body and instrumental body respectively (although with subtle differences, see Chap. 3). They also refer to the body as metaphor, pointing to the lingering effects of Cartesian mind/body dualism, the prominence (some would say dominance) of rationalism and the gendered effects that flow from it. In a strong sense, the whole of this chapter is occupied with taking up the metaphorical idea in that bodies are not presented as something ‘other’ than mind; but rather something (and definitely a kind of thing, a material, doing, presence) that is deeply implicated in all forms of knowing.

Gherardi’s (2006) concept of knowing in practice suggests that knowledge is mediated by corporeality in two senses. First, the body is a source of aesthetic knowledge, and knowing how to know through the body is woven up with being

and practicing as part of a professional group or culture. Knowing is understood as something done rather than held, verb rather than noun. Such a stance fits neatly with the metaphorical challenge to the separation of body and mind, instead constituting bodies as sites, mediators and performers of knowing. As I explained in Chap. 3, Schatzki's (1996a, 2002) notion of practical understanding similarly dismantles a binary opposition between body and mind: practical understandings are learned, repertoires of bodily know-how, ways of knowing how to perform actions that make up particular practices. Grosz's (1994) metaphor of the Möbius is helpful here as a way of working around the confines of Cartesianism, by focusing on knowing as a bodily performance. At no point do we need to stop and say 'here is mind', 'there is body'; but as we trace doings in practice, both bodies and knowing are ever-present (see Chap. 3). Others are confronting the challenge of post-Cartesian accounts of practice and knowing in similar ways (Dall'alba and Barnacle 2005; Horsfall et al. 2001; Lock 1993).

Barad (2003) suggests Foucault fails to give the body's materiality an active (enough) role in its historicity, such that 'passive matter' haunts his account. I follow Barad and others in not wanting to 'cheat matter out of the fullness of its capacity', and indeed I have been pursuing this goal throughout all the chapters so far presented in Part II. Times and spaces were described in highly material, enacted forms. Chapter 8 focuses explicitly on things, while my discussion of bodies here is thoroughly material and performative. In being unashamed of the physicality of the body I am far from alone (see Green and Hopwood 2015b; Maclure 2010; Mulcahy 2012a, b; Thrift 2004, 2007).

Black (2013) questions neat definitions of where bodies end and artefacts begin. This points to an important issue when considering the body in professional practice. Schatzki (1996b, 2005) refers to appendages, extensions, and tools that people use and which become incorporated—what many refer to as cyborgs (after Haraway 1991). These include spectacles, hearing aids, artificial limbs, pens and pencils, sports equipment, clothes, and so on. An important idea is that such objects may become, in practice, extensions of the body, incorporated into the body schema (Grosz 1994; Weiss 1999a, b). In the words of Ingold (2004), tools 'attach' to bodies, while in Thrift's (2004) account, prostheses offer 'cognitive assistance', breaking down not only mind/body dualisms, but the containment of both of these, and their separation from, things that are often taken to lie outside, be other to, the body. Wood's (1998) ANT-inspired account develops the idea of 'cyborg consciousness' to challenge dualisms such as self/other, mind/body, and so on. While these authors reflect diverse (and not necessarily wholly compatible) theoretical positions, we can see a clear common position regarding the slipperiness of the idea of the body.

To summarise I treat as enacted, material, resisting stable definition and boundaries, always there but both backgrounded and explicit, inextricably bound with what and how we know, and metaphorically indistinct from mind. With this position established, but not yet fully entangled with empirical material, I re-turn to the idea of body geometries, introduced in Chap. 6, and from there develop a number of new themes.

Body Geometries

In Chap. 6 we saw how there are clear patterns in the arrangements of bodies in the Residential Unit. These body geometries (Hopwood 2013, 2015) produce spaces, shaped by practices while simultaneously furthering their ends (see also Andresen and Fredericks 2001). Figure 6.9 shows the arrangements of bodies in nurse-nurse handover that were reproduced over and over again, with little variation, even when the room in which it took place changed. These were contrasted with the highly fluid and variable geometries of handover with clients (Fig. 6.10), which are more like the geometries of discharge in their diversity (Fig. 6.11). Geometries were associated with shifting between public and private spaces at the nurses' station: the retraction of inter-corporeal distance, along with hushed tones, creating a lived space of intimacy in what otherwise remains a public venue. This section furthers this discussion, identifying additional body geometric patterns, beginning with a strongly patterned three-body configuration, and then examining the geometries of settling.

One such pattern comprises three bodies: a parent, child and professional. Their arrangement is such that two spaces and textures are produced. Close proximity between the parent and child creates an intimate dyadic space, in which a child can be physically assisted by her parent whether helping to hold a paintbrush, spoon-feeding etc.). The parent and child share the more intimate space, where they can hear, touch, smell, see and sense each other at close quarters. The third body, that of the professional, is more distant, producing a larger, triadic space. The practices involved in this production are generally ones of attuning (observing, listening), commentary on child and parent actions, and verbal interaction with the parent. Distance precludes touch; and touch is not generally needed, hence the distance.

This geometric arrangement is, produced and reproduced in a wide range of circumstances. It occurs in the dining room, where a parent and child are sat next to each other adjacent to a table. The nurse may be sat at the same table (Fig. 7.1),

Fig. 7.1 Body geometries in the dining room

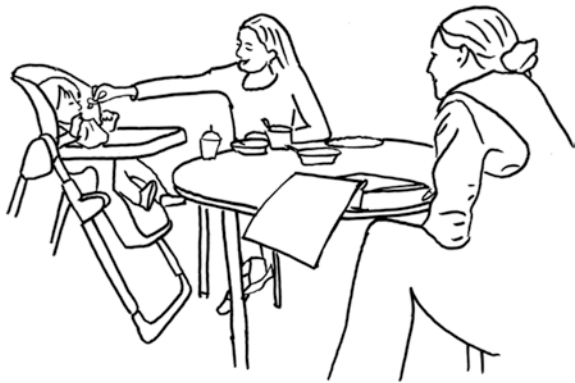


Fig. 7.2 Body geometries in the play room



or perhaps stood a few metres away. Similar bodily connections in action are reproduced in different moments and spaces, modified according to particular circumstances.

The standard arrangement also forms repeatedly in the playroom, as illustrated in Fig. 7.2. Thi, a playroom coordinator, squats slightly away from Kelly,¹ who is painting with her daughter, Gemma. The same geometries took a modified form when nurse Sarah supported Kalisa while Aimee threw a tantrum in the outdoor play area (see Fig. 7.6). Here the three bodies are in a line along a bench, rather than arranged around a painting easel, but the fundamental pattern remains the same. These examples—illustrating consistency overlaying more subtle variation in different settings—show how body geometries are not separated from the materialities. Objects such as tables, chairs and benches, play a key role in inviting particular geometric arrangements; they are an active force in their production.

The pattern recurs in nurseries, as nurses are on hand to support parents in settling their children, in the lounges, and off site during the pram walk. Bodies are central to the production of a consistent set of meta-spaces: the detailed content and focus vary (eating, playing, readying for sleep), but the dual dyadic-triadic logic is common to all.

Interestingly, some practices handovers and daily goal setting with clients produce a similar geometry. Perhaps a mother has her child on her lap while talking to a nurse seated nearby (e.g. Fig. 6.10). While there are dual spaces of parent-child intimacy and the triad into which the professional is folded, these do not function in the ways described above. Here, the nurse is not present to join in and support ongoing activity between parents and children, but rather to engage in discussion with the parent for purposes of review and planning. Similar geometries are produced during short, informal conversations that happen as staff encounter parents moving around the Unit with their children. The same embodied texture serves the immediate ends of a range of practices, it forms a way in which they hang together and connect in action.

¹Throughout this book, aliases are used in reference to staff and clients.

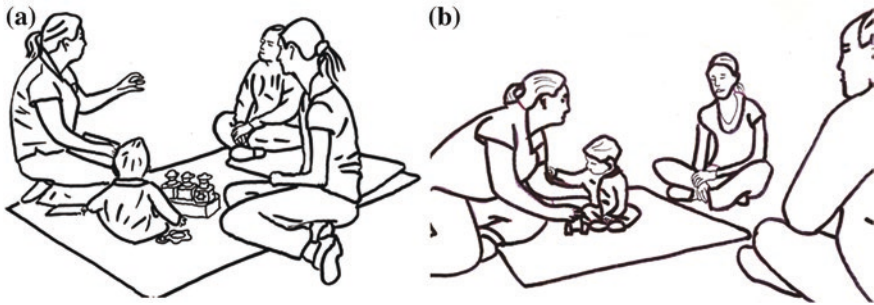


Fig. 7.3 Restoring body geometries: **a** in the outdoor play area; **b** moments later indoors

Body geometries are fundamental in the temporary severance and restoration of textures. This is apparent when a practice is interrupted or moves spatially, and then resumes later and/or elsewhere. Preservation of spatial practices in conditions of flux was discussed in Chap. 6. Here the role of bodies is emphasised, taking example of a discussion between a nurse and two parents, with a young child present, that moved from the outdoor play area into the playroom, as illustrated in Fig. 7.3.

The three adults had established a triangular formation while sat outside, planning the approach to settling that they will take later that evening. Poppy's current play is not central to the discussion, but does not intrude on it. Annabel and John remain with their daughter, who herself can see and hear her parents close by. While primarily focused on her discussion with the parents, Hayley can also use this time as an opportunity to observe Poppy, get to know her, and become known to her—all of which will be of use later in the evening when it comes to bedtime. The move indoors is prompted by John, who asks 'Can we go inside, it's getting cold and windy?'. Hayley checks through the window and confirms there are no parents in the indoor playroom at the moment, and checks they are happy to carry on the discussion there. They move and reproduce the geometric arrangement in almost identical form. Stability of geometric form is also evident in practices of settling infants, although the bodily configurations there are different.

One of the most recurrent geometries is produced during settling approaches that involve parents stepping into the corridors, to listen through the door to their child in the nursery. Whenever I observed parents exiting the nursery accompanied by a nurse, or alone, rejoining a nurse who had waited outside, the resulting arrangement was nearly always one in which the adults stood either side of the door, as illustrated in Fig. 7.4.

This geometry is no accident: it is prefigured. It makes sense given the ends of settling practices, and is shaped by professionals' practical and general understandings, as well as their approach to working in supportive partnership (a tele-affective structure, see Chap. 2). Both adults need to remain as close to the

Fig. 7.4 Body geometries of settling



nursery door as possible, so they can hear cries—hence hugging the wall closest to the door. A face-to-face arrangement allows for quiet conversation (whispering and mouthing included, which would not be possible without direct lines of sight between parent and nurse). It also enables mutual gaze—the nurse can monitor for signs of anxiety in the parent, while the parent can see the relaxed, statuesque postures of the nurse (see below), with all calming and legitimising effects these have. This connectedness between bodies in action is reproduced or maintained, despite variation in the families and nursing performing settling work. It is modified at times by the presence of other bodies (other parents), or tweaked slightly by the presence of chairs, which invite particular geometries according to their location.

Body geometries come up in much of what follows—listening out for cries from the nurses’ station has body geometric dimensions, as does the postural synching work performed by staff in the playroom with parents and children. And so as I move on in the next section to explore practices of attuning, this is not a move away from geometries, but an enrichment of a connected argument that exposes the embodied nature of practices.

Professional Practice as Attuning to Others

The focus here on attuning as a key feature of professional practices and knowing in practice builds a crucial foundation for the arguments about professional learning that are presented in Part III. Professionals on the Unit are constantly attuning to the families they are working to support. I refer to *attuning* to emphasise it as an accomplishment, a set of practices that are enacted, performed. *Attunement* can be understood as an effect of this attuning. As a form of connection between professionals and families that is constituted in action, attunement can be understood as a texture (Gherardi 2006).

By ‘attuning’ I refer to relational and knowing processes of noticing, attending to, interpreting, meaning-making, and responding. My elaboration of the concept (below) aligns in many ways with Shotter’s (2011) sense of embodied relating or orienting toward our surroundings that emerges through unfolding dynamics of our engaged bodily movements within those surroundings, while patterns of our experience become embodied in our emerging understandings and actions. Markauskaite and Goodyear’s (2014) writing has been influential, too. They argue that professional expertise is highly dependent on conceptual perception and sensory intelligence. This frames expertise not as something that is possessed, but something that is done. It also points to the simultaneous and entangled embodied and mindful dimensions—conceiving and perceiving, sensing and making sense. I read their work as invoking a sense of embodied mind or knowing body that resonates with Grosz’s (1994) Möbius metaphor. Following Markauskaite and Goodyear, I explore attuning as a performed and knowledgeable accomplishment, and I take up the cues they offer in delving into the ‘professional vision’ that such perception may create. Here, the Residential Unit becomes a fluid, epistemic environment of bodyscapes and soundscapes, all of which are not merely out there and sensed by the professional, but which are produced as meaningful, and which shape action, through knowledgeable and knowing practices of attuning.

Attuning is not simply a question of ‘reading’ or ‘picking up’ on features that are out there to be read or picked up. Attuning immediately connects sounds, visions, touch and so on with forms of professional expertise to create rich knowing in practice in which aesthetic judgements play a key role in imbuing meaning and guiding further action. Sounds become soundscapes through fusions of noticing, attending, and making meaning; bodies become bodyscapes as what they make available visually is noticed, attended to, interpreted, and so on. Attuning is an expression of practical understandings, and is accomplished through them. Through these enacted understandings the bodies and actions of others are made practically intelligible (see Chap. 3). Attuning traverses both the bodily and mindful dimensions of Grosz’s Möbius.

Attuning is relational in the sense that it is not a process that flows in one direction from some kind of environment to a professional who is learning about it. It implies some kind of response, for what is noticed to be acted upon. In this way attuning shapes the phenomena that are being attuned to, through iterative relationships between attuning and action (attuning itself being constituted in actions).

Attuning is also relational in the sense that it is not an individual accomplishment. As the examples show, it is instead distributed, an effect of multiple relationships between people, and other features of the material world. This is not to deny that noticing and sense-making are not performed through actions of particular bodies—of course they are—but it is to say that the effect that I describe as professional learning cannot be understood if our analysis remains locked into an individual human subject. Rather attuning is more akin to a kind of collective sensibility, discussed further in Chap. 9.

Staff on the Residential Unit give a great deal of their attention, bodily, to babies, infants and toddlers (which I refer to collectively as children). They listen out for cries, sounds of play, tantrums, and breastfeeding. They use touch to detect wind, they watch and look out for signs of hunger, frustration and fatigue, and attend to smells, most obviously by sniffing the top of a child's nappy to see if a change is needed. They also attune to parents—listening closely to what they say and how they say it, but also watching for bodily signs of fatigue, frustration, anxiety, mood disorders, and so on. All bodies are constantly scrutinized for signs of physical ill health.

These practices are not isolated from other practices including those of working with parents and colleagues, nor are aural, tactile, visual and olfactory senses separate from each other. However holding each as a primary focus of our gaze is useful in conveying aspects of the bodily and embodied nature of professional practices on the Unit that are not so evident elsewhere, or which have particular inflections and nuances when oriented towards children. With this in mind, the focus of the next section is on the aural domain and listening.

Attuning to Sounds, Producing Soundscapes

How do we know when someone is a good listener? A large part of this answer lies in what their body tells us. A good listener keeps quiet so that we can talk. They are attentive and watch us for our body's signals and respond appropriately. They might laugh, smile, or grimace. They might incline their head to hear us better. In focusing their complete attention on us, not another task or person, they might lean forward, or sit closer. When we listen well our mouth, eyes, ears, hands and posture all work together to produce a 'picture' of listening which gives the impression that the person being listened to is heard. We are also generally not aware of what our bodies are doing to show we are 'good' listeners. The act of listening well is embodied. (Dixon 2011, p. 1)

Below I present two excerpts taken directly from my field notes that illustrate how the kind of body work described by Dixon bodily work arises and how I became aware of it through entanglements in the field and practices as an ethnographer (see Chap. 4). Both describe instances that were repeated in similar forms multiple times during my observations, often several times within a single visit.

Wednesday, 2.05 pm. Nurses Jayne, Julia and Mary are sat at the nurses' station, writing up progress notes. A cry is heard down one of the corridors. Jayne stands up and asks

“Who is that?”. Julia replies “I think it’s Jayden from [room] 11”. Jayne leaves the nurses’ station, walks up the corridor, and comes back shortly afterwards. She tells Julia and Mary “Yes it was. His mum’s giving him a cuddle, so I left her to it, try and build her confidence a bit. Her toddler’s just woken up too”. She returns to her note writing.

This example shows how listening out for and attuning to cries can be understood as an almost constant part of professional practice on the Unit. Here the primary focus of attention is on something else—writing. While nurses write and there is quiet, the connectedness in action with families through sounds of children’s cries is temporarily broken. However this always remains a texture *in potential* through continual alertness and attuning. Here, ideas of ‘being a body’ (Schatzki 1996b) or ‘body as background’ (Green and Hopwood 2015a) help us understand what is going for Jayne, Julia and Mary. Although they are sat writing, their bodies ‘do’ the listening out for them, and cries register with them without them having to try.

When Jayne asks “Who is that?” this is indicative of an expectation among these professionals that cries heard from the nurses’ station can be associated with particular children’s bodies. In this case Julia lives up to the expectation and (correctly) suggests it is Jayden. This is not just an aural texture, but a knowing one too, full of practical understandings and aesthetic expertise. This shows how attuned these nurses’ hearing is, making use of familiarity with the interaction between sounds and the physical layout of the Unit. Sounds reverberate through the corridors and off the walls around the nurses’ station such that professionals imbue cries with locational significance. Their emerging knowledge of children and the qualities of their cries also means that these sounds are made practically intelligible not just in terms of their location but also through association with particular (children’s) bodies. On one Thursday-Friday night shift my notes describe this becoming a game in which the nurses tested me. At 5.22 a.m. a cry is heard from the North corridor. Nurse Penny stands up and says “Which do you guess, Rachel?”. Rachel responds, “12”, meaning the child in room 12. I guess room 13. Penny walks up the corridor and comes back: “It’s 13. Did they say he was teething?”. At this point she picks up the chart for room 13, adds to it (see Fig. 5.1 for an illustration), and then checks the notes for reference to teething. Such connectedness in action is produced quickly, but is modified through the week: each nurse’s attuning becomes sharper, and more precise, but the cries themselves often change too, as children learn to settle in new ways.

Thus the act of writing at the nurses’ station while listening out for and making practical sense of children’s cries, is a complex bodily performance reflecting multiple forms of expertise that emerge through learning in practice. Both the infusion of sounds with locational meaning, and their attribution to particular child bodies demonstrate the aesthetic forms of knowing in practice (see Strati 2003, 2005, 2007, 2008; Gherardi 2009) that are event in this moment. While the bodily capacity to hear the cries is crucial, Strati and Gherardi’s concepts enable us to fold these in with questions of meaning and interpretation, and thus knowing. Such an account seems aptly fitted to Grosz’ (1994) notion of Möbius relationships between mind and body, in which neither can be separated and the border

between the two is impossible to define: attuning, listening, interpreting, and responding entangled together.

Through such embodied performances of sensing and sense-making, cries are transformed into a soundscape that shapes action. In this soundscape, a crying baby, corridors, walls, professional bodies and aesthetic judgements assemble, enabling nurses to connect sounds to other bodies. These connections shape how the nurses then respond. In the next example this soundscape is addressed and more intimate, aesthetic features of the professional bodily performance of listening are highlighted more clearly.

Thursday, 8.30 am. Nurse Bridget walks up to stand outside the nursery door for room 13. There are sounds of gentle cries and it is dark inside. She takes down the chart, which is hanging by the door, writes on it, and puts it back. She stands with her feet close together, hands clasped in front of her. She lifts the flap covering the small window in the door to peer in occasionally, using her left hand to shield her vision from the bright corridor lights outside. She either gazes at a gentle angle down towards the floor, or along the corridor into the distance, towards the nurses' station. She is almost statuesque, moving only slightly and occasionally, shifting weight from one leg to another. As it is Thursday, parents are taking a lead in settling their children, and this is the case with Olivia, and her 7 month old daughter Catalina, who are in room 13 this week. Bridget goes to the nurses' station and uses the phone to call Olivia. "We are out in the corridor, listening to Catalina. She's just talking, winding down a bit. Listen, and if she starts to cry like she did last night, go in when you're ready. We are here in the corridor so you can come out if you want to. I'll support you. If all goes quiet, don't do anything". Bridget walks back slowly and making almost no sound with her footsteps, picks up chart 13 and uses her own pen to fill it in. She writes 'talking' and marks a flat line indicating quiet.

Here we can see further aesthetic aspects of the nurses' attuning. While the first example related to determining the location of a cry and identifying the child making the sound, here both these are already known and the focus of attention is different. When Bridget tells Olivia that Catalina is 'talking' and 'winding down' she is relating aspects of the cry she has noticed (tone, volume, intensity, pitch, rhythm) and imbued with particular meaning (see Hopwood 2014c).

In referring to how Catalina cried the night before, Bridget is contrasting what she has noticed now with what she noticed last night: there are features of yesterday's cries that are not (yet) manifest. The actions remain connected to the sounds of last night, now emerging into modified forms. Bridget's guidance—that Olivia should go in when such cries occur—indicate that these will have been interpreted as indicating that Catalina is becoming distressed and thus needs bodily reassurance and comfort from a parent. Importantly, Bridget also mentions 'quiet' to Olivia, illustrating how her (and her colleagues) bodies are just as attuned to silence and quiet murmurs or breathing, as they are to vocal cries. Such attuning to cries (and quiet) form pervasive references throughout my field notes, and are discussed further in Chap. 10 in relation to the concept of nanopedagogies.

That professionals in such contexts often have an 'ear' for cries, distinguishing them and imbuing them with meaning, is reasonably well documented (see Green et al. 2011 for an example relating to kinds of cries during toddler tantrums). However conceiving this in terms of expertise or practical understanding,

Fig. 7.5 Bridget stands and listens to Catalina as she settles



as an emergent form of knowing in practice gives us a different view. In framing this as a bodily performance inextricably intertwined with knowing in practice, I avoid casting it in Cartesian terms in which a body listens and hears, and a mind adds meaning, and throws off the shadow that cognitive-rationalist accounts of practice place over such aesthetic aspects. The listening and the interpretation are both bodily and forms of knowing.

The excerpt above describes Bridget's posture, her stillness, her gaze, her silent walking, and Fig. 7.5 illustrates aspects of this. The performance of listening is accomplished with her whole body. By standing in this way, holding her posture, occasionally adjusting her weight through slight and gentle shifts, and adjusting between unfocused gazes, she readies her body and allows herself to focus on the sounds. Her walk both avoids waking other sleeping children as she passes, but also translates this posture into a mobile form—she is already preparing for and using her body in acutely sensitive listening as she approaches the nursery door.

As is always the case, the analytic focus on bodies does not hold easily; spaces, times and things intrude everywhere. In particular it is worth noting how Bridget's bodily performance of noticing is at least partially translated into a material form through the writing on the chart. What she writes is meaningful and shapes what happens in the future because of shared understandings of how to attend to cries, and name them in association with children's communicative meaning or mood, as well as shared understandings of the vocabularies and non-verbal symbols used to convey these (see Hopwood 2014a, c).

One final example comes from my 36th visit, during which I sat in on a handover between Julia and Jayne. Julia had been supporting a mother who had been experiencing problems with breastfeeding and said this was a goal for her to work on during the week. In handover Julia reports "I heard a few let downs on her right breast, really loud". Julia's practical understandings assemble with the materialities and sounds of breastfeeding to produce a soundscape that enables her to notice and know what is happening even when she can't see it. The sounds of latching and let downs are familiar and detectable—they are practically intelligible. More than that her comment 'really loud' shows an aesthetic discernment in her noticing: she does not only notice let downs or not, but can differentiate sounds made when they occur in different ways. Her colleague's response "He's such a cute little thing though!" testifies to the everyday and taken-for-granted nature of such noticing, despite the nuanced performances involved. Jayne adds notes describing the let downs to her personal clients in residence sheet (see below and Chap. 8 for further discussion of these).

Attuning to Bodies, Producing Bodyscapes

Attuning is not only an aural practice, but also a visual one. In the previous section I showed how professional practices of attuning produce rich soundscapes through which bodily textures are produced, modified and restored. Now I highlight visual aspects of practical understanding, and intelligibility, how staff attune through attending, making meaning and responding to visual cues. I focus on how professionals notice things in other (human) bodies—those of parents and children. I use the term 'bodyscapes' to refer to what comes into being through these practices. As mentioned at the outset of this section, bodyscapes (and soundscapes) are not inert features to be read, but sensory-aesthetic, sociomaterial accomplishments that cannot be separated from emerging ways of knowing.

One striking feature of the visual bodyscapes produced through the bodily practices of nurses and their colleagues is the attention given to indications of tiredness or hunger in children. Certain bodily gestures and expressions are made practically intelligible as meaning 'I'm tired', or 'I'm hungry', prefiguring what happens next. In Chap. 5, focused on times, I showed how signs of boredom shape the temporalities of the playroom. I also discussed the rhythmic features of bodies as

metronomes, including sleeping, waking, tantrums, hunger and fatigue. Indeed one of the key ideas that staff help parents' learn is that clock-based temporal markers are often less helpful than those that produce temporalities based on children's state or mood. Countless times my notes describe an interaction that is a close variant on the example below, when a parent wonders how long to keep playing with her son before his morning nap:

Mother: Should I put him down at 10am then?

Nurse: Let's try to go by his signs instead. Watch how he's doing. Go for the time you normally would, but then check for tired signs. If he seems bored rather than tired, maybe take him outside or read books or something until he seems tired. He may settle more easily if you wait that little bit longer until he's telling you he's ready for his nap.

Here the nurse is breaking a texture between the mother, the child and the clock, and working with her to create one based on a different kind of attunement to the child. The pedagogical aspect of such interactions will be explored in detail in Chap. 10. For now, the point is that any kind of temporality that responds to children's fatigue (or hunger, or other condition), requires attuning: forms of attention that register relevant aspects of the child's bodily display, and making sense of these as 'tired signs' or 'hungry signs' etc. As we saw earlier, when Julia remarked on William's "tired cry", signs of fatigue or not only or always visual, but the bodyscapes practised into being by professionals' bodily sensitivity and sensibility make much of the visible cues and clues. Some examples will help us to unpack what may be looked at, looked for, and interpreted by professionals as visual signs of tiredness.

On a Tuesday morning, Bridget is with Olivia who is trying to settle Catalina for her morning nap. They come out of the nursery and stand either side of the door in a familiar geometric arrangement. Bridget briefly writes on the behaviour chart, and then looks at Olivia: "She is tired, because I could see her eyes are closed and she is sucking her thumb".

While eye-closing and thumb-sucking may be signs of readiness for sleep in an infant laying in a cot, different cues are attended to in other situations and for differently aged children (the latter being another way in which age-based times of children are produced, see Chap. 5). In the playroom, the coordinators and nurses notice and comment on toddlers rubbing their eyes with their hands, becoming frustrated with toys, displaying reduced attention span, and so on.

As aspects of the soundscape form a constant kind of setting produced through a kind of body as background (see Green and Hopwood 2015a), so there are features of the visual bodyscape that may be similarly described. Some of this 'backgrounded visual attuning' is oriented to signs of being physically unwell. As discussed in more detail in Chap. 8, the Unit is a well person facility, and given how easily infection can spread, this means that infected bodies must be policed out, whether staff, parents or children. In many handovers I heard nurses describing how they had noticed a slightly runny nose, or bits of dried mucus on a child's face. Often these comments suggested a fine degree of attention, looking for particular qualities of mucus (colour, texture). Subsequent actions sharpen the

practices of attuning, producing new, emergent knowing in practice, which in turn shapes future actions. The texture may be strengthened, replaced, or modified.

Of course not all of professionals' attuning is focused on children: bodyscapes are also full of the adult bodies of clients. As can be traced through handover conversations, or in progress notes relating to parents, the bodyscape of parents is produced through forms of attention that focus on ways of presenting to staff, and on ways they interact with their children. Parents' bodily gestures and movements become practically intelligible through shared practical understandings. In a Wednesday lunchtime case conference meeting, for example, the in-charge nurse described a mother thus:

It's hard to tell if it's her or the father who really wants to be here. She has a history of depression, a lack of confidence, and says she has okay support through her church and mothers' group. She cried and sobbed on Monday. She has always been very flat, hard to get a reaction out of, even when it was pointed out that the baby slept all night, dad was beaming, but we got nothing from her.

The psychologist then described this mother as "melancholic in presentation". Here we can see again how noticing is at once both an act of seeing or registering within a field of visual attention, and an act of knowing, tied to professional vocabulary (flat, melancholic), aesthetic judgements (*very flat*) and other forms of understanding (such as the mother's history of depression). Interestingly here, the nurse relays how in this case, the practices of noticing (and reporting by colleagues who noticed flatness during their shifts) were not sufficient to 'seal up' the knowing required here. In this and other instances, the case conference is used, as is handover, to discuss how to proceed when there is a difference between what parents say and the way they present. In a number handover discussions I heard nurses discussing what to do when a parent says she or he is okay with a settling approach that involves quite a lot of noise and crying, but their bodily presentation displays strong anxiety when this is tried. This does not mean they automatically doubt what parents say, but it is to say that the bodily practices of visual noticing are crucial in helping more complex and responsive forms of knowing in practice to emerge. The emergence of professional knowing over the course of each week through handover practices is discussed more in Chap. 9, in terms of professional learning.

This discussion does not exhaust the kinds of bodily performances associated with attuning, nor the content of what is noticed and the sense-making associated with this. In the previous section I described how some of the practices of attuning that produce meaningful soundscapes were constituted in whole-of-body performances that involved not just listening, but posture, gaze, controlled movement and so on; others were less consuming and deliberative, as when cries were heard while writing notes at the nurses' station. The practices of visual noticing spanned both forms. Often they were almost invisible as performances in themselves, and only became apparent to me when what had been noticed was later shared with colleagues in handovers, casual talk, or in written progress notes. Such attuning is so intimately folded into the repertoire of bodily performances (practical

understandings) that it melts into the nurses' and playroom coordinators' *being* (Schatzki 1996b), or happens in the background (Green and Hopwood 2015a).

In other cases the watching is more deliberate and observable. It is also often signalled in advance by staff to parents, who may say something like "You go ahead and feed him as you normally would, and I'll stand back and we'll see what happens". In such moments, my notes describe similar whole-of-body performances, where posture, the way the head is held, control of movements (which are often minimal) are all part of the bodily performance of watching something closely.

Attuning Through Assemblages of Senses

Having focused explicitly on auditory and visual practices of attuning, I come now to consider bodily performances in which attention, sense-making, aesthetic judgements and other forms of knowing draw on multiple sensory cues together. Of course, attuning is often accomplished through more than one sense: even listening when it is too dark to see was described above in terms of a performance of the whole body in which gaze, balance, poise, and posture play a part; shifting weight from one foot to another builds on tactile senses within the body. But the notion of multiplicity in the sensory basis of professional attuning practices warrants further discussion and empirical illustration. To these ends I turn to two particular examples, both of which involve attuning to material features *inside* the bodies of children: trapped wind, and reflux. They could thus be understood, in the terms outlined in Chap. 5, as rhythmic practices in that they make the secret public—transforming what is internal or hidden into what is shared and open (see Hopwood 2014c).

One of the many meanings potentially attributable to a child's cry concerns the expression of digestive discomfort. But, not all digestive discomfort is expressed in the form of cries, and not all such cries are alike. Trapped wind can cause mild or moderate pain, and can be relieved through a burp, massage. Reflux involves acid moving up from the stomach into the oesophagus and can be very painful, but hard to diagnose. The normal response to diagnosed or suspected reflux on the Unit is to use a thickener that helps to keep food down in the stomach.

Perhaps given the 'secretive' nature of wind and reflux, the bodily performances involved in noticing them are complex and take multiple forms, making use of whatever avenues of access might be available, and taking into account the fact that children respond to these conditions differently. In one instance my notes describe a nurse suggesting to a mother that when her son stops sucking his dummy, this may be because of wind. A 'secret' condition in the child is tentatively posited, and through temporary bodily textures of touch, sight, and sound

between the professional and the child, entangled with other forms of connectedness in action established in previous interactions, this knowing in practice can be confirmed, rejected, or remain unclear.

Close observation of the child's dummy-related behaviour is calibrated with other things, including recent milk or food intake. Nurses and the playroom coordinators also detect wind with their hands. This often involves holding a baby or infant with one arm in a particular way so that the other hand is able to rest on the child's stomach; or it may involve leaning over to place a hand on a child lying in a cot. In talk between staff, and between staff and parents, the idea of children getting 'squirmy' was among the additional features noticed in relation to wind, referring to tightened facial expression, gentle thrashing, arching of the back or straining of the neck.

Touch and a range of other senses are involved in picking up signs of reflux, some of which are illustrated in the excerpt below, from a Wednesday morning.

Julia comes down to the corridor towards the nurses' station, carrying a 6 week old baby. I'm struck by how at ease she is walking while holding something (somebody!) so fragile and precious. She is relaxed, and talks to the baby in her arms. She comments to me: "Can you hear that snuffy noise? That's the reflux". She goes behind the nurses' station and sits down, still cradling him. She strains her neck back and tilts her head so she can see his face. "Oh, he's gone a bit blue round the mouth. He's got wind. When you see a white frill around the mouth just coming out". She pats him on the back and rubs his back. "I can feel it". She lays the child down and wiggles him a bit to help the trapped wind escape.

Julia enacts her practical understandings to release the trapped gas, through mobile geometries of adult-child bodies in holding-held relations. The snuffy noise and white frill around the mouth are made practically intelligible as signs of reflux, making public what was secret. In other cases, it is often the degree and periodicity of discomfort expressed through cries and squirming, and the confirmation of lack of wind via touch that suggest reflux. These examples illustrate but do not exhaustively cover the many practices of noticing that draw multiple senses and forms of knowing together.

By describing professional practice as attuning to others, I have highlighted the aesthetic, knowing and expert nature of many routine performances of everyday practice, including listening and looking. These are not merely sensory actions, or even finely tuned sensibilities. They are intimately tied up with knowing: knowing what to listen to and look for, the bodily know-how (practical understandings) underpinning each nuanced performance, and the connections with emergent and stable forms of expertise through which sounds and bodies become practically intelligible soundscapes and bodyscapes. In turn, these shape what happens next and provide a direction for future learning in practice. I have described these performances in a relatively individualistic way. In Chap. 9 I use this as a basis for exploring how attuning underpins the collective learning in practice that fulfills wider connecting and sensitising functions.

The Body Work of Interacting with Clients, in Partnership

The previous section focused on the bodily practices of noticing, leading to a close inspection of the sensory work of listening, looking, touching, and so on. These were shown to be connected with other bodily performances, including those relating to posture and movement. These become foregrounded in the analysis now, as I explore the multiple and highly nuanced forms of body work evidence when professionals interact with clients. My aim is to bring bodies in their full and fluid materiality to the foreground. The sections that follow explore different kinds of body work evident in common practices of the Unit, such as admission, settling, and play. First, I get right up close, focusing on the face, before exploring voice and postural work.

Face Work

It is a Thursday morning, and I am shadowing an experienced nurse, Maggie. We meet Eloise and her children, Jennie and Jason, coming down the corridor, with her colleague Julia. Maggie and Julia both make quick eye contact with Eloise, each standing with their arms behind their back. Jennie (2 and a half years old) demands attention, and Maggie bends slightly at the hip and talks to her briefly, fixing eyes on the toddler. Julia, meanwhile, glances quickly at Jason (3 months old), smiles, and returns her gaze to Eloise. Maggie's gaze focuses on Eloise as the mother talks to the nurses about the morning. Julia splits her gaze between Eloise and the young boy, but only fleetingly to the latter. The effect of this is that Eloise clearly feels she has the attention of both nurses, while the children are not left unacknowledged.

Such an account provides a basis for the corrective work of describing professional practices as if bodies do really matter. Eye contact is not simply a matter of the focal point of a gaze. It is always accompanied by a facial expression—eyebrows a certain way, neutral lips, a more or less gentle smile. It is not always 'eye to eye', accomplished in the reciprocal form of 'eye contact'. Often, nurses use a sustained gaze to ensure that whenever a mother looked up, she was met with attention and reassurance.

Similarly smiling is an aesthetic performance with nuances of degree, temporality (and rhythm), and movement. The gentle, calming smile down to a young infant held in arms is a different bodily performance, part of a different site, with different effects from the gregarious, excited smile that the same nurse would make to a toddler during play. One day when I was shadowing a nurse Jane, I noticed features of her facial performance that contrasted others. During an admission interview with Patricia (mother of Lockie), my notes describe lots of eye contact, accompanied with nodding and brief, almost business-like smiles. Given the nature of the conversation, an expressive 'happy' smile would seem inappropriate and insincere, but Jane's clipped smile provides positive affect without trivializing or reducing the gravity of the challenges being described by Patricia. After Patricia

says “I talk to myself and I’ve just stopped all cleaning too!”, with an expression that exclaims this disclosure as shocking, Jane nods, but does not raise an eyebrow or change her posture in any way. Maintaining the same moderate pace and tone, she simply responds “I guess that is a way of managing the pressure, and the cleaning is not everything”.

Just as the fluidity of facial expressions is important, so can their stasis or maintenance while other features of the sociomaterial environment (site) are in flux. Jane’s body work (and her utterances, which are of course bodily), acknowledges and accepts Patricia’s feelings, offering a neutral ‘unshocked’ and supportive response. The connectedness in action between these bodies—entangled with emerging knowing as it is—is not just one of production through mirroring and synchrony, but itself emerges in complex ways—here modified, there restored, here produced anew.

Below I present an excerpt from a settling episode on a Monday evening in which a nurse, Louise, helps Nicky settle her son Leo (13 weeks old). The excerpt has been shortened to highlight Louise’s body work, particularly her facial expressions and gaze. Also featured, inevitably, are other forms of body work, concerning posture, movement, and voice, that form the focus of subsequent sections. This excerpt thus serves as a further illustration of the ideas discussed above, and leads to the next section, which discusses voice work. This being a Monday, the nurse plays a relatively strong role in modelling and guiding the settling, and as Leo is so young, they both remain present in the nursery at all times.

Louise stands by the door to the nursery with her feet together and hands folded in front of her at waist level. Nicky gets up and they both stand in the doorway. Nicky talks about what they do at home, and their conversation is conducted in very muted tones. Louise explains that even if he is awake, he’s not stimulated and he is learning to self settle. She says if he gets worked up they will go into him. Both perform a silent laugh as Leo makes bubbling noises: they lean forward towards each other, smile and engage eyes, clearly laughing and making no noise... Leo whimpers but Louise the remains motionless with her back against the door watching Leo. She says he’s stopping and starting, so we can just stay here and see how he does.

He continues his noises and they build in intensity, and the nurse moves in and gives him some hands-on (these are the words she used to explain to Nicky what she was doing). She rubs Leo with her right hand while Nicky watches. “Try not to give too much direct contact”, she says to Nicky, then “shhh shhh, shhhh” to Leo. She pats him and continues shushing. His cries get stronger and Louise changes her position, bending to be close to the baby. He settles and then make some quite noises and settles again. This happens three or four times. During this time Louise has been patting him gently and rhythmically, and saying shhhh at a consistent volume, and pace. She begins to move the cot backwards and forwards gently on its wheels and Leo settles very quickly... All is very calm, the gentle music is playing, and it is dark. Louise keeps rocking the cot even when Leo has gone quiet. Her body motions change when he cries for short periods...

Leo’s cries become stronger and Louise asks Nicky, “today so would you like to give that a cuddle?”. She steps aside and Nicky comes into lift him out. Leo settles. The nurse stands with her right leg in front of the left one, the left hand on her hip in her right hand on the court. She has a fixed, gentle smile towards both the mother and the baby. Leo makes a few grizzling noises. Louise says, “he doesn’t sound like he’s in pain”. Again the

same soft flat voice, “let me know if you want to go for a walk or whatever”. She’s now straight on to Nicky. Her right elbow is held by her left hand, the right-hand is holding her chin. They talk about different strategies and options including pram walks, and eventually opt to have a walk round while Nicky holds Leo in her arms, as this is what she has been doing at home.

Voice Work

As I suggested before introducing the excerpt above, face work is often accompanied by voice work. In reference to voice, I am pointing to questions of volume, tone, diction, intensity, pitch and so on. Voice work is in some ways something that professionals can just do, part of what it is to ‘be’ a particular body (Schatzki 1996b). In moments when staff respond to external cues and consciously regulate their voices, there is a clear sense in which voice is performed, instrumentally, through professional bodies as resources.

Returning to the excerpt above we can see how Jane’s responses to Patricia’s comments in the admission interview (talking to herself, abandoning cleaning) involved important face work. The description also points to the voice work that accompanies this. Maintaining a quiet volume, flat pitch, and measured pace (including pauses before responses, and a controlled speed in the flow of words), Jane enriches her bodily performance as a non-judgemental listener. A sudden raising of the voice, upward inflection, or faster pace could indicate surprise or alarm. The undeviating voice work instead maintains Jane’s body as a caring but matter of fact listener.

Jane’s performance in Patricia’s admission reveals nuanced aesthetic judgement, attunement and practical understanding. The combination of her face and voice work enables the acknowledgement of Patricia’s challenges, without reinforcing the mother’s view of failure or extremity. At times the conscious manipulation of voice (another form of practical understanding) is evident, as illustrated below:

Early afternoon on a Tuesday. I am stood by the nurses’ station, and both corridors are relatively dark, the lights having been dimmed to coincide with nap time. Nurse Rachel approaches, smiling. She has just got a child to sleep. “I had to get my strong voice out”, she tells me and her colleagues, imitating herself, “now lie down and go to sleep, it’s bedtime”. The strength in this voice does not derive from its volume – it is no much louder than general talk – but from a kind of restrained effort that underlies clear diction, strong consonants, an intensity with low pitch that becomes assertive through falling pitch at the end of each phrase. She glances at me and says “this works a treat, and has to be used sometimes, particularly with toddlers!

Vocal work becomes particularly apparent when different voices are juxtaposed, and this occurs frequently when staff meet parents and children together. Parents and children are addressed through different tone, pitch and volume of voice, and accompanying gestures and postures. Another kind of switching that

makes voice work evident through contrast happens at the nurses' station. As discussed in Chap. 6, this is a very public space, located at the place with highest footfall anywhere on the Unit. The fact that nurses return there when not engaged in any other specific activity is important in maintaining their visible presence, and making them easy to find. However at times it is desirable to produce the nurses' station as a more private space. The connectedness in action between sayings at the nurses' station and passers-by is not always helpful, and so must be broken, modified and restored in fluid ways. Some textures must remain in place to maintain the public availability of nurses, while others are drawn in close for between-nurse interactions.

Subtle changes in the degree of publicity and secrecy at the nurses' station are achieved through careful management of voice. General conversations about administrative issues (like staff breaks), or informal chat, take place openly at 'normal' register and volume. Rather than moving away into spaces that offer physical privacy, such as the handover room, colleagues often used hushed tones to produce an intimacy between bodies on one side of the nurses' station counter. This may be to share a few comments quickly, as in this interaction between two nurses on a Thursday morning (this being when parents are encouraged to take more of a lead):

In hushed tones, upper bodies angled towards each other on adjacent chairs. Julia has just completed a discharge summary with one parent.

Julia: They're [parents] all asking lots of questions, some of them seem a bit anxious.

Jayne: Maybe because we're stepping back

Julia: Yes, and we've been challenging them Monday to Wednesday, so they test us now!

[Now they drop the volume even further and I can't hear what they say]

Julia [now in a louder, normal voice, putting discharge paperwork in a folder]: I'll put this away now so it doesn't get mixed up, which can happen!

The regulation of voice—in this case primarily a question of volume—does mean that brief, more private, conversations can occur without the need for nurses to become invisible (by going behind closed doors), and without the chance that more sensitive information will be overheard by clients. I have discussed the face and voice in detail, but so far the rest of the body has remained an absent presence. Thus the next section takes the whole of the body into fuller, explicit account.

Postural Work

Accompanying the fine detail of face work and voice work is the performance of the whole body. Indeed as mentioned above, the work of listening is performed not just with the ears, but as a whole-of-body accomplishment, with particular postures associated with different acts of listening. In this section I will briefly

identify a range of characteristic postures adopted by staff on the Unit when with clients. I consider these with reference to the practices of which they are part, exploring how textures are constituted in postural work. The postures described below form a shared repertoire of how to perform particular practice—what Schatzki would call practical understandings.

Professional postures are key to the work of supporting parents when settling children. When adults retreat from nurseries to the corridor, their postures are part of a wider geometric arrangement, with nurse and parent standing usually either side of a door (as discussed above, see Fig. 7.4). While chairs are sometimes used in the night when children wake very frequently and parents are exhausted, nurses and parents are most often standing. The professional posture is one that reflects noticing work of listening to the child and closely observing the parent. It also reflects the intention to help parents remain calm and feel in control when settling their children. Thus it makes sense for professionals to stand with open postures, with hands typically clasped in front of or behind the back, arms hanging loosely. At times, the nurses' bodies appear statuesque in their held poise. This stillness may be held for half a minute perhaps, while the focus is on noticing (see above), before a subtle change—perhaps glancing up to a parent—before re-setting. Often the still 'baseline' posture would be maintained for the duration of a settling episode, returned to each time after punctuation by small adjustments (rhythmic qualities are clear here, see Chap. 4). As discussed more in Chap. 9, the stillness of postures helps to evacuate particular experiences of time during this often difficult moments.

These postures, as part of the geometric arrangements discussed above, have a contagious effect. Connectedness in action is produced through particular ways of standing and is constituted in them. There are often initially notable asymmetries in the postures of professionals and parents—the latter displaying signs of anxiety, tension and often much more movement. However, over time these asymmetries evaporate (as shown in Fig. 7.4), without any verbal prompting being given as to how to stand when settling. One of the effects of bringing chairs out into the corridor, when settling is anticipated to take a while, is that seating engenders stillness in the sitter, and can help produced mirrored postures of calm between professionals and parents, when parents might otherwise be pacing and nervously fidgeting.

The postures of settling combine those of noticing and attuning with an intercorporeal reassurance. This reassurance is a key feature of postures adopted by staff when supporting parents through toddler tantrums. Connections in action based on stillness, calm and control are maintained, but the bodily forms and formations are modified. In Fig. 7.6, Sarah is sat on a bench in the outdoor play area while Khalisa gives her daughter Aimee a cuddle. Aimee is calming down after a major tantrum involving loud screams and stomping; Sarah encourages Khalisa to 'act calm'. In the picture we can see Sarah's hands resting on her lap, her head tilted gently back. Her orientation, forwards but with her head angled a little towards Khalisa and Aimee, is one of presence but not close scrutiny.

Unlike the postures of settling, this postural work is explicitly discussed with parents. During the toddler group on Tuesday mornings, the nurse talks of 'Golden

Fig. 7.6 Sarah adopts a still, composed posture during a toddler tantrum



Globe’ or ‘Oscar-winning performances: working to give outward signs of calm and control, even when the experience may feel very different to parents. Sarah commented to me, and said the same to her colleagues several times, that she can find toddler tantrums confronting at times, and this is as much a performance for her as it is the parents. Thus the connectedness in action between professionals and parents cuts across multiple bodily forms (Schatzki 1996b). Both are experiencing similar sensations and feelings during a tantrum (being a body). Both are directing effort in the physical control of their bodies (having a body). Both are using this control towards other ends (the instrumental body). The calm, still postures of professionals during toddler tantrums work in much the same way as those during settling. They enable particular kinds of noticing, and producing embodied textures, contagious effects of composure and assurance.

Seemingly similar postures in other contexts function differently. The meaning or practical significance of postures is not tied only to the arrangement of the professional body, nor even its geometric relations to other bodies. Rather it is tied to practices, assemblages of actions and things that become intelligible only through their being part of particular practices. At times, nurses have pauses in their shifts where they are not pulled into action by immediate, pressing demands. At such moments, they will often stand around the nurses’ station, on the public side of the counter, adopting what I term a ‘posture of availability’. This is stood, head tilted

slightly back, hands usually clasped behind the back, accompanied by a wandering gaze. Here, this posture acts as an invitation to be approached, and is taken up as such by parents and colleagues alike. It has a mobile version when nurses ‘cruise’ up and down the corridors (see below).

While the postures described above draw on a shared professional repertoire, others are a response to clients. In many instances, staff mirror parents’ postures. Thus bodily connectedness in action emerges also as professionals modify their postures:

A Thursday evening: Julia walks up the North corridor with Bethan, to check on her daughter Lizzie, who is asleep in her nursery. Bethan has her hands in her pockets, and within a few steps, Julia has placed her hands in the pockets of her fleece, and is walking in step with Bethan: their postures and pace are precisely matched. They pause outside room 9, standing either side of the door, facing each other.

Thus, while professionals lead the establishment of embodied connectedness in action through adopting postures that are also taken on by and affect parents, textures are also produced through postural matching as professionals take cues from parents. This occurred in the dining room, when staff would always join a family seated at a table by pulling up a chair, or squatting down to meet parents and children at eye level (the choice reflecting the anticipated duration of a particular interaction, and being modified accordingly if appropriate). In the playroom, professional postures both guide parents and synchronise with them. When their purpose is to interact with parents, professionals will always match their postures—perhaps sitting on a small chair, kneeling, squatting or reclining on the floor (see Fig. 7.2). However when they are engaging (or engaged by) children in play, their postural cues reflect those of the children. This is sometimes commented on explicitly as staff suggest to parents that they might join their children on the floor.

Staff were not observed mirroring postures that might produce unhelpful effects. A defensive or anxious posture (such as arms folded in front of chest), would not be reflected by the professional; rather an open and calm posture would be adopted. The ongoing work of synchronizing postures and movements is knowing work, shaped by practical understandings and wider expertise (general understandings), and broader notions of what it means and takes to work in partnership with parents.

On an early fieldwork visit, I spent most of the day in the playroom. A nurse, Lucy, was assigned that day to support Kate and her three year-old son Charlie.

As I enter the playroom, Lucy and Kate are sat on small chairs on two adjacent sides of a children’s table in the corner of the room. Charlie is playing on the coloured mats on the floor (where nurse Jayne is playing with a mother and younger infant). Lucy’s gaze follows Charlie as he moves around, but frequently shifts to Kate, reflecting their punctuated but still fluid conversation. Their talk is characterized by comfortable lulls as they share focus on the toddler. Charlie gets up and heads towards the outdoor play area (chasing Jayne and the other family); Lucy and Kate follow, chatting to each other as they walk. They sit down, next to each other on a bench, and I am struck by how they have the appearance of being old friends. They talk for a while about Lucy’s daughters, before Lucy excuses herself (she has to go into check on the other family she is working with

today). As Lucy leaves, the playroom coordinator, Anh, comes to sit on the bench, and again gives an appearance of comfort and friendship, which is accepted and mirrored by Kate. Anh chats to Kate about her plans for the afternoon, asking what she would normally do at home and if there is anything she'd like to try here.

We may notice the fluid postural work, and textures it produces, maintains, modifies and restores in the seating arrangements in the excerpt above. There is movement from the table to the bench. Anh reproduces embodied ease resembling established friendship with Kate—a shared repertoire being deployed and maintained by different bodies in interaction. Also notable is the eye-work, tracking children's bodies yet remaining in sync with the adult conversation, and the way in which lulls in the talk are tolerated. The positioning of both parents at right angles (rather than face to face), in the corner of the room, gives each easy opportunity to regard the other directly, but also to observe the wider room without having to turn away.

I have already pointed to both stillness and movement in postures—reflecting in a fine-grained embodied sense Schatzki's (2013) notion of stability and change as co-occurring (see Chap. 3). Statuesque postures are not frozen, and any posture, however still, acts as part of a wider set of flows. What is held still is only so by virtue of it being distinct from and between other movements. Periods without motion never last long—interrupted by adjustments to gaze, weighting of the body on the feet. It is the sense or air of the statue or stillness that is performed. So, bodies on the Unit are in almost constant motion, even when their most prominent characteristic resembles one of motionlessness. Even in the more sedate practices such as admission and discharge, performed sitting down on beds, chairs, or sofas, eye work, voice, nodding and subtle adjustments to posture are crucial features of the bodily production of textures between staff and parents. Movements that synchronise with conversation show attentiveness, empathy, understanding, encouragement to say more, and so on. They are crucial to the practice of partnership, and are named explicitly in the Family Partnership Model (FPM; Davis and Day 2010). Other activities deploy movements of a more overt nature: rolling cots back and forth, patting mattresses (and the demonstration of this against one's own thigh), holding, carrying, bouncing, and swaying infants, joining toddlers in play.

I wish briefly to comment on one particular form of movement, which I term 'cruising'. This refers to the way in which nurses walk up and down the corridors, reflecting particular pauses in (other) practices, creating the corridors as spaces of availability. This reflects the posture of availability described above in relation to nurses waiting by the nurses' station. The way of walking here is distinctive, full of purpose and effect. When cruising, nurses walk in manner that is slow in pace, quiet (almost silent), enabling detailed noticing by the professional, and enacting forms of occupation while also being available—inviting interruption or requests for assistance. Such walking is distinct from movement of staff oriented specifically towards a destination, time/timing, and known task. When looking to find a family, responding to a cry, or seeking a colleague to sort a break, the pace is faster, the gaze less wondering. Should parents be encountered, staff will perhaps speed up to reach them, then match pace, walking in step with parents; or if

parents are coming the other way, the directional movement may be interrupted, and a pause and turn performed in the process of a quick chat. By creating a sense of availability, such walking facilitates the emergence of new textures between staff and families.

The discussion of bodies so far has looked at bodies from the outside—stepping up close to the face, listening to voice, observing posture. Now, to balance the analysis and to lead into the next chapter, I reverse the stance, and look from the body out, to explore its porous boundaries, and cyborgian constitution.

Bodies, Boundaries, and Things

This section explores how professional bodies in practice resist stable definition, how their boundaries are porous and changing, often incorporating other objects. The concept of the cyborg refers to a merging of human bodies with various ‘other’ objects, or appendages (Haraway 1991). This idea bridges the bodily focus in this chapter and Chap. 8, which takes materiality as its point of departure. Following Burkitt (2002) I remain focused not on what bodies are, but what they do—bodies in action (Mol and Law 2004).

So, how are the boundaries of human bodies enacted in the everyday work of professionals on the Unit? The skin is commonly experienced as the edge of the body—the part that touches others and feels the touch of others. However the practised professional body does not end at the skin, nor is the skin a bodily barrier (Black 2013; Rudge 1997; Somerville and Vella 2015). There are plastic containers kept full of sterile gel, located on the nurses’ station, in the dining room and playroom, and attached to the walls in several locations along each corridor. The gel, bodies, and practices of rubbing help to produce and maintain the Unit as an illness-free *site* (in a Schatzkian 2002 sense; see Chap. 3). Reminders above sinks in bathrooms encourage thorough hand-washing (removing unwanted ‘things’ from the skin, and transgressing the body boundaries with anti-bacterial soap). Posters describe ‘cough etiquette’ (covering the mouth when coughing, washing hands immediately after). Further ways in which practices of the Unit are shaped to maintain it as a well-person facility, and cope with the leakiness of bodies when they are physically ill, are discussed in Chap. 8, treating bacteria and viruses as material entities.

Before considering various forms of cyborg produced through material extensions to the human body, I wish to briefly outline a further range of practices through which body boundaries are transgressed. My notes document numerous incidents in which staff come past the nurses’ station on their way to the staff room or bathroom, where they can wipe or rinse off vomit or posit that has made its way from an infant’s digestive tract onto their uniforms. Indeed this was something I became accustomed to myself, an inevitable consequence of becoming involved in playing with and handling children. Professionals’ bodies, just like those of parents, become substrates upon which internal fluids end up—vomit,

posit, unswallowed food, mucus, saliva, urine, and faeces. One effect of the regular occurrence of such bodily exchanges is the requirement that all staff have their flu jabs every year. Transgressions between bodies (a sneeze, burb etc.) prompt further transgressions (the needle pierces the skin). The strict protocols and practices relating to expressed breast milk (EBM) are a further case in which fluid bodies and bodily fluids have to be managed through social and material means—bodies alone are not capable of self-containment and definition (see Chap. 8 for more detailed discussion of EBM).

Notions of porous boundaries lead us to the idea that the body might not be self-containing, but rather intimately connected to other things. The body enacted into being through professional practices can be understood as a cyborg, as other artefacts are incorporated by extension and appendage. Practices whereby nurses write on their bodies are particularly interesting, because the human-ink cyborg shapes connectedness in action so directly. The quotation below comes from a handover meeting, illustrating how such actions might be prompted, and the intentions associated with them:

Hander: She [a mother] does all the reading and writing on her husband's behalf, because he can't read and write. There is a note in my diary about transport for Friday. They are going to be picked up for an appointment about their son's hair lip.

Handee: Okay [writing notes on her own Clients in Residence sheet]

Hander: I'll go through that with you later. Remind me. Actually, I'll write a note on my hand to remind myself. [Takes a pen and writes on her palm]

Handee: You're running out of room on your hand! It's like a post-it note!

When used in this way, the skin serves as a substrate for ink and the writing becomes *part of* the body—it cannot be left behind on a desk. Such notes might refer to certain clients being vegetarian, a reminder of a change in massage time for a mother, or a list of things to write up on the whiteboard, or a to-do list. When the action items cannot all be done at once, nurses would often strike through the tasks had been completed, and only when all had been done would they thoroughly wash and sterilize their hands. It tended to be nurses in in-charge roles who wrote on themselves—being in-charge involves less direct contact with clients, especially children (hence less frequent sterilization and washing of hands), and more management of tasks that come up in the course of coordinating numerous families and the staff that support them. In this way, in-charge nurses come to embody the role as a cyborg where ink inscribed on the body helps to maintain appropriate texture between their own practices and those of colleagues and parents.

Nurses also often write on personal clients in residence sheets instead, too, as the colleague did in the handover quoted above. These are A4-sized pieces of paper with a list of the families staying on the Unit each week, and some key information about them (see Chap. 8 for a fuller discussion). They are carried on nurses' bodies, in pockets on their clothes. Just like writing on the skin, they are never left behind. Crucially, what is written on these pieces of paper is

not publicly available. The to-do list for an in-charge nurse, written on a palm or wrist, is not sensitive information—it is often of a similar kind to that placed on the whiteboard or on post-it notes either on clipcharts for each family, or around the nurses' station (which is a public space, see Chap. 6). Personal clients in residence sheets are hidden for most of the time, and are nearly always referred to by nurses when they are not with parents. If parents are present, then the sheet is held discreetly to face away from the gaze of others.

Thus ephemeral texts become part of nurses' cyborg bodies, whether on the skin or on paper. These help to modify, repair and restore connectedness in action. Perhaps a child's allergy to the detergent used to launder bedsheets has come to light, and the nurse needs to remember to change the bedding in room four. Perhaps the nurse worked with this family on Monday, and is coming back to work with them again on Thursday, and some key things have changed in the interim that affect what she does next. Perhaps something needs to be reported in handover, or passed on to the in-charge nurse, that might otherwise be forgotten. Acts of writing on the self (whether skin or paper provide the substrate) are thus crucial in the agile and responsive emergence of textures, through which practices hang together.

There are many artefacts that become extensions of bodies and facilitate interactions or the smooth connection of practices across the Unit. As well as containing bodies, or transgressing their borders, cyborg bodies can extend their spatial reach and provide new bases for practised texture. Telephones linking the nurses' station and client rooms enable nurses' voices and ears to transgress the space of the corridors and nursery; larger distances are compressed when calls are made to the testing laboratory, or to GPs, or relevant child protection services. Perhaps most striking, and maybe distinctive given the paper-based nature of documentation practices on the Unit, is the ubiquitous and constant presence of pens on nurses' bodies. Despite the fact that pens are attached to clipcharts for each family, and readily available around the nurses' station, I almost never saw a nurse without a pen in her pocket or hand. The few exceptions arose as the pen's absence was identified and restorative actions undertaken. Chap. 8 discusses pens as materialities that have important connections with stability of practices on the Unit. For now it is sufficient to highlight pens as a common feature of the cyborg professionals. A scan over the many line drawings presented throughout this volume will provide varied illustrations of pens, captured in moments of unfolding, dynamic, cyborg actions.

One such action concerns the writing of a signature on paper (or whiteboards). Acts of signing and signatures are the respective practice and material dimensions of a site—neither can be taken away without destroying the other (see Hopwood 2014b). Signatures are taken up alongside the whiteboard, communication book and clients in resident sheets as 'materialities of organising' in Chap. 8. It suffices for the present to lay the ground for this by suggesting that it is not a body wielding a separate pen that then creates a third 'thing' in the signed paper: as cyborg, the boundaries of the body, relationships between self and other, body and thing, material and mind, are blurred.

Conclusion

I have presented an account of bodies and body work on the Residential Unit as central to the production, repair, restoration, modification and maintenance of connectedness in action on the Residential Unit. Within the terms of my overall arguments (see Chap. 1 for a summary, and Chap. 9 for a full exposition), this is in turn an account of an essential dimension of professional learning in practice. Thus this chapter goes further than redressing past neglect of the body by providing an account that foregrounds the work of eyes, voice, ears, face, posture, gait and so on. It upholds the dismantling of mind/body dualisms by presenting all body work as knowledge work, in which emerging knowledge and its role in shaping how what happens before prefigures what happens next are thoroughly bodily affairs. The description I have laid out here provides a number of crucial foundations for the more detailed discussion of professional learning in Chap. 9, including notions of choreography, and in which I draw out more explicitly the collective and social nature of the body in professional practice. For now, it remains to follow the conceptual and practical slippage between bodies and other objects that I highlighted in the last section, and to move to Chap. 8, exploring the fourth essential dimension: things.

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Chapter 8

Materialities and Professional Practices

Introduction

This chapter focuses on the fourth essential dimension of professional practices and learning: things (see Hopwood 2014a, b). The accounts of times, spaces and bodies in the preceding chapters have not been devoid of reference to materiality. However here, things are confronted head on, diffracted out as an artificial yet valuable analytical point of departure (see Chap. 1; Barad 2007; Shove et al. 2012). Doing this brings new features of professional practices and learning into focus, while also enabling us to revisit familiar aspects explored earlier in Part II. Consistent with previous chapters, the focus is on connectedness in action, now paying particular attention to material textures and their emergence through agile practices. The entanglement between theory and empirical data continues, now drawing on a distinctive array of concepts that bring things into sharper focus.

As this is the final chapter in Part II, the opportunity is available to make explicit the many overlaps and links between the dimensions, while also adopting a distinctive analytical approach. Thus after a brief recap of the key concepts, the analysis begins with a focus on the materialities of space. The corridors, client suites, and playroom are discussed in detail, providing an alternative take on features that were highlighted in Chap. 6. A strong temporal and rhythmic quality returns in the next section, which considers materialities of organising, connecting with ideas from Chap. 5. The whiteboard, communication book, Clients in Residence sheets, and signatures are examined as artefacts that help practices hang together, enabling textures to be made and remade in an agile, responsive way. Ideas of stability and stabilising are then addressed in relation to bubble wrap and scrap paper, the nurses' station, pens (and textured intimacy of epistemic work), and clipcharts (with their distinctive rhythmic movements). The final section makes stronger links to Chap. 7 through a focus on bodies. Here the analysis explores how embodied materialities fill out the ends of practices.

Following Nicolini (2009), this chapter involves a playful zooming in and out, both in terms of the things under scrutiny and the conceptual level of analysis. Sometimes I zoom right in, up close to small objects such as pens and signatures, while at other times I zoom out to explore larger entities such as corridors. Similarly, some concepts offer a fine-grained purchase on the material dimension of professional practice and learning, while others enable me to stand back and explore broader patterns.

As explained in Chap. 3, sociomaterial approaches are diverse but configured around a number of shared themes. Key among these are the idea of rethinking the thing (Fenwick 2010), and accounting for phenomena in ways that keep the analysis firmly embedded in the material world. This is a response to historically dominant approaches that have treated matter as if it does not matter (see Barad 2003), particularly when devoting attention to a cognitive or ideational realm (see Carlile et al. 2013; Cooren et al. 2005; Fenwick et al. 2011; Jensen 2010; Shove et al. 2009; Sørensen 2007, 2009). Following many others, I see materiality as a crucial dimension of practice and learning, rather than as physical context or as providing tools to be used. Reich and Hager (2014) highlight materiality as the second of their six threads in theorising practice (see Table 3.2). Orlikowski (2007) expresses this as constitutive entanglement of the social and material. In Schatzki (2003) this finds expression in his site ontology, whereby the site is the fundamental unit of social reality, constituted in practices and the material arrangements with which they are bundled (see Chap. 3).

Seen from non-representational (Thrift 2007), performative (Barad 2003, 2007, 2013), or site ontological (Schatzki 2003) perspectives, materiality takes on particular qualities. Things are not static or given, but rather *emerge*, their qualities, functions and effects result from changing relationships or assemblages. Practice and the material world are constantly making and remaking one another (Pickering 1992; Shotter 2013). Thus objects are not treated as stable, bounded entities whose properties are inherent, locked in. Rather this chapter looks at particular objects and sees movement, rhythm, and dynamic relationships with other objects and the practices with which they are bundled.

Materiality is not viewed as merely the object of knowledge (we come to know certain things about things), nor as housing for particular reified, externalised knowledge (a book holds knowledge in written form). Rather, knowledge and knowing are seen as inherently material affairs. In Gherardi's (2006) work, knowing in practice takes centre stage, folding together the ideas of action and cognition: we know through and in our actions and these actions are exerted in, amid and on a material world. Gherardi (2006) explicitly rejects the 'virtual removal' of materiality resulting from the location of thoughts and ideas in an ethereal domain. She hones in on material consistency, exploring movement and materiality as part of the temporally and spatially mobile emergence of meaning.

In Schatzki (2002) the notion of practical intelligibility is crucial (see Chap. 3). Following Pickering (1993, 1995, 2001) and others, he rejects symmetry between the human and non-human associated with post-humanist approaches such as actor-network theory, and instead defends a residual humanism. Briefly, this comes

down to the idea that the contribution that objects make in social affairs depends on ‘us’, on the practices with which they are bundled. Practical intelligibility refers to the way in which people make sense of objects and artefacts in the course of enacting particular practices. On the Residential Unit, a chair in the dining room during a meal time, and the ‘same’ chair placed in a corridor during prolonged settling in the middle of the night mean very different things.

Practical intelligibility thus dismantles clear separation between the material world and knowledge. Things are known in and through practices, and their meaning as things is established through them. Schatzki (2002, 2005, 2010) elaborates a number of ways in which practices bundle with material arrangements—of which practical intelligibility is one. Others that feature in the analysis that follows include the prefiguring of practices by material arrangements (corridors, whiteboards), the responsiveness of practices to changing material states of affairs (stability and instability), practices attuning to materialities and attuning them (toys in the playroom), and practices oriented towards material ends (breast milk, solid foods, reflux, leaky bodies). And, as highlighted in Chap. 7, we never lose sight of the fact that all practices are material in the sense that they are performed bodily.

While I have not exhaustively outlined the concepts that will be used in the analysis that follows, I have revisited some of the broader ideas which frame the detailed exploration of things as an essential dimension of professional practices and learning. Other concepts will be brought into play at particular moments, zooming in or out where doing so offers valuable insights not otherwise available.

Materialities of Space

We begin our journey through the materialities of the Residential Unit by reconnecting with Chap. 5 and questions of space. Schatzki (2009, 2010) discusses space in highly material terms, including as a physical setting in which actions take place, but also in terms of material entities being near or far by virtue of their involvement in practices. As if we had just arrived at the Unit, we first take in the corridors, and then enter the closer and more intimate spaces of client suites. We then move to the communal and highly fluid space of the playroom, focusing on toys and questions of material attunement and forms of knowing in practice.

The Corridors

As discussed in Chap. 6, the Unit’s architecture resembles an L-shape of two main corridors, with numerous rooms off each, and a cluster around the nexus, where the nurses’ station is located (see Figs. 2.1 and 6.7). Let us focus now on the materiality of the corridors. They matter, literally, as masses of particular size, shape, and texture. Their length is sufficient to provide access to the required number of

client suites and other rooms. Had the design been one long corridor, this would have had problematic consequences, making cries more difficult to hear, and removing the focal point created where the two corridors meet.

Looking up to the ceiling, there are skylights above the nurses' station but nowhere else. As we look to the walls, only a window in the fire door at the end of each corridor leads directly to the outside and thus natural light. Both of these have blinds attached, often drawn down. This visual insulation from the outside world gives the staff control over light as a diffuse but highly significant form of materiality. On the wall by the nurses' station is a panel of dimmer switches used to adjust the intensity of light in each corridor. Stickers have been added, associating the left switch with the North corridor, the switch on the right with the West corridor. Markings also indicate positions of angle for the dial deemed suitable for children's waking and sleeping times.

This ability to manipulate light conditions enables the creation of a texture, connections in action, that respond to the families present each week, and the varying sleep patterns they wish to establish. Being able to make the corridors dark during the day is vital as part of creating conditions conducive to sleep for young infants, who often need one or two daytime sleeps. The dimmer switches give a precision in material control: blackout would prevent nurses from being able to see to write on behaviour charts (see Fig. 5.1), and would be unlike the material conditions in families' homes. (Chapters 5 and 10 discuss more of ways in which spaces of the Unit connect with spaces of home.) The markings for different light settings prefigure bodily actions of turning the dial, shaping what it makes sense for nurses to do when adjusting light levels. Over my many visits, I observed different nurses adjusting these dials, most often to or from one of the marked positions, but not always. Deviations from what the markings invite nurses to do occur due to judgements reflecting specific circumstances—perhaps one child this week seems to respond much better to slightly lighter or darker conditions. So, variable resistors, plastic switches, stickers marked with ink, the positioning of light switches within reach of the nurses' bodies, opaque ceilings and so on, assemble. They matter hugely as constituents of a site at which practices of settling infants for daytime sleeps occur.

There is one key place in the corridors we have not yet looked: down, to the floor. When we do so, we see pale wood-effect laminate. But this was not always the case: the floor used to be carpeted. While this was potentially more homely, the staff found it difficult to hear and locate infants' cries from nurseries down each corridor. The texture of the carpet dampened the sound: it hampered the creation, maintenance and fluid adjustment of connectedness in action through sounds. So the carpet was removed and replaced with a hard material. This is crucial as part of the site at which the bodily, knowing practices of attuning described in Chap. 7 are accomplished. Time and again I observed nurses sat writing notes at the nurses' station, when they heard a cry. They could sense its provenance not only as from one corridor or another, but based on volume and also aesthetic qualities that they learn to associate with particular children as the week progresses (the sound of their cries, rhythms of crying), a particular nursery and individual (see Chaps. 7 and 9).

Client Suites

We now turn off the corridor and into the more intimate spaces of client suites, assemblages that include spatial architectures, curtains, dimmer switches, music, and windows. Figures 2.1 and 6.7 show how along each of the two corridors are a number of client suites. Each comprises three rooms: a nursery immediately adjoining the corridor, a main bedroom for parents, and an en-suite bathroom accessed from the bedroom.¹ All bedrooms have an external wall with a window, and all suites have individual climate control equipment. Picking up the threads from the previous section, we may note the control that these arrangements offer parents and staff over the material conditions for settling children in the nurseries. This is important not only in terms of producing conditions that facilitate work on sleep and settling in the Unit. They also enable parents and staff to shape the materialities of client suites according to those of bedrooms and nurseries at home. In this way material connectedness in action has an element of ‘haunting’ about it (O’Dell 2009). Practices of the Unit and home hang together in part through the ways in which material connectedness in action is produced and modified.

Heavy curtains can be drawn across the bedroom window so that when parents open the door between their room and the nursery, daytime light does not flood in. Air conditioners can be set to provide comfortable temperatures, and to mirror the conditions in which the child sleeps at home. Floors are carpeted, providing comfort and a more homely feel. Lights in nurseries and bedrooms have dimmer switches. Furthermore, both rooms are also connected to a sound system through which soothing music is played 24 h a day. The volume of this can be set differently in each room, enabling staff and parents to negotiate and explore various sound levels. This sound is available for parents to take home in CD form, another form of hanging together.

The layout of the rooms in relation to each other and the corridor is important (see also Chap. 6). Positioning the nursery next to the corridor makes it easy for staff to hear infants’ cries, and to check on them as they sleep, by peering through a window in the door (see Fig. 8.1). It also enables staff to bring parents out into the corridor, rather than into their bedroom, when going in and out of nurseries during certain kinds of settling. As discussed in Chaps. 5 and 10, this has an important function, turning secret rhythms into public ones (Lefebvre 2004, see Chap. 5, Hopwood 2014c), and producing corridors as shared pedagogic spaces where difficult settling is normalised. It also allows nurses to support more than one family at the same time. Telephones by the side of parents’ beds enable them to call the nurses’ station without disturbing children. Schatzki (1996, 2002) would understand this as a material arrangement in the form of a place-path array that enables spatially separated practices to hang together. Parents can call for help or advice without having to pass through their child’s nursery. However, many parents commented that having to pass quietly through the nursery at Karitane

¹This description is accurate as of the time of fieldwork.

Fig. 8.1 Sarah (as throughout this book, all names used as aliases), a nurse lifts the paper sign that covers a window



is helpful because there are often intrusions of noise at home. Here we see yet another form of materialities of home and the Unit haunting each other, and this becomes visible to us through a spatial approach to understanding materiality.

The small windows in the doors between the nurseries and corridors mean that parents and staff can check on a child without having to open the door, which could change in levels of light and noise. However the window's transparency creates a problem if children are sleeping at a time when the main corridor lights are brighter (the dimming of lights cannot be timed to match with all sleep periods). This is overcome by the placement of laminated paper signs over each window. These are cut to match the size of the window and are of thick enough paper to provide a shadowing effect. Each has text printed on it: *Shh! Baby sleeping!* Initially this reflected an intention to encourage quietness when cleaning work was being done. The text remains active in reminding parents and other people on the Unit that children may be sleeping at any time. However the text has become secondary to the use of the signs as light blockers—essentially curtains. The paper is made practically intelligible as part of a site of sleep and settling through its bundling with a particular set of bodily actions. The signs are left in place all the time, but the bendiness of paper is exploited when nurses and mothers curl up a corner peep through (see Fig. 8.1). Only a small line of vision is needed—sufficient to peer into the nursery and observe the bed or cot, without introducing unneeded light.

The case of these windows highlights how solid walls or doors, lighting systems and the layout of rooms, connect with other material entities such as curtains

and cots, and diffuse forms such as music systems and telephone connections. The paper signs act as signs when they are attended to as such, prefiguring quiet movements in the corridor. They are enacted as curtains at sites where they bundle with bodily actions and are made practically intelligible in particular ways. Properties of opacity, size, distance, and geometric relations come to matter as part of these assemblages. The corridors and client suits share multiple material connections. In contrast, the playroom is more contained, and it is the fluid materialities within it that warrant our attention.

Toys and Materialities of the Playroom

The practices and material entities of the playroom provide a fascinating site through which to explore attuning and other forms of practice-arrangement bundling. Schatzki (1996) argues that practices are performed by bodies (one kind of material organism), and not only proceed amid material entities, but are attuned to them. I described the playroom in Chap. 6, highlighting how it is produced as multiple spaces of general play, group sing-songs, quiet time before bed for children, and relaxation for parents. The central role played by material entities in accomplishing these changes was acknowledged in Chap. 6, and reinforces the arguments made here. Now my focus is on toys, maintaining a connection with materialised notions of space through the idea of space as the pertinence, use and attunement of the material world to practice.

The way toys of the playroom are attuned to the children present each week relates to how certain toys are contained out of children's physical reach and access. The playroom coordinators take a primary role in populating the playroom floor with toys that are attuned to the children on the Unit each day. Movements of toys in and out of the cupboards are not set by any stable routine or rhythm. Rather they are part of an ongoing process of matching the materialities of the playroom to the bodies (children) present, and the goals that parents are working on. Textures are produced, modified, and restored on a highly fluid basis. Materialities of the playroom are not static, but full of movement, agility and responsiveness. This is not a property of toys themselves, but a feature that requires a notion in which materiality is entangled with forms of knowing.

This attunement is gradually refined through emergent knowing-in-practice reflecting changing understandings of children and parents (see Chap. 9). The initial attunement combines information about children's ages provided on a copy of the Clients in Residence Sheet (see below). Early in the week, each toy is made practically intelligible as appropriate for children of a particular age through general rules of thumb. The coarseness of such judgements is well recognised, and as the coordinators get to know each child, the toys they enjoy playing with, and their interests, they make increasingly informed decisions about what toys to make available.

The composition of toys is highly fluid, and changes are prompted by a range of factors, including (dis)interest shown by children, levels and duration of attention (too many toys are understood to potentially distract children and discourage more involved, sustained play), weather (particularly affecting the outdoor play area), and parents' goals. In the case of the latter, it may be that relations between children during play are identified by parents as a focus for work, in which case toys that are of mutual interest to brother and sister (for example) may be presented, to allow parents to work on sharing toys in play. In this way the fluid presence of toys in the playroom creates a shifting texture that connects families and their goals, children's bodies, and emerging knowing in practice. These shifts can involve new materialities (previously untried toys), modifications (more dinosaurs today, given how much the children liked them yesterday), or restorations (let's go back to the cars that worked well the day before).

There are rhythms (see Chap. 5; Hopwood 2014c) in aspects of the attunement of toys to practices in the playroom. The mornings often display a range of toys ready for any family to come in. On some days, sing-songs or particular activities such as arts and crafts or messy play (see below) punctuate the morning schedule. During these times, many other toys are cleared away (the clearing up process is often turned into a fun game in which children are involved) to help children focus together on the group activity. After dinner, in order to help produce less stimulating quiet time in preparation for sleep, the loud and physically mobile toys (including fire engines, trains, toys with balls, buzzers, buttons etc.) are put away, and books are laid out. Each evening all the toys that have been used are cleaned with warm water and child-friendly disinfecting soap, to help stop the spread of infection. This points to blurring between bodies and objects that I discuss further below, linking back to the end of Chap. 7.

In discussing the toys of the playroom, I have illustrated how many material features and arrangements of the Unit are not static and inherited, but are actively attuned to the changing bodies present each week, wherein such attunement plays a crucial role in establishing the connectedness in action which is crucial if professionals' work is to unfold responsively and with impact for families. This brings us to the question of the organising work done by things.

Materialities of Organising

In Chap. 3 I discussed Schatzki's concepts of how practices hang together, and linked this with Gherardi's (2006) idea of textures of practices. Social practices do not proceed independently of one another, just as they do not proceed independently of the material world.² I conceive the Residential Unit as a horizontal web

²Kemmis et al.'s (2012) work on ecologies of practices is notable here (see also Tsoukas 2008). However for reasons of conceptual economy I do not take up these ideas in the analysis that follows.

of practices that hang together, through different forms of commonality and orchestration (see Chap. 2; Schatzki 1996, 2002). Gherardi’s idea of textures similarly points to complex qualities and variations in density of inter-relationship between practices, and this section will continue to elucidate things as an essential dimension of connectedness in action. I highlight ways in which materiality does organising work, creating and maintaining relatively stable but also responsive and emergent relationships between practices.

Among the most important organising things are the whiteboard, communications book, clients in residence sheets, and signatures, each of which will be considered in turn. These artefacts are often ephemeral—brought into being, bundled with practices, and then extinguished in short spaces of time. Others are potent because they endure. This connects my discussion of materiality in this chapter with the complex temporalities discussed in Chap. 5. Through the analysis that follows we will also see that questions of space (Chap. 6) and bodies (Chap. 7) are never far away.

The Whiteboard

Opposite the nurses’ station, at the nexus of the two corridors that form the Unit’s distinctive L-shape (see Figs. 2.1 and 6.7), is a whiteboard, approximately 1 m² (see Fig. 8.2). As a ‘floating text’ (Nimmo 2014) it makes crucial contributions

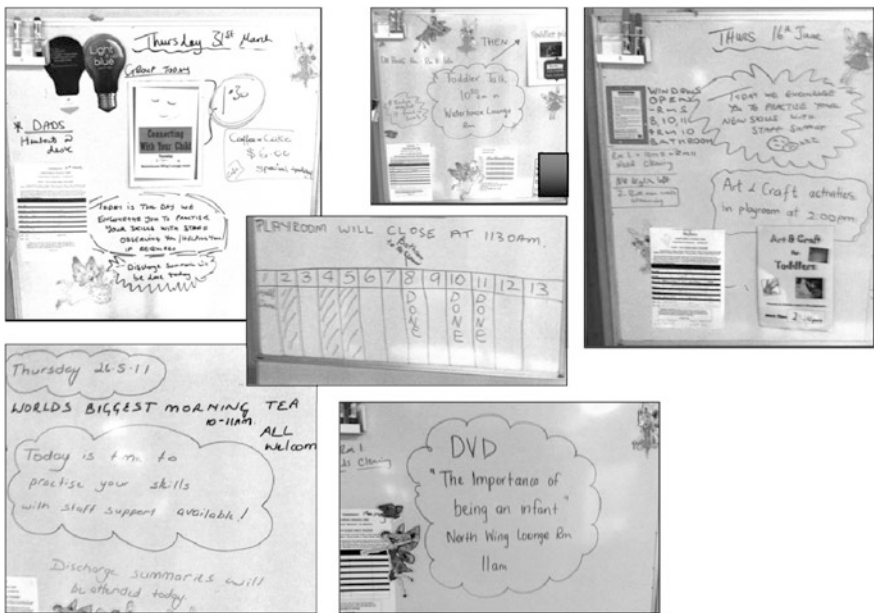


Fig. 8.2 The whiteboard

to the organisation and hanging together of practices on the Unit. The board provides a material home for notices that prefigure (see Chap. 3) bodily movements in space and time, helping to coordinate practices, and supporting the agile emergence and adjustment of a range of textures.

A notice announces that a toddler group will happen in a lounge at 11 a.m. (see Chap. 6, Table 6.1 for details of group activities). For the mother seeking support with toddler behaviour management, it makes sense to go to the lounge at that time. For the mother with a very young infant considering where she might find a quiet space in the late morning, the same notice may lead her to avoid the lounge. It is the site—the place where the materiality of the notice, forms of practical intelligibility, and the actions that result from it—where the whiteboard exerts its organising force.

Such announcements of group activities are a key way in which the whiteboard (or more accurately, temporary inked markings on it) help to coordinate movements of bodies and other material entities in time and space. The pram-walk on a Wednesday morning relies on the notice being brought into being and made practically intelligible in anticipated ways, so that parents congregate at the nurses' station with their children, pushchairs, sun-hats, outdoor clothes and shoes. But a major tantrum can alter that texture, displacing some bodies, or a rainstorm can change the dominant prefiguration so the prospect of an outdoor stroll becomes much less appealing. Once the group departs, the writing on the board is erased, only to appear in more or less similar form the next week.

Notices on the whiteboard also play a crucial prefigurative role in the coordination, sequencing and progression of practices. Lists are often used to document actions completed and to help plan and arrange what needs to happen next. Room numbers and ticks indicate which families have had their appointment with the paediatrician on a Monday. Staff names and ticks show who has taken their break and help nurses and the in-charge coordinate when to do so. On Fridays a series of boxes are drawn representing each of the client suites, and markings indicate when families have left for home, and when cleaning and preparation for the following week have been completed (see the centre for Fig. 8.2). These notices are routinely made practically intelligible in stable ways, becoming linked with forms of knowing-in-practice that guide staff in their decisions and actions: which families to bring to the paediatrician, when to go for lunch, when and where to move the cots in preparation for next week. Through their bundling with doings and sayings, the markings on the whiteboard bring a site into existence in which multiple practices hang together, simultaneously and sequentially, within and beyond the spatial setting of the Unit. They help to bring a functional texture into being.

The Communication Book and Clients in Residence Sheets

Other entities that act in similar ways, organising what happens on the Unit. There is a 'Staff communication book', kept in the handover room, in which messages

for staff are left. This is crucial in communicating with a workforce that is rarely assembled in the same space at the same time. The communication book is often used for reminders (a way to restore connections in action that might have been temporarily lost), or to introduce minor changes (textual modifications).

These messages of ink on paper are longer-lived than the ink on the whiteboard, which rarely survives more than a few hours. However their practical intelligibility may be fleeting or durable. Announcements that a staff member is sick may prefigure a set of responses that last as long as that particular shift. Details of a staff meeting remain relevant for the days or weeks until it has happened. Requests to purchase new CDs to replace scratched discs for the playroom may prompt short-term actions that lead to more lasting alterations to material entities on the Unit (new CDs!). Notes about changes in policy or procedures may be associated with changes in actions and connections between them that are more durable, as with a note that read: “Please ensure all children/babies are weighed. All staff are responsible. If B [shorthand for baby] not weighed by Dr. [paediatrician] then we need to weigh and record”. Others help to bring about changes in the movement and storage of documents (such as where and when certain forms are signed by parents).

The communication book exerts this kind of force because staff members consult it when they begin each shift, making practical sense of messages and their implications in anticipated ways, following the courses of action or changes to them that the message and shared practical and general understandings, rules, and teleoaffective structures prefigure. These examples from the communication book illustrate and emphasise how materiality does not sit outside of time: things are not timeless, and their roles in the life of the Unit are temporally varied and complex.

An account of organising materialities would not be complete without mention of the Clients in Residence (CIR) sheets and some of the linked peripheral materialities that record knowledge about families. CIR sheets play a crucial role in coordinating staff activity and material arrangements each week, beginning by helping nurses know which rooms need cots or beds, and how many high chairs will be needed in the dining room (based on information of children’s ages). The information also helps plan the week, signalling perhaps a large number of toddlers or very young infants. Knowledge developed through intake, for example relating to allergies or medications, are also manifested and prefigure actions such as use of coloured wristbands (for allergies), or practices of witnessing and signing off on medication.

As discussed in Chap. 7, many staff members create half-sized (A4) copies of the CIR sheet, adding their own notes. These are examples of what Nimmo (2014) calls ‘floating texts’—indeed he describes very similar artefacts and practices in intensive care work. I often observed staff taking the sheet out of their pocket, quickly glancing, perhaps to figure out the names of the mother and children coming down the corridor. Personal notes act as reminders—distributed, materialised memory banks, or place-holders for ideas and suggestions (‘didn’t respond to patting, might try cot-rocking?’). Sometimes reminders are written on the backs of

hands, or on post-it notes—the latter particularly when the knowing-in-practice is intended to connect from one person to another. The more stable, shared CIR sheet, and the multiple, ephemeral, personal ones are crucial in enabling nurses and other practitioners to anticipate, respond, and adapt their work with each family.

Signatures

So far, I have progressed from the corridors to particular rooms, then to sets of objects within them (toys in the playroom), and from there to particular objects (the communications book and clients in residence sheets). At this point I will zoom in on even smaller materialities: signatures. Elsewhere I have explored signatures as tracer objects that open up important insights into forms and practices of accountability and responsibility in partnership-based services (see Hopwood 2014d). Here my focus is on the organising work that signatures do, helping practices hang together. In particular the kind of hanging together discussed here is one of temporal and spatial coordination. I apply a broad notion of signature—not only full names signed in pen on paper, but forms of signing that do similar work—names on sign-up charts, checklists for staff breaks, and so on.

On every visit I made to the Residential Unit I observed a person signing a piece of paper using a biro pen. As Gherardi and Landri (2014) have discussed, signatures can be understood as material traces of a bodily presence at a particular space and moment in time. The signatures I discuss in this section are relatively mundane (they are not signatures on documents with legal authority), but in their everydayness play different but valuable roles in enabling the Unit to function effectively and efficiently.

Over the course of a week, parents may sign many pieces of paper in addition to the formal paperwork associated with goal-setting, public/private patient elective and so on. These include signing in and out when they leave the Unit, signing DVDs out from the Unit library, booking the spa, and signing up for massages, hairdresser appointments, or group activities. In some cases, as with signing in and out of the Unit, the association of a particular bodily presence with the ink on the page is important: mothers or fathers are signing on behalf of themselves and their children, and the paper artefact has some ‘bite’, for example in the case of evacuation when bodies will be counted. In other cases a dissociation between signature and body is no problem, as when a nurse puts a mother’s name down for the pram walk following a conversation with her about her plans for the morning.

These signatures do important coordinating work by prefiguring practices, changing what it makes sense to do. On many occasions nurses wishing to conduct a handover will try to find parents to see if they wish to be involved (see Chap. 9). Being a small and spatially bound environment, it is normally relatively easy to find parents. When they are not readily located, nurses will check for signatures in a number of places. On the nurses’ station, they see if parents have signed out

of the Unit (maybe to go for a walk), also looking for information as to time of departure and expected return. They also check appointment lists for social workers, the psychiatrist, masseuse, hairdresser, and so on. In these cases signatures act as indicators of a bodily presence somewhere else and for a particular duration of time. Translated into such forms of knowing-in-practice, these signatures then shape what happens next. It may make sense for the nurses to wait 15 min until the mother and child are due to return or the massage will finish. Or they may proceed with the handover without the parents involved. As the playroom coordinator waits by the whiteboard to lead the pram walk, the time of departure is prefigured by the names listed under the group activity. If names are written but the associated bodies are not present, then they wait, perhaps sending someone to look for the missing bodies. It may be then that a verbal confirmation of a change of mind or circumstance overrides the signature on the board, and the group departs. Ticks against names in lists of staff indicating breaks on the whiteboard function in a similar way. They make link between bodies and particular moments and spaces, showing that this body has yet to leave the corridors for her break, this body has already done so. They prefigure what it makes sense for other staff to do: if I take my break now, there will still be enough staff left on the Unit to attend to parents. Such signatures are not permanent, rigid tracers or markers of responsibility. Rather they are devices which help to produce agility and responsiveness in connections between actions.

Signatures can also be required in catalysing chains of action. If six parents sign up for the relaxation group in the playroom on a Tuesday evening, then staff move six mats, six pillows, and six blankets into the playroom before the group starts. These signatures are relatively 'weak' in terms of accountability, but strong in terms of shaping action and the associated material reconstitution of the playroom as a space for relaxation. These may seem like relatively mundane examples, but that is precisely my point. The Unit is not unique in its use of these kinds of signatures to help coordinate multiple activities and the movement of bodies and other material entities. But equally, without these signatures, tears would appear and endure in the texture of practices associated with the smooth organisation of the Unit.

Materialities of Stability and Stabilising

This smooth organisation is accomplished in other material ways. Amid all the emergence and unpredictability that inevitably accompanies partnership work, some stability is needed. The stability I refer to here is not a stasis in particular material entities, but their enduring *relations* with other objects, particularly in terms of location. Thus the discussion that follows furthers previous considerations of time (Chap. 5) and space (Chap. 6). By examining bubble wrap, scrap paper, CD players, notes around the nurses' station, pens, and clipcharts, I will show how material entities vary in their stability as material presences, and how

they also do stabilising work. Concepts of textured intimacy and rhythm enrich the analysis that continues to draw out themes of connectedness in action, space, time and bodies that permeate this chapter.

Bubble Wrap and Scrap Paper

Let us revisit an excerpt first presented in Chap. 7, when the focus was on bodies. While limited to avoid repetition, re-examination of the same data supports and directly illustrates the principle of the four dimensions as different points of departure, as overlapping ways of noticing different aspects of practices.

Nurse Rachel is walking down the West corridor carrying an infant in her right arm. The child's head is resting against her shoulder and neck. Rachel passes the door to the spill room (see Figure 2.1), pauses, and rotates the handle with her left hand; this requires her to bend her knees slightly in order to keep her upright posture. She shuffles sideways and pushes the door open with her left shoulder, turning slightly away from the door to keep the infant's head safe. She squats down further, turns her head to face the child, offering reassurance through her eyes, smile, and voice. A few seconds later, she stands up, now carrying a piece of bubble wrap in her left hand. As she passes me (I'm stood a few metres away by the nurses' station), she tells me this is to 'try to catch a poo'. I retrace Rachel's steps (without an infant in arms), and nudge the door open. I fail to find the bubble wrap, and have to go fully into the room and search through a set of drawers located near the door.

This brief episode speaks to issues of bodily repertoires (Schatzki 1996) or forms of dressage (Lefebvre 2004) that are learned and practised by staff on the Unit as they comfortably hold or carry babies and infants while doing other things (see Chap. 7). For now I wish to concentrate on how this illustrates the importance of stable material relations.

The nurse was walking from the lounge at the end of one corridor, taking the child to her nursery where she intended to change a nappy, placing some bubble wrap inside in order to 'catch a wee and a poo', so that samples can be sent to the lab for analysis. She needed to pick up some bubble wrap in order to this, and its stable location enabled a smooth movement from lounge to nursery. Bubble wrap is made intelligible in practices of the Unit in terms of its impermeability in contrast to nappy fabrics which are absorbent).

Not only is the spillkit room close to the nurses' station at the nexus of the L-shape (see Fig. 2.1), but the positioning of bubble wrap in a drawer just by the door means that it can be accessed by a body carrying a baby which is often the case when bubble wrap is needed. Geometric relations between bodies and other material entities are important here—the drawer was within arm's reach and at a suitable height, and arranged so that only a small opening of the door enables them to be accessed. The position of the baby on the right hand side of the nurse's body means her left shoulder is available to nudge the door, and her left arm can be used to reach the bubble wrap.

Each piece of bubble wrap is an ephemeral presence on the Unit, but the arrangement of bubble wrap in that particular drawer is stable. The maintenance of this arrangement and its practical significance depends on staff knowing where to replace the bubble wrap, and on staff knowing where it is. Not all stabilities of material entities in space over time are so significant. As with many institutions, there are clumps of ‘dead matter’ that receive little attention. A tray of used paper, the reverse sides of which are used as scrap, is on the nurses’ station. The sheets at the bottom of this can be years old, as replacements are placed on the top well before the pile runs low. And of course, it is precisely the spatial and temporal instability or fluidity of some material arrangements that is crucial in other circumstances, such as the replacement of beds with cots to suit children’s ages, the movement of chairs from the dining room to the corridor during settling, or the movement of mattresses into the playroom for the relaxation group (see Chap. 6, Fig. 6.3).

That said, bubble wrap is far from unique as an instance whereby stable material arrangements are important. Storage of wristbands, blank pages for progress notes, first aid materials, keys for locked rooms, cupboards or fridges, containers for lab samples, linen, toys, whiteboard markers, group evaluation sheets, admission and discharge paperwork, often-used phone numbers (a post-it note by the nurses’ station), and so on, all reflect similar arrangements whereby the entities themselves are ephemeral but their locations and relations to other entities (including human bodies and their geometries which make them physically accessible) are stable.

Stability and Instability Around the Nurses’ Station

Several months into my observations, I arrived one day to notice that the nurses’ station looked very different. Most of the business cards and post-it notes that had been stuck on the inside vertical panel above the desk surface had been removed. These provided staff with quick access to useful information, such as the paediatrician’s telephone number in his main clinic, numbers for local pharmacists or the laboratory used to test samples. In other words, they played crucial roles in establishing efficient textures that linked the nurses’ station with other people and places. Within hours, replacements began to appear—the first being the business cards for the paediatrician and nearby pharmacist. Over coming days and weeks, more and more artefacts were stuck up. This kind of restorative work demonstrates how staff rely on the stability of certain material presences, and how they work to maintain and repair them.

In other instances, stable locations would be desirable but are not possible, in which case a series of practices and arrangements of coping are brought into being. The CD player is used in the playroom, during massage, and in the two nurseries by the nurses’ station or in the paediatrician’s office when it is used as a nursery. Its location is not temporally stable, nor does it follow a set rhythm in

its movements. Depending on the clients present each week, it may or may not be needed in the nurseries. When a member of staff needs it, perhaps for a playroom sing-song, or to set up for massage, there is no equivalent of the drawer in the spillkit room for bubble wrap. Locating the CD player requires emergent exploration, movement of bodies around the Unit based on where it might be, and often prompts questioning and relays of messages between staff members trying to find it. The CD player becomes part of a texture, assembled with bodily doings and sayings that manage and respond to its movements.

Pens, Stabilising Practices, and Textured Intimacy in Epistemic Work

An analysis of the stabilising work of things on the Unit would not be complete with examination of pens. Pens are crucial in the work of staff, particularly nurses, on the Unit, who regularly have to update behaviour charts (see Fig. 5.1), make notes on their CIR sheets, write progress notes, and so on. Very few aspects of clinical work on the Unit were computerised at the time I was there—notes are all handwritten. Statewide rules specify that formal medical records, must be written in black ink. However the behaviour charts require black and red (see Hopwood 2014c; Fig. 5.1). Biroes with four colours (blue, black, red and green) are attached with string to the clipchart for each child, but all the nurses routinely carry at least one pen on their person, often more than one. Much of the time, nurses use the pens held to clipcharts by string. But on hundreds of occasions I observed nurses writing on behaviour charts with their own pen, rather than using the one attached to it (see Fig. 8.3, where a pen dangles from the clipchart, and a second is held in the nurse's right hand). Why would this make sense to do? The pens are in many respects identical, coming from the same supplier (only ink levels vary) so it is not a material difference that matters.

The answer lies (at least in part) in the texture of practices that have the effect of producing certain kinds of material stability or security, while also acting as coping strategies when breakdowns occur. Pens are given to parents, when they sign off on goals, fill in forms, and so on, but often are not returned quickly, if at all, to their original owner. Sometimes pens tied to clipcharts go missing. But in order to avoid interruptions or delays in their work, nurses need to have a pen to hand at all times. Further stabilising practices include stashes of pens kept in personal lockers—these became known to me when my own pen for writing field-notes ran dry, and a nurse took me to the locker room, and gave me one of her pens, teasing me that I should keep it a secret. Sometimes staff find themselves pen-less, in which case stabilising recovery practices are enacted: borrowing pens from colleagues, asking for fresh supplies from administrators. The significance of pens to nurses' work is made telling clear when they lend pens to one another: these doings are often accompanied with good-humoured comments such as 'Now don't go losing that one!', or 'I want it back, mind you!'.

Fig. 8.3 Nurse Julia stands outside a nursery with Olivia, a mother, while Thi, a playroom coordinator, holds a baby



Practices of stashing pens in lockers, carrying one or more pens on person, and attaching jokey caveats to loans to colleagues produce stability where it might otherwise be lacking. The result is that pens are more often available when needed. These practices are a response to and management of the emergent instability of pens as a material feature of the Unit.

Relationships between staff bodies, doings, sayings and pens also involve what Knorr Cetina (2001) calls textured intimacy between humans and objects (see also Jensen 2012). In my observations I clearly detected traces of intimacy between nurses and (their) pens. This was particularly apparent when I was briefly given a pen by a nurse during an admission interview. I felt like I had torn her professional body apart as she was unable to write while I held the pen, and writing is done through much of the admission process. Knorr Cetina's notion that embodied practices of object relations are associated with a sense of boundedness and subjectivity is apt. In particular her linking of body-object relations to epistemic work is crucial. Pens are, through the knowing doings or knowing-in-practice performed with them, an inescapable part of being a nurse on the Unit. The pen links the knowing body to the material artefact of the behaviour chart or medical record. There are moments, space-times amid particular material arrangements, where the

subject of ‘nurse’ (or social worker, psychologist etc), is bound up with (cyborg) body performing actions with a pen. Practices where both staff and parents write and sign have significant bearings upon partnership practices, in which epistemic work is shared (see Hopwood 2014d).

None of this important work could be done if pens and the artefacts associated with them were fixed in space. Pens often follow the movements of the people, in whose pockets they are stored. They also move via attachment to clipcharts. And so it is to movement that I turn my attention in the next section.

Stable Rhythms of Clipcharts

I now consider movements of artefacts in space and time. These movements are intentional, rhythmic and productive. I focus on clipcharts, because they are key points of reference in Chaps. 9 and 10, and because their daily migrations provide a stark contrast to the forms of stability and instability discussed previously. As ever, I am not discussing stand alone objects, but rather communities of objects that refer to each other and combine in different ways (Lahn 2012).

There is one clipchart for each client suite on the Unit. Each comprises a firm plastic base with a square-folded lip at the top on which there is a number sticker corresponding to a particular suite. This lip is used to hang the charts on the wall by nursery doors, but also to present a vertical face to nurses when the charts are laid on the nurses’ station, enabling them to immediately associate a chart with a specific room or infant. The clipcharts hold paperwork including goal summaries and reviews of goals, and behaviour charts: schematic representations of children’s sleep, feeding, toilet, and behaviour activity over time (see Fig. 5.1). In front of these is a laminated piece of paper with a large number (again the room number), and a colourful cartoon animal.

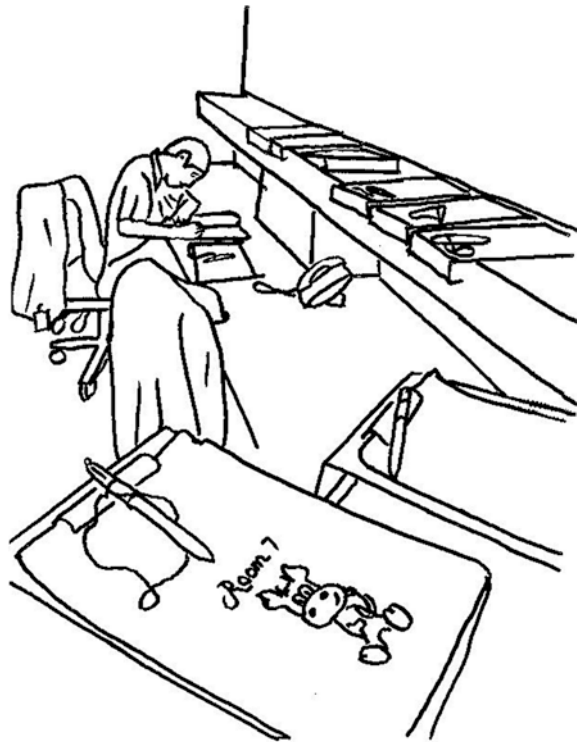
From Tuesdays to Fridays a key feature of morning practices is the Handover from the in-charge nurse from the night shift to the morning staff (see Fig. 5.3). Handovers are key in establishing connectedness in action from one shift to another. In the morning handover all the clipcharts are assembled together in the handover room, usually spread out on the floor. The hand-er must give a detailed account of what has happened overnight with each family, and to do so refers to the relevant clipchart, using it (making it practically intelligible) as what Gherardi (2006) calls a memory artefact (see Chap. 9 for further discussion of handover practices). The chart is also enacted as an epistemic object (see Knorr Cetina 2001; Miettinen and Virkkunen 2005; Mulcahy 2012) when it provokes staff to question what they know and need to know, and as a tertiary artefact, when it is folded into discussions of ‘why?’ and ‘where to?’ (see Engeström 2007; Hopwood 2016). Having explored these aspects elsewhere, I focus here on movement. However it is important to be clear that these movements are so deeply entangled in the emergent knowledge work that characterises practices on the Unit.

After this, the charts pass to the nurses who are assigned to work with particular families for their shift. They may take the charts into the dining room, play-room, lounges, or client bedrooms, when they interact with parents, discuss plans for the day, or update the behaviour charts. They may take them to the nurses' station or other rooms such as the paediatrician's office when they sit and write progress notes. Otherwise they hang by the nursery doors. During handovers between morning and afternoon shifts, the charts are returned to the handover room, not *en echelon* this time, but in groups determined by the set of families assigned to a particular member of staff.

When the night shift staff arrive, the charts are all brought to the nurses station (see Fig. 8.4). Night staff are not assigned to particular families, and so must familiarise themselves with all families. During the night, the charts are often taken up the corridors when nurses help parents with resettling children, and fill in the behaviour charts *in situ*, but they are then taken back down to the nurses' station and referred to for writing progress notes. The next morning, the cycle begins again.

Here we see how movements and rhythms are required by, produced through and shaping of practices. The migrations up and down corridors, to and from the nurses' station, in and out of the handover room, are not random. They are governed by the needs and intentions of staff, and play a crucial role in establishing

Fig. 8.4 The clipcharts are assembled at the nurses' station, nurse Ruth writes up her notes



textures of practices. A sign of the reliance on these predictable movements, and on their regular reproduction lies in the fact that in all my visits I never once observed a member of staff looking for misplaced clipchart: they were not always in the same place, but they were always where they were needed and expected to be. This powerfully illustrates the need to consider materiality as inescapably bound up with practices, and knowing-in-practice.

Embodied Materialities Filling Out Practical Ends

This final section shifts gear, focusing on a particular form of bundling between practices and materiality, wherein particular practices are explicitly oriented towards effecting changes in the material worlds. In Schatzki's (1996, 2002) terms this is expressed as materiality filling out the ends of practices. The goals expressed by parents often point directly to material entities in their expression, and often these are difficult to dissociate from bodies. I explore this with reference to breast milk and solid foods.

Questions of materiality in the context of social practices are also questions of embodiment. In Chaps. 3 and 7 I have already discussed how boundaries between (human) bodies and other material entities are theoretically and empirically difficult to draw. ANT, for example, refuses any a priori categories that distinguish human and non-human. Haraway's (1991) notion of the cyborg has become widespread, while many feminist writers on bodies and embodiment, often drawing on psychoanalytic theory (Weiss 1999) blur these boundaries in different ways through notions of incorporation of objects within corporeal scheme. Schatzki (2005) mentions human bodies, other organisms, artefacts and things, not so much with a purpose of establishing exclusive, stable categories, but rather to point to the scope of reference in his notion of material arrangements. He frequently discusses cyborgian ideas, and explicitly points to fusing and intimidate entanglements between bodies and other things in his explanation of how practices and material arrangements bundle together.

In admission interviews many parents with younger infants express goals relating to breastfeeding. In cases with weeks-old babies this can form one of the most acute situations and quickest referrals to the Unit. Breast milk matters, as matter with valuable nutritional qualities. Breast milk is also a wonderful example of a form of materiality that defies location within stark body/other categories: made in the body, it transgresses the border of the skin, and matters in this nutritional sense only in regards through its subsequent transgression of the baby's body via the mouth.

Breastfeeding is understood by parents and staff as potentially important for more than nutritional reasons, and many mothers wish to breastfeed as part of developing a secure attachment with them. In some cases where direct breast-to-mouth feeding is proving difficult, supply lines may be used, enabling feeding in a similar postural or body geometric arrangement and potentially assisting in

the longer term with a move towards breastfeeding. In such cases the milk and the supply line equipment form the direct focus of attention and intention. When parents feed breast milk to infants through bottles or supply lines it is stored as Expressed Breast Milk (EBM). This has a series of implications for accountability and responsibility that are bundled with extensive material arrangements and embodied actions relating to locked fridges, measured quantities, and signed paperwork (see Hopwood 2014d).

Other parents identify and work on goals relating to weaning children off the breast and encouraging intake of solid foods. Many experience challenges with children who seem fussy, reluctant to try solid foods, or who protest when they seek the breast and are offered alternatives instead. The materiality of the solid food matters in terms of the nutrition provided by its physical composition. But taste, colours, temperature, texture, and volume also matter.

Encouraging the passage of solid food from plate or bowl to mouth forms a focus of parents' goals that again shows how materiality may fill out the ends that direct practices on the Unit. However when such goals are articulated, material features of food also compose part of the texture in which actions connect, shaping how practices hang together. Again there is a patterned multiplicity, aligned through purpose and intention (teleoaffective structure). I discussed above how the playroom coordinators play a crucial role in attuning the material arrangements of the playroom to the children present each week and in the context of the goals families are working on. When solid food intake is a focus for one or more parents, the playroom coordinators will often arrange a time for 'messy play', usually before lunch, and will discuss with the parents involved why this might be important.

Messy play involves presenting children with paint, plasticine, play-dough and other malleable things. These have important material connections and disconnections with solid food. They share some textures of squeeziness, viscosity, smoothness, and so on. These connections become significant when bundled with practices oriented towards encouraging children to eat solid foods. In play children's instincts often lead them to touch, feel, squeeze, and often taste. The messy play materials are all food-safe, and parents are encouraged to allow children to explore and taste to guide their play. Often, when at the dining table shortly after, and when encouraged and allowed to make a mess with their food, explore through touch and taste, children come to enjoy and be confident around solid food. Practices such as painting on hands help nervous children explore tentatively, and in an environment where the pressure of eating is removed. In these cases we can see a clear example of how material entities connect with each other through internal material properties, and through practices, filling out materially-oriented ends which focus at the porous, fuzzy boundaries between body and other.

The excerpt below comes from a handover between two nurses discussing precisely such work. The parents involved had come to the Unit seeking help getting their child to eat solid foods. Meal times had become very stressful for parents and the child, and the parents were anxious about the lack of food intake.

Hander: We thought about a sausage roll, maybe we could just chop it up and then the café sold the last sausage roll.

Handee: Oh dear!

Hander: So we went to fairy bread. Louise managed to get some fairy bread from Jade House. So while Louise was in here giving me a handover just before lunch, Diana was with the mother at the nurses' station and the mum said she actually said her daughter even wanted to go into the dining room.

Handee: That's amazing.

Hander: Knowing that she was going to be - that there was going to be fairy bread, hundreds and thousands.

Handee: That's fantastic.

Hander: But I don't know how much she ate, because she was playing with it, but she was putting some in her mouth like this, but mum doesn't think there's been much improvement.

Handee: But we've told her this could take four months. She wants it to work this week, now.

Here we can see material work (going to get hundreds and thousands), and materiality doing work (exciting the child about the dining room). We can also see how this work is folded into complex sets of expectations about the temporalities of change (see Chap. 5). I would draw attention here to the way these nurses are managing uncertainty in terms of what they know will work, and how long change might take—uncertainty being a key focus of Chap. 9.

It is worth noting, in passing, two other key ways in which practices of the Unit are explicitly oriented towards materiality. One is in regards to gastro oesophageal reflux, known often simply as reflux. It is a relatively common condition (in adults and children) where stomach acid leaks out of the stomach and into the oesophagus or gullet. It may cause considerable discomfort, often described in adults as heartburn, or may leave an unpleasant taste in the mouth. Once diagnosed, regular, intense crying is not understood as an issue of temperament, but as a material problem requiring materially-based solutions. The immediate ends that fill out the ultimate intention of reducing distress and discomfort for the child are focused on reducing reflux. This is often accomplished with relative ease by using a thickener with baby formula to increase the density of food and help prevent leakage of stomach acid. Also relevant here is the discussion, at the end of Chap. 7 of ways in which the Unit is practised into being as a 'well person facility': staff are constantly on the lookout for material leakages from bodies (mucus, vomit, coughs) that signify an unwell child or parent.

Conclusion

I have presented an account of materialities on the Unit that brings particular things into focus. I have zoomed out, exploring the windows, windows and floors of the corridors, and then stepped through the client suites. Here I showed how control over certain material conditions (light, sound), and creation of connections that are not based on immediate bodily presence, help to connect the practices of families and professionals, as well as those of the Unit and family homes. I then

emphasised the fluidity in material composition of the playroom, focusing on toys and the attuning work done by the playroom coordinators, and the responsive textures that result. The role of things in coordinating different practices in space and time was then explored, looking at the whiteboard, communication book, Clients in Residence sheets, and signatures. I argued that all of these can be understood as more or less ephemeral materialities with more or less durable consequences in practice. The way practices hang together is prefigured by these materialities, which themselves are the result of practices whereby notices, memos and signatures are frequently written, modified, and erased. Zooming in on bubble wrap and scrap paper, I showed the role these play in producing stability, before highlighting the restorative work done at the nurses' station when an assemblage of informal materialities was (temporarily) removed. Pens were then discussed, showing how practices make them available when needed. These pens are not just writing implements, but are bound up in the affects of practice, something captured in Knorr Cetina's notion of textured intimacy with objects of work. A sense of mobility was highlighted in my discussion of clipcharts and their rhythmic migrations up and down the corridors. Finally I returned to questions of the body, and its material transgression as an explicit focus of practices.

Thus this chapter has revealed a number of distinctive features of professional practices that have not been brought so sharply into focus when considering the other three dimensions. Taking things as a point of departure diffracts out different aspects, while at the same time these are not atemporal, aspatial or disembodied. This concludes Part II, and completes the foundational work required to move on. Part III builds on the account of times, spaces, bodies and things as four essential dimensions of professional practices and learning. My focus will now shift, extending this theoretical work into a distinctive and explicit articulation of professional learning in practice.

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Part III
Professional Learning,
Partnership and Practice

Chapter 9

Professional Learning as Attuning, Connecting and Sensitising

Introduction

This is the first chapter in Part III. It takes the ideas developed through Part II as a basis for exploring questions more directly focused on learning. Here in this chapter the focus is on professional learning in practice, while in Chap. 10, the focus is on professional expertise within partnership understood as pedagogic work. The practices discussed here and in Chap. 10 are tightly interwoven, and cannot be cleanly separated. As with the dimensions of Part II, the two chapters here reflect a nuanced yet imperfect analytical distillation, highlighting different features of a complex, multifaceted set of linked practices. The framework from Part II is carried forward here into the analysis of professional learning in practice. Chaps. 5–8 focused respectively on times, spaces, bodies, and things. These were presented as four essential dimensions of practices and their changing connectedness in action. I signaled that these dimensions are not separate from questions of learning, but held off from developing this point.

The conception of professional learning in practice builds on the framework presented in Chap. 3. I treat learning as something entangled with but analytically separable from practices. This relationship is asymmetrical or non-reversible in that professional learning arises through practices, but I do not assume all practices bring about learning. One (learning) can be diffracted out from the other (practice). I conceptualise learning as changes in knowing (interpreting and acting) that occur in and further the ends of a particular professional practice. Such learning involves repositioning oneself in relation to aspects of knowledge, and others' actions, through changing interpretations and possibilities for action (Edwards 2000). This difference refers to producing new textures, modifying, restoring or repairing them, or maintaining them in the face of other change. This is based on a notion of stability and change as co-present features of practices (Schatzki 2013; Price et al. 2012). Specifically in this chapter, I take up these ideas and those of

attuning (see Chap. 7) in order to argue that professional learning in practice has crucial connecting (textural) and sensitising (epistemic) functions. This has implications for the nature of professional learning: it creates particular imperatives to learn and foci for the use and emergence of professional expertise.

Linking these premises to the arguments developed in Part II surfaces a range of crucial questions about learning in professional practice. How are temporal, spatial, embodied and material textures produced, repaired, restored, modified, and maintained? What does this tell us about the needs for and functions of learning in professional practices? If all the learning required to perform a practice cannot be specified in advance, how do practices go on? Why must professionals learn as they perform their work, what do they learn, and what difference does this make to what happens? How can we preserve something distinctive about the idea of learning while remaining faithful to the ontological and epistemological commitments of sociomaterial and practice-based approaches?

These questions frame my analysis of particular practices of the Residential Unit and the wider conceptual arguments that I develop through it. The latter contribute to how we understand relationships between learning and practice more generally. In summary, these broader arguments are as follows. Practices based upon partnerships between professionals and service users produce imperatives for professionals to learn as an ongoing part of performing their work. In the context of the Residential Unit, learning enables staff to become intimate outsiders in family life. The four dimensions of times, spaces, bodies and things provide a foundation for describing learning, making visible features of what is learned and how that might otherwise be overlooked. I describe these in terms of *attuning*. This is both (i) performed personally as each member of staff but draws on a repertoire of shared practical understandings and aesthetic sensibilities; and (ii) a collective accomplishment, in which emerging knowledge is shared, questioned, and discussed, ensuring continuity and coordination across shifts and professions, and working with knowledge that is provisional, contingent, and unstable.

Learning fulfills two crucial and related functions in ensuring practices can go on in the constant co-presence of stability and change. With regards to its *connecting* function, connectedness in action is not a given, but must be accomplished. Once established, connections are not independently secure—work is required to maintain them. Learning produces textures that hold practices together; it helps to modify, repair or restore textures when connections are strained, broken or lost; and it helps to maintain textures in light of other changes. With regards to its *sensitising* function, learning enables practices to respond with agility to changes, making them sensitive to subtle variations, preventing rigidity or stasis.

Many professional learning practices, such as handover, perform both *textural* work and *epistemic* work. Textural work produces, modifies, maintains, repairs and restores connectedness in action. Epistemic work responds to the partial, contingent and unstable nature of knowing in work. Practices of professional learning display varied degrees of choreography, involving patterns of rhythms, bodily arrangements and movements, talk, and interaction with objects. The concept of prefiguration is helpful in understanding how this choreography is accomplished and why it varies.

This chapter is structured as follows. First I will focus on the idea of partnership between professionals and service users (in this case, families), showing how the attempt to work in partnership intensifies the need for professionals to learn as an ongoing and always unresolved feature of their work. Then I will link the present chapter back to Part II by exploring professional learning as attuning, first in more personal, and then in more collective forms. This provides a foundation for the following section which explores learning as connecting and sensitising. These arguments are developed in more conceptual form first, and then illustrated and further explored through detailed analysis of handover practices.

Partnership and Professional Learning

Karitane seeks to work in partnership with parents (see Chap. 2). This approach moves away from expert-led models of care in which professionals diagnose deficiencies, set priorities, determine solutions, and solve problems for families. Instead the emphasis is on listening, mutual recognition of different but equally valued forms of knowledge (both professional expertise and ways of knowing within families), negotiation of goals, joint exploration and evaluation of strategies to move forward, and support in implementing them.

Partnership is one manifestation of a much wider trend emerging across a range of professions. This trend involves significant changes in relationships between professionals and service users (Fenwick 2012; Fowler et al. 2012a, b; Hopwood 2013, 2014, 2016; Hopwood and Clerke 2012; Hopwood et al. 2013; Rossiter et al. 2011), and includes ideas of coproduction (Dunston et al. 2009). Referring specifically to partnership, Hook's (2006) conceptual review identified the following central and distinctive features: relationship focus, shared power, shared decision-making and patient autonomy. At Karitane the FPM (Davis and Day 2010; Day et al. 2015) has been adopted as the framework through which to embed a partnership-based approach. As described in Chap. 2, it reflects the broader trends, while having particular features of its own. Uptake of the FPM at Karitane reflects decisions at the New South Wales State level to encourage partnership-based work with families, and the specific choice of FPM as a primary means to deliver this. FPM combines an explicit (and evolving) conception of the helping process with in-service training and supporting guides to facilitate reflection (Day et al. 2015).

Working in partnership means that learning in professional practice takes on new forms and functions. Part III of this book is structured around the idea that *reciprocal learning* is required if partnership is to be accomplished. It does not guarantee effective partnerships that live up to policy ideals or qualities outlined in conceptual models. However, I argue that without learning in both directions between professionals and families, partnership cannot be achieved. Chapter 10 takes up the idea that partnership involves reframing the helping process as one in which professionals facilitate parents' learning, and explores what they learn,

and the (professional) practices that bring this learning about. For now, the focus is on the fact that work at the Residential Unit requires professionals to learn from, about and with the families they are working with, and from each other.

Chapter 2 showed how diverse the families attending the Residential Unit are. They come from across New South Wales, living in major urban centres, regional towns, and rural and remote locations. Variation is evident across a range of social and demographic indicators, including employment status, class, race, ethnicity, age, migration history, and family structure (single/dual parent etc.). Some parents are experiencing challenges with their first child, others with their third; some struggling to cope with twins or triplets. How parents feel about themselves as parents is assessed through the Karitane Parenting Confidence Scale (KPCS; see Črnčec et al. 2008). Admission scores on the KPCS vary widely from family to family, often producing a wide range within the 10 or so families present each week. Other factors produce yet further complexity and difference among the families whom the Unit supports, such as the incidence of perinatal mood disorders, intra-family conflict and domestic violence, histories of drug and alcohol abuse, and parents' own experiences as children.

This diversity creates an ongoing demand for learning in professional practice. Even without the idea of partnership, it becomes immediately obvious that any services aiming to offer support to this client base must incorporate practices through which professionals learn about their clients. Middleton and Brown (2005) make a similar point in their description of neonatal intensive care. They show how the regular appearance of new staff, patients and technologies means that effort must be expended to hold the unit together as a functional entity. In Schatzki's terms, hanging together is not established and then self-perpetuating.

Professionals on the Unit can assume little about who will arrive each Monday, beyond what is known from referrals and intake interviews (but even this knowledge is treated as incomplete, uncertain, and contingent; see below). What cannot be assumed must be learned. This learning cannot happen before the process of working with families begins. The temporality of learning completed prior to practices is disrupted: the need to learn arises as practices unfold.

Partnership intensifies this learning imperative. It also makes what is learned more significant, because the practices of support that emerge over the course of each week are highly shaped by what staff come to know about each family. Partnership places explicit emphasis on professional learning at all stages of the helping process. Right from the start, it promotes extended and open listening to parents, rather than a form of history taking that fills out information that professionals deemed relevant before the event.¹ Learning then continues in the ways professionals are expected to explore how parents construe their situation and the difficulties they face, what their priorities and values as parents are, what strengths

¹See Edwards and Apostolov (2007) for a discussion of co-configuration and how professionals learn through listening to service users—ideas that are developed in relation to the present study concept in Hopwood (2016).

and protective factors may be available to draw on, how they respond to challenges presented to them (often in the form of trying out new techniques for settling or managing tantrums, for example), and how what they are doing on the Unit affects their esteem, capacity and confidence as parents, and its prospects for family well being in the long term.

Partnership also determines the ‘what’ of learning between professionals and families. In order to work in partnership, professionals must not only learn about families. The idea of partnership implies a particular kind of relationship, which in turn influences how professionals learn *with* families. Moreover, partnership deflects learning content about families from the centre. Instead, there is a much more relational emphasis, meaning that much of this learning is focused on what it means to work with a particular family. In other words, it is not just the family that is being learned about. It is also (perhaps more, or more significantly) the relationship between the family and the professionals working with them (see Hopwood 2016).

In other words, partnership requires professionals to learn quickly and widely about families from the moment of first interaction. It then frames the helping process as one in which professionals continue to learn about, from and with the people they are helping, including learning what kind of relationship needs to be established in order to secure the positive change and outcomes that partnership is supposed to deliver. In partnership this learning is not knowledge that sits passively in practitioners’ heads. It is learning that takes the form of action and changes action, and emerges through and with action. Partnership involves working in a responsive, unpredictable way—as the week unfolds, professionals continue to learn about families, and their actions change as a result. No learning sews up practices for the rest of the week. In fact, what is learned can be quite unstable. This has implications for the kinds of knowledge or knowing that underpin learning and practices, as discussed below with regard to contingent epistemology.

Thus partnership creates an imperative for learning that has a *sensitising* function. This links to the fifth key argument listed above, Here, this means practices that adjust to the particularities of each family, and the changes in those families. Partnership requires agility not only to a diverse client base, but temporal agility, too. I argue that this is accomplished through particular kinds of learning, without which it would not be possible.

This learning is never complete. I mean this in both the sense that it is never finished, but also that it is never exhaustive in its coverage of the matter at hand. Professionals working in partnership with clients are perpetually acting in a situation in which their learning (whether as individuals or a collective body of staff) is unresolved. No duration or quality of pre-service training could mitigate this. The demand for ongoing learning comes not from a deficiency in professional knowledge or skills, but emerges in the course of practices themselves. Even the learning on-the-job is always incomplete. This is not a failure but rather a necessary condition of the kind of work being performed.

Partnership practices thus present an inherent and perpetual knowledge challenge for professionals. They must continually act in conditions in which there can

never be complete knowledge of whom they are working with or what to do next. Far from the notion of evidence-based practice, in which robust empirical results provide clear directions on how to act, the view I present below is one characterized by partiality, uncertainty and fragility of knowledge, where knowledge is constantly changing through practices of learning which inform but do not direct what to do next, and where decisions and actions in this regard have a significant aesthetic basis. To understand this, we must first explore how professionals attune to the families they are working with. Having done this, we can investigate the connecting and sensitising functions of professional learning. The former focusing on the maintenance of textures, the latter on the epistemic work that accompanies the unresolved knowledge challenges outlined above.

Professional Learning as Attuning

Attuning provides a foundation for much professional learning on the Unit. It is through attuning to families that staff develop forms of knowing in practice that produce, modify, repair, restore and maintain textures, and ensure support remains sensitive to the strengths, priorities and vulnerabilities of each family. In this section I build on Part II, highlighting the role of attuning both as a personal and collective accomplishment. The later sections on learning as connecting and sensitising, and the detailed exploration of handover practices, refer (sometimes implicitly) to the forms of knowing developed through practices of attuning described here.

Professionals on the Unit are constantly attuning to the families they are working to support. I refer to *attuning* to emphasise it as a set of practices that are enacted, performed. *Attunement* can be understood as an effect of this attuning, what is accomplished. This was discussed in Chap. 7 with specific reference to the embodied performances of noticing, attending, and sense-making enacted as professionals go about their work, and in Chap. 8 with reference to the changing materialities of the playroom. As a consequence of the uncertainties and contingencies described above, this attunement is never assumed to be complete or stable, hence work of attuning is never finished, but rather is provisional and continues to be done throughout each week. As a form of connection between professionals and families that is constituted in action, attunement can be understood as a texture (Gherardi 2006), comprising four essential dimensions of times, spaces, bodies and things (see Chap. 3, and Part II). The process of learning about families depends on nuanced, emergent attuning to those families. The knowledge arising from this reflects the degree and nature of attunement, which in turn is part of the balancing act required in achieving and maintaining appropriate intimate outsidership.

It is important to recall the relational nature of attuning, as discussed in Chap. 7. This refers to attuning as involving practical intelligibility, active processes of sense-making and aesthetic judgement, such that, for example, sounds become meaningful soundscapes, and co-presence turns postures and gestures into

bodyscapes bursting with new knowledge. Attuning is also relational in the sense being shaping what is attuned to through responses to it (i.e. subsequent actions).

Some practices of attuning can be understood as accomplished through personal performances, while others are better understood as more collective achievements, producing a collective sensibility. I use the word personal rather than individual, stressing that all practices are relational, never performed in a social or material vacuum. Personal attuning is always done through actions, interactions with and reactions to others. Collective attuning is done through connected actions performed by bodies who act and feel as selves with individual integrity. However just as the four dimensions of Part II proved useful points of analytical departure, so here I take personal and collective qualities as an analytical device, a means to diffract out different aspects of attuning. Attuning requires and produces connections in action constituted in the four essential dimensions of times, spaces, bodies and things. The collective sensibility that partnership work with families demands rests on practices that attend to nuances of rhythm, produce and inhabit multiple, fluid spaces including body geometries, enact aural, visual, tactile, olfactory and other body work, and which draw from, respond to, and modify material arrangements.

Attuning as a Personal Performance

I will now provide empirical illustrations of attuning and relate these to professional learning in practice. In doing so I refer back to much of what was discussed in Part II (especially Chap. 7, and also Chap. 8). Here, I bring the analysis into more explicit connection with ideas of learning in terms of the framework set out earlier in this chapter, by highlighting the creation, restoration, modification and repair of textures, or connections in action. These map back across all four dimensions discussed in Part II. The non-individual yet still personal nature of attuning is emphasized more clearly here, mapping practices of attuning across multiple bodies and artefacts. While attuning relies on skilled performances of noticing and sense making, a site ontology (Schatzki 2002, 2003) refers us to (social) practices, bundled with material arrangements as the ‘place’ where attuning happens, as the constituents of attunement.

Attuning relies on a particular professional body or bodies being present with families in order to notice, attend, and make sense. Individual actions lie at the core of what staff on the Unit learn about families and how they do so. These are also social in the sense that they instantiate, uphold and are governed by practices that are performed, in more or less similar ways by others, and recognized as such. Each performance of attuning draws on and upholds a repertoire of practices of attuning that share common practical understandings, general understandings, rules, and teleoaffective structures (see Chap. 3). Through these shared social features, individual performances feed collective sensibility. These performances and the presence associated with them can be understood in terms of the textures described in Part II.

Being there with families is to a large degree afforded by the spatial and temporal constitution of the Unit. It functions for 24 h a day from Monday to Friday, within a relatively small part of a single building, although its boundaries are porous as both staff and families come and go during this period. While professionals are not ‘there’ in family homes, they are ‘there’ at breastfeeding and meal times, during settling (whatever time of day or night), play, bathtime, toddler tantrums, and so on. When a member of staff is with parents and children, a coming together of trajectories (Massey 2005) has brought them to the Unit, this week, to this room, at this particular moment.

Being there is a coming together of bodies and things. It is not just a connecting of spatial and temporal trajectories that underpins attuning, but embodied and material presences and trajectories too. The embodied performances of noticing and sense making attune professional bodies to the bodies of parents and children (see Chap. 7). Body geometries (see Chaps. 6 and 7) and material arrangements are always constituent dimensions of attuning: not only the bodies of people, but pens, behaviour charts (see below; Fig. 5.1), toys, food, breastmilk, bed sheets, cot wheels, music systems and so on (see Chap. 8). In other words, the temporal, spatial, embodied and material textures discussed in Part II produce the conditions in which performances of attunement can unfold.

In turn those performances produce new connections, modify existing ones (enriching them with new meaning), and may repair or restore those that had been broken or lost. For example, nurse Gillian² had been there during a settling episode with a mother and child. She had been attuning to their bodies, attending to cries and signs of rest or distress in the child, observing and listening to the mother closely in order to gauge the degree of challenge the particular approach to settling was presenting, and how comfortable the parent was in her response to this challenge. The outcome was a decision to move the cot into the main (parents’) bedroom, producing new material assemblages that in turn affect the body geometries between parents and child.

Many performances of attuning arise through informal and spontaneous interactions. These are not accidental though. On the contrary, the frequency of opportunities to attune reflects the textures that are constantly produced through practices described in Part II. ‘Cruising’ the corridors—walking slowly up and down with an air of availability (see Chap. 7)—is punctuated by peering through nursery windows, glancing or popping into the playroom, dining room, and guest lounges. While each member of staff is always assigned to work with more than one family, the increased staffing levels earlier in the week make them available to be present more of the time when learning about families is particularly intense.

Asking questions is crucial to attuning and the professional learning associated with it. While much is made of observing, listening, touching (infants), and smelling (nappies), knowing in practice that connects professionals and families also depends heavily on verbal exchanges. My point is not so much that learning

²As always in this book, aliases are used when referring to staff and clients.

happens through asking questions (this is obvious and well documented in literature). However knowing what questions to ask, and being present in circumstances when doing so is possible are both accomplishments in their own right. When Nurse Rachel accompanied Kirsty and her son Harry to their rooms, ready to conduct an admission interview, she asked: “Where’s he up to?”, referring to his feeding and sleep—prompting a verbal account from Kirsty here that Rachel translates and documents in the behaviour chart (see Fig. 5.1 for an illustration). “How do you think he’ll be, this might take some time?”, she asks, linking the rhythms of Harry’s up and down times to the present clock time and the temporalities of admission; they decide to keep Harry there on the bed with them. Later, as Kirsty fills out one of the forms in admission, Rachel engages with Henry, stroking him and laughing: “His chin is a bit dry, has he started dribbling?”. Kirsty replies yes, and directs Rachel to look at his right cheek that appears red compared to the left one. We can see here how Rachel used specific questioning, as well as visual and tactile attention, to attune to Kirsty and Harry. All the questions prompt responses that are attended to and which inform actions: adjustments to temperature, decisions about the presence and arrangement of bodies, markings on the behaviour chart, discussions about dribbling, and so on.

Opportunities to attune through questioning are created through the spatial practices of the Unit. In particular, the heavy foot traffic around the nurses’ station (see Chap. 6) means that when nurses are not with particular families, they are still very likely to encounter parents and children. I struggled to find in my notes an instance when a parent passed by the nurses’ station without some interaction with a member of staff. Of course not all questions were posed by nurses—parents often ask things of staff—but the textures produced around the nurses’ station were replete with questioning: How are things going? What are your plans? Did he manage a wee? Do you need anything from us? Would you like to join the toddler group?

Questioning is also systematically folded into more structured and planned encounters between staff and families. In these, as with the example of Rachel in admission with Kirsty and Harry above, other practices of attuning are also performed, but the questioning is shaped by a particularly strong patterning and tied closely to forms of materialization. Admission, the daily review of progress and goals, and discharge summaries are all prefigured by paper forms. These forms shape a line of questioning and provide a focus for attuning—a kind of skeleton curriculum for intended professional learning. Other textures and changes in knowing arise through these, such that the paperwork prefigures but does not confine the work of these interactions. Having considered the more personal aspects of attuning, I move on in the next section to consider its more social and collective features.

Attuning with and for Others

As mentioned above, other practices of attuning have a stronger collective quality. By this I refer to coordinated work between two or more professionals. This does

not necessarily mean attuning done in a group by people working together at the same time. Indeed, I begin by exploring attuning that is spread out over space and time. This echoes Nicolini's (2011) description of how 'competence' in work results from different people's mutual alignment and co-orientation.

Attuning as collective sensibility produces and requires particular connections in action. Learning about families that results from actions of a particular individual is nearly always quickly connected into webs of knowing and acting across multiple bodies and artefacts. Various kinds of handover, weekly staff briefings, and case conferences are key formalized practices that translate personal attuning into shared ways of knowing the families in residence each week. Handover will be explored in detail later in this chapter.

For now, I will explore how what any one member of staff notices and makes sense is often done on behalf of and made available to others. Each professional acts as 'eyes and ears' (and nose and hands) for others. This may be simply as they take over during a break, or in the way that handovers, behaviour charts (see Fig. 5.1) and progress notes provide a continuous record of what has been noticed from shift to shift. Many performances are tantamount to multiple bodies attuning for and with each other. Below I present an excerpt from my fieldnotes that illustrates why noticing on behalf of others may be so important:

Thi, a playroom coordinator, has just been at the nurses' station talking to the in-charge nurse, Sarah, about an administrative issue. Having taken a couple of steps back towards the playroom, she turns, takes a step back towards me and Sarah, and says "um..?". Sarah responds, "Do you want to tell me in here?", indicating the handover room across from the nurses' station. All three of us enter the room and Sarah closes the door.

Thi: Taylor's mum. The way she talks... is she okay? Is she worried?

Sarah: She's under a lot of stress. She's pregnant with her fourth child, which wasn't expected. She sent her toddler home because she's quite overwhelmed. She's coping better today though.

Thi: Okay. Maybe I'll try to avoid any conversation that I think might overwhelm or upset her then. Oh! I can smell a baby. [She looks down and points to her trousers], I got spilled on!

Sarah: Or it could be me! [pointing to her fleece jacket] A baby shared himself with me.

Thi leaves, and Sarah writes "7 sad" on her left palm (Taylor and his mother being in room 7 that week). Later on, Sarah is giving handover to Ruth, who will be in-charge nurse for the next shift. She reports what Thi told her, and said "sometimes they see things in the playroom that we [the nurses] don't"; Ruth concurs and makes notes on her personal Clients in Residence sheet.

Here we see three bodies—Thi, Sarah, and Ruth—noticing for each other. Thi, for whom this was the first shift this week, relied on what Sarah knew and noticed about this mother earlier, in order to understand relevant aspects of this family case, and to inform her subsequent interactions with the mother. Sarah relies on Thi to be her 'eyes and ears' in the playroom where, as in-charge nurse, she can spend little time herself (Thursday shifts are busy coordinating discharge summaries, handovers and so on). Sarah's jotting on her hand (which as in-charge would not be seen by clients) enables Thi's noticing to be passed on to Ruth.

Similar chains of noticing between the playroom and nursing staff were evidence in another, sad, case of a mother who had lost her third child at a very young age. Throughout the week, staff were working to support her with her surviving children, but of course her response to the death was a key focus of their attention. One of playroom coordinators, Anh, commented in the Tuesday briefing that this mother told her and other parents (and me) that she has three children. Anh had noticed only two children named on the Clients in Residence form and was curious. The in-charge nurse leading the briefing noticed this as significant, as it was not consistent with the way this mother had talked with some nursing staff as a ‘mother of two’. The point was not to question the mother’s truthfulness or to suggest her actions were wrong, but to build a more complete picture of how this mother was managing her situation. Anh’s attuning connected a minor spoken cue with a material record, and through this she became the ‘listening ears’ for the nursing staff—not only those present at the briefing, but those whom subsequently participated in co-producing textures and sensitivity in handover. Just as any account of noticing resists description on terms upon which it is performed by isolated individual bodies, so these examples (and all others) show how bodily performances of noticing are intertwined with the material environment.

Having discussed the knowledge work associated with attuning, I can now use this as a platform for exploring what learning in the course of professional practice accomplishes.

Two Functions of Professional Learning in Practice

The previous section described professional learning as a process of attuning to relevant features of work—in this case the families towards whom the overarching ends or purposes of professional practices on the Unit are oriented. This section takes the analysis in a related but distinct direction, focusing on the functions learning plays in the broader set of practices that unfold each week. I discuss these in terms of (i) textural work and connecting, and (ii) epistemic work and sensitising. These are discussed in more conceptual terms below, before taking handover practices as a concrete reference point through which these and many related ideas will be illustrated and expanded.

It is important, briefly, to revisit the theoretical assumptions that accompany this idea (see Chap. 3). The learning I refer to here is not understood in terms of parcels of knowledge that arise in individual’s heads or get passed (transferred) from one to another. I conceive it in sociomaterial, specifically practice theoretical terms. Learning is an effect of doings and sayings enacted amid, with, and attuned to material arrangements. Does this mean individuals are not learning, and their knowledge is not changing? No. But it does take individuals and cognition away from the centre of the picture. Yes, particular professionals learn new things. But what is learned, how it is learned, and the important effects of this learning, are not well understood in terms of a person-centred analysis. Instead, I argue learning in

professional practice is accomplished through the actions and interactions of multiple actors—human bodies and other objects. As outlined before, I treat learning and practice asymmetrically: learning is always performed, always accomplished through practices, but not universally arising in every action and practice.

In framing learning and knowing in terms of action, I am taking up a position in relation to where interest in professional knowledge lies. Young and Muller (2014; see Chap. 1) describe a continuum between knowledge and action, suggesting the distinction they draw between them is analytical (rather than actual, I suppose). They feel Jensen et al. (2012) go too far in the direction of ‘can do’ and ‘practice’, overlooking specialized knowledge, suggesting Guile’s (2014) contribution to their volume bridges these two sets of interests (see also Guile 2012). I am inclined towards the practice-focused approaches. While the work of Jensen and colleagues (see also Nerland 2012; Nerland and Jensen 2012, 2014) favours the idea of *knowledge* over Gherardi’s *knowing*, both are drawn close to the action, to what is done. In the examples I provide below, more stable forms of specialized knowledge and spontaneous knowing can both be traced, without constructing them as opposing or pulling apart.

Learning as Connecting, and Intimate Outsidership

Professional learning plays a crucial connecting function on the Unit. New textures are created, through practices of professional learning, enabling professionals to become ‘intimate outsiders’ in their relationships with families. Intimate outsidership is discussed as a key theme below. As well as creating new textures, existing ones are maintained, modified, restored and repaired through learning; the perpetuation of practices in circumstances of change also requires learning that works at the level of connections in action. Such textures can comprise a range of temporal, spatial, embodied and material forms, as detailed in depth in Part II. Connectedness in action does not achieve itself, it is a sociomaterial, practical accomplishment, at times an deliberate product of professional work, at others a by-product of work oriented primarily around other ends. Once established, textures do not self-perpetuate or self-propagate. Their maintenance requires work, particularly given that we may assume stability and change to be continually present as any professional practice unfolds. Circumstances change, requiring new textures to be fashioned, or existing ones to be adapted—through practices I conceive as professional learning. Textures, including those of intimate outsidership, can be more or less fragile, vulnerable to being distorted or broken. Professional learning performs functions of textural restoration and repair.

Staff on the Unit become intimate outsiders in family life. I borrow the concept of intimate outsidership from Ganong (1995, 2011) who suggested the notion in relation to his position as a social scientist working in a school of nursing. Ganong described an ‘ambiguous bond’ with family nursing research—on the one hand a depth of knowledge, attachment or commitment, and sharing in daily routines,

joys and strains (intimacy), and on the other hand, a preserved and useful sense of detachment and otherness (outsidership). Hayes' (1995) response to Ganong's first review of family nursing research observed that the distance between intimate outside and unwelcome intruder is a short one.

This strikes at the heart of one of the key challenges faced by staff on the Unit. In order to do their work, to help bring about positive change in families, they have to balance intimacy and outsidership. Intimacy is borne of sharing in experiences and difficulties that are often private—chronic struggles with parenting, tensions between parents, feelings of failure, depression, and perhaps domestic violence. Staff are there during toddler tantrums, mealtimes, and in the middle of the night. They are witness to breakdowns, and see many parents when they are at their most vulnerable and fragile. Such intimacy is crucial: without a detailed living knowledge of parents and the challenges they face, it is hard to bring about change. As pointed to in Part II, and developed below, this intimacy is highly embodied, sensorial, developed through co-presence, and attuning to sounds, expressions, postures and gestures, as staff come to know by observing, listening to parents and children.

At the same time, outsidership remains crucial, too. It is by virtue of being outsiders that professionals are able to intervene, to offer different perspectives. In the language of FPM, this is referred to as challenging parents' constructs). For example, a playroom coordinator or nurse, as outsider, might notice and draw attention to ways a child shares toys with her sibling, when all a parent sees is a tantrum-in-waiting (see Chap. 10 for more on pedagogies based on noticing). As outsiders, professionals on the Unit can engage with a particular family, drawing on their much wider knowledge and experience of other families. They draw on patterns, repertoires of strategies, and so on that constitute shared general understandings. When a mother describes how her daughter gets so extreme in tantrums that she throws up, a nurse might respond "Ah, she's a vomiter". Here the outsider is speaking, albeit in an intimate exchange: the professional who has seen this before, referring to knowledge of lots of families. Staff are also outsiders in the sense that they always part ways with families at the end of a week. Their trajectories cross and interweave for five days on the Unit, and (as described in Chap. 6), the spaces of home and the Unit are woven together, but staff are not living participants in family life at home.

What has intimate outsidership got to do with learning? Intimacy is not a given, it must be accomplished, deliberately and effortfully, and is sometimes more easily done than others. It is through learning about families, producing connections between professionals and families, that intimacy is achieved. Intimate outsidership can be conceived as a kind of texture, or connectedness in action. This does not render it as a static kind of state, but rather as a condition always tied to an unfolding, incomplete, and contingent process of learning. Intimate outsidership is less a body of knowledge, more an emerging form of knowing in practice. It is a question of enactment, of doings and sayings that weave intimacy and preserve outsidership. It involves work that is never finished, and always subject to revision. Changes may occur within the families with whom professionals have

intimate-outsider relations, they may occur in the relationship between professionals and families, or in the circumstances surrounding either party. Each change produces a fresh imperative for professional learning, and acts as a catalyst for this. Professional learning is key to the monitoring and regulation of intimate outsidership, both in terms of individual relations with family members, and in terms of the wider corpus of staff.

Outsidership also relies on professional learning if it is to be mobilised or translated productively as a texture that has meaning and impact within the broader ends of bringing about positive change in families. The relating what is known about particular families to general understandings—wider bodies of knowledge and expertise about parenting and child development, and processes of change in families—accomplished through processes of learning. Textures of intimate outsidership have little meaning on their own. While they are constituted in connections in action themselves, to take effect they must be connected with other actions, other forms of knowing in practice.

Learning is also key to the processes through which staff collectively monitor the balance between intimacy and outsidership, wary of the ease with which they might tread into the embodied space of ‘unwelcome intruder’. Levels of comfortable intimacy between staff and a mother may not be shared with a father who has not been present in earlier in the week. Staff may have to step back, allowing some connections to break, while seeking to establish new ones with the father. These are reported and discussed in handovers, and inform subsequent actions. Over time, former textures of intimacy may be restored, though of course never quite the same. On other occasions, family members may question staff involvement and support because they appear overly outside the family: they don’t know *this* child, *their* problems and needs. In this case, active listening, questioning and a range of practices of attuning are triggered in order to create a sense of intimate outsidership that in turn produces levels of comfort and trust in families.

Intimate outsidership is associated with its own connecting functions, and with others that link actions across the Unit. Intimate outsidership connects what staff do with the families in residence each week. It is, at the same time, a product of these interactions. Staff get to know families through practices of attuning. This attuning feeds knowing in practice that interacts with more stable professionalized forms of knowing (practical and general understandings), informing aesthetic judgements made from moment to moment about the standing of the relationship between staff and a family, what seems likely to work in terms of supporting parents, what they will accept, and so on. Not all professional learning is associated directly with changing forms of intimate outsidership. The textures of intimate outsidership are folded into other practices which mean that intimacy does not have to be re-learned and re-established from scratch every time a new professional interacts with a family. Handover is the most regular of these practices, along with case conference and staff briefings. Through these practices, intimate outsidership becomes part of a wider connective tissue—knowing in practice across a shift and from shift to shift.

Intimate outsidership does not only serve connecting functions. It also helps to sensitise practices to the (changing) circumstances priorities, strengths and vulnerabilities of each family. This is central to the idea of partnership. When we explore this feature of intimate outsidership, we see how it is not a question of a smooth, singular and linear trajectory from first meeting to knowing particular details about a family. Rather knowing in practice and associated textures of intimacy and outsidership are multiple, non-linear, fluid contingent, fragile, and based on an epistemology of uncertainty. It is to these ideas that I turn in the next section.

Learning as Sensitising—Working with Epistemologies of Uncertainty

Learning plays a crucial role in sensitising the work professionals do on the Unit to the circumstances of each family. Alongside the connecting functions pointed to above, learning in professional practices of the Residential Unit also enables those practices to respond to changes, making them sensitive to subtle variations, preventing rigidity or stasis. This aspect of learning arises through and reflects particular views of knowledge, without which many imperatives to learn in the course of working with families would simply disappear. A key argument here is that epistemologies of uncertainty are crucial in the enactment of partnership on the Unit.

In this Sect. 2 will show how professional knowing in practice is based on an epistemology that treats knowledge of families and how to support them as:

1. Incomplete—there is always more that could be known, and often the extent of partiality is itself not known.
2. Uncertain—not grounded in solid, stable ‘facts’, but treated as fragile.
3. Provisional and changing—only ever treated as ‘what we know for now’.
4. Informing rather than directing what to do next—there is always a ‘gap’ between present knowing and what would ‘seal up’ all questions of how to act; this gap is filled, to a working rather than complete extent, by personal and collective judgements and discussion.
5. Aesthetically based and performed—founded upon forms of attuning that are qualitative, personal, and often hard to articulate (although shared vocabularies and symbols, as used on behaviour charts—see Fig. 5.1—and in handover conversations, help to mitigate this).

The idea that practices proceed amid uncertainty is not new. Jensen et al. (2012) suggest that professional expertise includes knowing how to deal with uncertainty, rather than mere application of firmly held knowledge that determines action. Middleton and Brown (2005) make a similar point in their analysis of practices of neonatal intensive care. They describe work as characterized as much by ambiguity and uncertainty as by clarity and procedure. Indeed they suggest ambiguity

can be seen as a resource. They saw the identity and status of babies as unsettled, enacted in multiple ways (see also Mol 2002), becoming actualized through a network of expertise, care and treatment. Similarly in the account that follows I show how families on the Unit are discussed, enacted, and learned about in multiple ways.

These points can be stressed through consideration of their converse. Professionals on the Unit do not act from a state of full knowledge, and what knowledge they have is not worked with in binaries of truth and falsehood, nor is it assumed to be perpetual. Knowledge of families, combined with repertoires and reservoirs of formalized and codified professional knowledge, never suffice to fully specify what should be done next. There is always a residue of tentative judgement, exploration, venturing into the unknown and unknowable.

Knowledge about families and how best to support them is not static. Rather it is fluid subject to revision and reworking in non-linear, emergent ways. A default assumption might be to see knowledge about families as an entity that gets established early on, through referrals, intake, and admission, and then transferred or passed around the Unit. This simply does not hold up in the face of how practices unfold. It would not hold up even if this were adjusted to accommodate a knowledge-building trajectory that lasts the full duration of each week-long stay. Metaphor of addition or accrual do not do justice to, or accurately reflect, the complex knowledge work going on. While there are, of course, some relatively stable features of knowledge about a family (number, ages, and names of children, for example), the important working knowledge is much more fluid. In fact, as mentioned above on one occasion the apparently simple 'fact' of how many children a particular mother had, proved to be unstable and multiple working versions of the fact were enacted (this mother had lost a child and sometimes described herself as a mother of three, sometimes as a mother of two). So professional learning in practice here is not a question of discovery and transfer of fixed knowledge about families.

Knowledge about families is multiple, emergent, and sociomaterially enacted. This is in explicit contrast to singular, additive, and cognitive views. The practices of learning through which this knowledge is generated, interpreted and acted upon by the whole body of staff are sensitive to these knowledge conditions. When I say that this knowledge is multiple, I am borrowing from Mol's (2002) notion of multiplicity in the sense that what appears to be a single entity can be enacted into multiple beings (simultaneously and sequentially). Rather than thinking of what is known about each family, I think of how knowing about each family is enacted. Through this we can trace multiple ways of knowing, we can accommodate how plural 'truths' may be understood and acted upon, and we can explore professional practices on the Unit without requiring an ultimate resolution on a singular correct set of facts. This is important, because the practices I observed showed no signs of the latter approach to knowledge about families.

Professionals on the Unit know the families they are supporting in non-representational ways. In arguing this, I draw on Thrift's (2007) ideas, without claiming that staff would recognize or share this as a descriptor of their way of working.

Their knowing is non-representational in the sense that it does not proceed on principles that treat what is known as a complete and totally accuracy mirror of the reality of each family. Learning in professional practice on the Unit is based on a particular epistemology.

What professionals know about families is always treated as contingent, uncertain, and accompanied by not knowing (see Jensen and Christiansen 2012). This is not an epistemology based on truth value, but an epistemology of emergence, complexity and conditionality. Emergence points to the fact that knowledge does not accrue in a linear fashion, but rather may leap forward, loop back, split off and run in parallel. The shape of what is to be known is uncertain, itself not known, and processes of coming to know do not follow a linear course. What is known only through actions that are always social and material. In referring to complexity I am pointing to the non-predictability of knowing, that similar epistemic conditions responded to in similar ways do not produce similar knowledge outcomes. And by conditionality, I mean 'it depends': knowing about families is not independent of the questions being asked and potential responses in action being considered. Rather it is bound up with these, shaped by, and inseparable from them.

Professional knowing about families is dynamic partly because those families are themselves changing. A central tension of professional learning on the Unit lies in the fact that if the overall practices of the Unit are being effective, then changes are being brought about in families. The pedagogic practices of supporting parents (see Chap. 10) create constantly shifting 'things' to be known. In some ways, learning about families is 'catching up' with what has happened for that family over the past few hours. But equally, learning about families 'leads' those changes because it informs and shapes the pedagogic practices that bring them about. Here we can see complex temporalities (see also Chap. 5) that undermine notions of learning as what enables practice by being completed in advance. Thus we start to see how the idea of partnership as reciprocal learning between professionals and families has deep roots, grounded in epistemologies of what it means to know each family and act on that knowing for each family. These epistemological issues have a significant bearing on intimate outsidership.

Intimacy is both a vehicle for learning about families (creating, modifying, adapting knowledge and associated connections in action), and an outcome of ways of knowing families 'close-up). As such it is never taken for granted as complete, certain, or done. There are some things about families that it is always important to know (caregivers, ages of children, incidence of domestic violence, experience of mood disorders, priority goals etc.). Highly choreographed processes of admission and nurse-nurse handover function as ways to ensure that knowing covers this ground, although they do not secure what is known. But there is always a residue, sometimes larger, sometimes smaller, of particular aspects about each family that come to be known, that emerge as crucial foundations for future actions. The focus of these could not be specified or anticipated in advance (recalling the language used by Hager 2011). The unknown unknowns mean that one can never be quite sure what intimacy would comprise in the ways of knowing a particular family. Nor can one be sure when present knowing is sufficient (or too much).

Learning in professional practice proceeds in patterned but particular ways. Yes, there are some broad ‘horizons of knowledge’ towards which learning processes are oriented, and to which the practices of learning on the Unit are prefigured. But the trajectories of knowing from first contact to intimate outsider facilitating positive change cannot be mapped or anticipated in advance. It is not known what paths such a trajectory will take, where it will end up, how far it will go, and whether indeed it is one trajectory or several. The practices of learning about families described below are practices through which professionals make sense of what to do next. This is based on ‘what we know now’ being treated as emergent, complex and conditional. Actions taken are themselves subject to those same qualifiers: outcomes may be anticipated or hoped for, prefigured, but never guaranteed.

Understanding the epistemology of knowledge that is enacted in the daily work of the Unit is crucial to understanding professional learning in practice. Some such practices are ways of coping with epistemologies of emergence, complexity and conditionality, when there is never the option of not acting, not taking what is known (and not known) into account. Some practices are a result of these epistemologies, ways of learning that have taken root because knowledge about families is unstable, uncertain, contingent and always incomplete.

Key aspects of learning in professional practice on the Unit can therefore be understood as *epistemic work* (see Jensen and Christiansen 2012). Much learning is not just focused on coming to know certain things about a family and using this to inform what to do next (although this is clearly important). Significant components of professional learning in this setting concern the nature and status of knowledge itself—learning that addresses questions such as: What do we know? What don’t we know? How known are these unknowns? How stable is this knowledge? How certain? How stable is the ‘thing’ (the family) to which this knowledge relates? How should we respond? These learning practices also accomplish epistemic work in the sense that they not only create knowledge, but act to test and secure it (however tentatively and provisionally) through textures of times, spaces, bodies and things.

This connects with wider features of knowledge and expertise in contemporary professional practices. Jensen et al. (2012) write of expert knowledge being contested and branded with uncertainty, professionals not only applying knowledge in practice, but engaging in activities to ‘explore, test, archive, validate and share knowledge’ (p. 4). We will see below how behaviour charts become enacted as epistemic objects when folded into particular handover practices. For now my point is to establish that learning through professional practices on the Unit involves ‘working ways of working with knowledge’. This goes way beyond applying knowledge, or even learning to acquire and transfer knowledge about families. These rely on metaphors of learning based on knowledge as entity, acquisition, representation and transfer. Instead I focus on learning as accomplished through particular practices, in which new knowledge emerges alongside and through actions and objects that call that knowledge into question. Thus ‘what to do next’ is never sealed or straightforwardly directed by what is known.

This brings us back to the issue of partnership between professionals and families. Models centred on professional expertise rest on notions of secure professional knowledge being applied to problems experienced by others. Actions to learn about families and customize one's professional response to them do not accomplish partnership in the sense set out in the FPM (Davis and Day 2010) and similar frameworks. Attending to the epistemic features of professional learning in practice provides a useful lens through which to understand what partnership means in practice and how it is accomplished. The idea of 'reciprocal learning' between professionals and (in this case) parents is a basic foundation of my approach. I have foregrounded the contingent and incomplete nature of what and how professionals learn about the families they are supporting. The epistemologies that are enacted on the Unit, and the epistemic work that is performed as a means to cope with knowledge that is never certain, stable or complete, are both crucial to establishing and maintaining meaningful and effective partnerships with families.

Given all the uncertainty and incompleteness, how does anyone ever act? This is a crucial question. A practice theory approach helps us see that acting is not predicated on a condition of total security of knowing one is doing the 'right' or 'best' thing, with a known outcome. Rather it is a question of what it makes sense to do, where this sense-making is not just a property of individual knowledge and judgement (though these are important), but a property of social and material relations, textures of times, spaces, bodies and things. What to do next is prefigured but never sewn up. Responses in conditions of uncertainty and emergence are patterned through practices—in this case practices of learning that accomplish epistemic work as well as bringing forth knowledge about families.

Having explored the connecting (textural work) and sensitising (epistemic work) functions of learning in more conceptual terms, I now turn to handover practices as a specific and rich empirical reference point through which to illustrate and develop these ideas further.

Handover as Professional Learning in Practice

This final section folds the key ideas presented so far in this chapter together. I build on the notion that partnership produces constant imperatives for professional learning in the ongoing conduct of work. I take as a foundation practices of attuning, a detailed understanding of what they involve, and the forms of knowing they can produce (as discussed above and in Part II). Furthermore I explore how handover can be understood in ways that link these ideas to concepts of professional learning as connecting and sensitising, as performing textural and epistemic work.

In focusing on handovers I am not interested so much in the idea of handover as exchange of information. This would build on container and transfer metaphors that are inconsistent with a sociomaterial, practice-based approach. This is

not to deny that information is exchanged during handovers, but it is to argue that a much fuller understanding is grounded in alternative assumptions and concepts. In what follows there are a number of ‘moves’ in play. Handovers are treated as a *practice*, in Schatzkian terms, with the attendant concepts of activity, prefiguring, space of multiplicity, and materiality. Rather than seeing information in stable forms being transferred, handover is conceived as a site of learning, as much about changing ways of knowing as about connecting knowing from one person to another. Through these lenses, the functions of handover are described in textural and epistemic terms, and features of handovers, including material artefacts such as behaviour charts (Fig. 5.1), as well as their temporal, spatial and embodied patterns, take on new significance. Continuing the thread explored in relation to attuning, this approach presents handover as a means through which people mutually align and co-orient in practices that do not follow predictable paths (see Nicolini 2011).

Conceiving handover as performing textural work by my definition makes handover about learning that helps to produce, maintain, modify, repair, restore and maintain connectedness in action. This relies on textures of intimate outsidership which in turn are produced through practices of attuning. Handover as performing epistemic work means it is not just about reporting and sharing what is known, but questioning what is known, working with uncertainty, provisionality, and contingency, and asking, rather than assuming, what this all means for what to do next.

Handover constitutes a rich feature to ‘zoom in’ on (Nicolini 2009), simultaneously providing an excellent basis to ‘zoom out’ and explore questions of knowing, learning and the shaping of practice. I distinguish between several different kinds of handover practices, as outlined in Table 9.1. In this way, I conceive

Table 9.1 Distinctive handover practices

Kind of handover	Key details	Distinctive features
Group/to the shift	The in-charge nurse hands over to all the nursing staff about to start their shift	Involves the most people—all nurse bodies for the coming shift arranged around the handover room; all families discussed; highly choreographed (see below)
Paired	Colleagues hand over from one to another. Either a nurse to the in-charge at the end of a shift, or from one nurse to another who will work with the same family (if ‘with parents’ option not possible’)	Characteristic geometry of bodies (nurses, charts, chairs), despite some mobility of location (handover room, alternative venues); highly choreographed
With parents	The nurse who has been supporting a family meets with the parent(s) and the nurse assigned for the next shift	Highly fluid and unpredictable in terms of location, geometries; some patterning of content
On the fly	When one nurse steps in for another to take a break or attend to another client	Operates on a ‘need to know’ basis, always located temporally and spatially in the action with families

handover in Schatzkian terms as a space of multiplicity, a thick horizontal plane in which both common and distinctive practical understandings, rules, teleoaffective structures, and general understandings produce patterned activities with common and distinctive characteristics.

Before going further, I should acknowledge other related work on handover practices. Nimmo (2014) offers an account of handover that grapples with ontological multiplicity, and sociomaterial enactments in ways that are echoed below. Billett and Smith (2014) describe handover as both transactional and transformative. Information is exchanged, but the subjects of handover—patients in this case—are also transformed, through changes to the course of action or its perpetuation if it is bringing about desired recovery. They suggest that handover, among other learning practices, brings diverse resources of practice together and makes them visible and accountable as learning.

The account I offer below shares Billett and Smith's (2014) move away from a purely transactional understanding of handover. It also develops some related but distinctive arguments, as listed below. I specify these by exploring the characteristics shown in Table 9.1 in more detail.

1. Handover practices emerge out of prior practices and prefigure subsequent ones. Handover looks back, anticipates, and shapes the future. More specifically...
2. Handovers build on textures of attuning and intimate outsidership accomplished by each staff member during their shift, and they shape attuning work done by others in the next shift. Relational work is a strong characteristic, linked closely to attuning and intimate outsidership, and referenced to the idea of partnership.
3. Textural work is done as this attuning becomes folded into collective forms of knowing, producing connectedness in action, widening textures of intimate outsidership.
4. Epistemic work is performed as those giving and receiving handover work with uncertainty and contingency, rather than trying to reduce or eliminate these qualities.
5. Next steps are not determined by resolving around a single firm truth, but are negotiated and informed by complex forms of knowing. Subsequent actions are prefigured, not determined or dictated, and like what is known, are always provisional and contingent.
6. Handover practices on the Unit display patterns of movements, postures, speech, and use of objects. They can be understood as choreographed to varying degrees, and this choreography can be explained through practice theoretical concepts, including prefiguration.

To expand on this final point, by choreography I refer to patterns of bodily arrangements and movements—bodies in space and time—with a strong emphasis on how they relate to each other and other things. I include in my use of the term what others might call a script. Choreography is a broader idea that includes sayings *and* doings. I am not the first to use this term in describing professional

practices. Nicolini describes conducting a call in call centre work as ‘a choreography in which the discursive and nondiscursive aspects blend seamlessly, constituting different moments of the same knowing’ (2011, p. 610). Goodwin’s description captures much of what I have in mind:

The scene outlined here describes a routine bronchoscopy, in which a camera is passed into the patient’s lungs. The ‘routine’ consists of an elaborate choreography coordinating the positions, movements, actions and responsibilities of materials and participants, moment by moment. (2007, p. 263)

Thompson’s (2012) view is slightly different. She refers to the choreography of overlapping work, work-learning and workplace spaces. These ideas also inform and can be traced in the discussion that follows here. Thompson refers to the way in which a particular worker ‘choreographs bits and pieces from all over’ (p 264). This suggests that choreography is something that people do in practice, not just something they are subject to. This is important. There is a risk in using the metaphor of choreography that readers might infer a sense of practitioners unthinkingly following a set path that is accomplished through repetition and rehearsal of something that someone else has fixed in a bodily-discursive-material script.

On this point—that choreography does not imply predetermination of practices—Whalen et al’s work is very useful. They write of ‘improvisational choreography’, deliberately entangling two seemingly different, even opposed, ideas:

While ‘improvise’ and ‘choreograph’ may appear to be conceptually incongruent, our analysis demonstrates that even though these teleservice workers recurrently fabricate their actions out of materials and means that are conveniently on hand, the convenience is often carefully arranged to afford such extemporaneous composition. Finally, we conclude from this analysis that the traditional topics of ‘work routines’ and ‘routinization’ need to be respecified in order to take into account how any ‘routine’ is a contingently produced result (and in this centre, a craft-like performance). (2002, p. 239).

Similarly when I write of choreography I refer to everyday and technical notions of the metaphor. The everyday sense hones in on the patterns and regularities in bodily movements, relationships, postures, and sayings—seeing handover as a kind of dance with distinctive, discernible forms. The technical notion points to overlaps between practice and learning, between improvising and repeating what is well rehearsed, and a sense that at any moment a professional can, through their actions and interactions, choreograph elements of their work. I conclude this section by exploring how Schatzki’s concept of prefiguration provides a theoretical basis for precisely the working use of the metaphor I have described above. But first, I must make a case that establishes this choreographed effect. It is to this work that my attention now turns.

Highly Choreographed Handovers

Handovers at the intersection of each shift (see Fig. 5.3) play a crucial role in enabling practices to hang together and respond to what arises in the coming hours.

These may take paired form in which nurses assigned to work with particular families hand over to the colleague who will be working with the same families in the next shift. Arriving nurses may also receive handover as a group, from the in-charge, in which all families in residence are discussed. These practices rely on the temporal overlap between one shift and another, and produce rhythms of their own.

The group handovers constitute rare moments when all the nursing staff for a particular day shift are actually in the same room at the same time. At night, the two or three nurses often gather together at the nurses' station, but in all my observations I never witnessed a time when such a congregation occurred outside of group handover. Because weekly debrief happens in the middle of a shift, one or more nurses remains 'out on the Unit' attending to families. These group handovers can be understood as a unique coming together of trajectories (Massey 2005), producing a spatial texture that is not found anywhere or anytime else. While there is a forward-moving trajectory here, in the sense that the past surges forward into the future, linking one shift to the next, there is also a more lateral joining together. For it is only here where *all* families in residence are discussed. The group handover is therefore a crucial site in which textures that encompass the whole resident population are woven together. The only other instance where trajectories of knowledge relating to all families come together occurs at night, when the clipcharts from each room congregate around the nurses' station (see Chap. 8 and Fig. 8.4).

Similarly, trajectories come together in the paired handovers. Here it is more exclusively a question of a forward motion, fusing the chains of action from the last shift into those of the one about to happen. The narrower focus on two or three families assigned to each nurse allows for greater attention to detail in the content, drawing more fully on intimate outsidership and attuning in each relationship, but does not produce the wider texture of the group handover practices. The group approach provides all nurses with up to date (but still contingent, incomplete) knowledge about all families, enabling staff to act in for each other (see handovers on the fly below), and to maintain a general level of familiarity needed to offer passing acknowledgement or support to all clients when needed. The paired approach allows the nurses involved greater opportunity to share knowing connected with intimate details of the behaviour charts (see Fig. 5.1) and other documentation. This is reflected in the contrasting choreographies of the two practices.

Both paired and group handover practices are strongly choreographed, as indicated in Table 9.1. However the specific geometries, movements, sayings and relations with objects are different. These reflect the different purposes and functions of each. In the group handover, handees (nurses beginning their shift) sit or stand around the edge of the room. They all have a clients in residence (CIR) sheet, and at least one pen; they all make notes on their CIRs, though what and how much is written varies. These written emphera create textures of things that carry actions and knowing forward from the previous shift into the next one (see Chap. 8; and also Nimmo 2014). They are also a key feature of paired handovers, but not so much the other two forms. The discussion follows a predictable script: while the

specific details change from day to day and week to week, the issues covered tend to be relatively stable.

The paired handover features one of the most stable bodily-material geometries of any practice on the Unit. The choreography is highly distinctive here, not only in the arrangement of the bodies and objects, but also in their relative lack of movement. While there are gestures, nods, shifts in posture to share a glance at a behaviour chart, and so on, overall the handover is accomplished with little full body movement. There are always two nurses' bodies, seated around the corner of a table. The clipchart for the family being discussed is always on the table or held in a shared visual field. Figure 6.9a–d in Chap. 6 illustrates the uniformity of this arrangement. What is remarkable is that this is reproduced even when the setting changes. Paired handovers take place by default in the handover room, but can also occur in the office of the paediatrician (VMO 1, see Fig. 2.1). While the room, desk, and chairs may change, the arrangement does not. However, the choreography is not always identical. Other bodies and things are sometimes introduced, most particularly infants, which may be held in arms, or in prams which can be rocked forwards and backwards while handover takes place. This introduces elements of movement and rhythm that enrich the 'baseline' choreography.

I use the term choreography to stress patterns that are embodied and material, while also incorporating a more conventional sense of a script. Handovers on the Unit are scripted in the sense that the sayings are patterned in terms of their content and sequence. However the broader notion of choreography creeps back in as we notice that the spoken performances not only share attributes in words and meaning, but in tone of voice, rhythm of speech, and so on. The discussion takes each family in turn. On Mondays, key information arising from the admission is reported (outcomes of parenting confidence assessment, depression and domestic violence screening). On other days these may be mentioned, though this is often not needed as the information is available in the shared CIR sheet and many nurses read this and add notes to their own CIRs accordingly. When each family is discussed, the in-charge will refer to her CIR, the shared CIR, and the clipchart(s) for each child (which contain the goals sheets, behaviour chart etc). The priority goals agreed with parents are always discussed, as are judgements as to the wellbeing of each family member. Relevant episodes are recounted including the strategies implemented and their outcomes (in relation to settling, feeding, playtime, night-waking etc). The latter has implications for the level of challenge that might be presented in the next shift.

Sayings in these handovers also always include discussion of the relationship between staff and each family (see Hopwood 2016). This might refer to how negotiations around goals proceeded, the extent to which staff feel they understand parents' values, experiences and priorities (contingent and incomplete knowledge being particularly explicit here), the level of trust and confidence parents appear to have in staff (which again has implications for challenge in the hours to come). This is crucial in the enactment of partnership. These professionals are attuning not only to children and parents, but to the connections in action between staff and families. The FPM holds that an open, honest, mutually respectful and trusting

relationship is the conduit for helping families, setting these characteristics out as the conditions under which parents might be challenged in order to bring about change (Davis and Day 2010; Day et al. 2015).

Staff are clearly aware of such patterning and they place value in it. I say this because in instances where doings and sayings of one person deviate from the script, the other will take action to bring it back. When the anticipated form of connectedness in action does not materialize, staff fall back on a secondary set of practices to restore or repair the texture of handover. This could happen as follows:

Hander, reading from notes filled out during admission: So the mother in room five, she scored 32 on her KPCS, eleven on the EPDS and DV was negative. Her son is...

Handee, writing on her personal CIR sheet: Hang on, what did she get on ten?

Hander, looks back at her notes: Oh sorry, zero on ten.

Here the handee is listening to her colleague, filling out information, and anticipating a particular sequence in information. Her colleague accidentally misses out the mother's response to question ten in the depression screening, which focuses on self harm and suicidal thoughts. The handee notices this immediately—a sign of how the pattern is anticipated—and interjects in order to correct it. That this constitutes a minor break in an expected flow is acknowledged by the hander when she says 'oh sorry'. Her notes provide the information for her immediately—they are as much part of the flow as the sayings of the hander, and the doings (writing on her personal CIR) of the handee. Handover is thus not only performed through ritual enactment of the choreographed routine, but also by constant monitoring for tears in the texture, and practices of restoration and repair that are mobilised when needed. These are not effected by one party, but remain folded into the social and material webs that constitute handing over.

Before moving on to consider other forms of handover, it is worth noting what is largely left out of these handovers. One might expect the sayings in handovers to be characterized by detailed discussion about parenting, settling children, dealing with toddlers and so on. In fact, the opposite is the case. Sleep routines, settling techniques, feeding practices and so on are discussed, but usually only in particular ways. One is in a descriptive report about what has happened—sayings elaborate on the knowledge recorded in the behaviour chart. The other is to discuss how these relate to parents' goals: 'both her parents are very keen to get her to sleep without a breastfeed'. How to settle a child, respond to a tantrum, encourage solid food intake and so on are all, by and large, assumed and largely unproblematic features of professional expertise—general understandings. In some exceptional cases, when approaches from within the shared repertoire of strategies have not showed any promise, then the actual act of settling (or whatever the issue is) becomes something to be unpacked in handover. This happened once during my observations, with a boy who was highly unsettled for several nights and did not respond to any of the settling techniques they tried, and was eventually diagnosed with reflux.

If handover is not primarily about parenting techniques, what are the sayings focused on? The core business of handover comprises several linked areas of

discussion (see Hopwood 2016). Handover discussions focus on what is known about the family (and the status of this knowledge, see below), the relationship between staff and the family, and what is known about how to help parents bring about the lasting positive change they are seeking. The first centres on what staff know about parents' existing constructs, their priorities and goals, strengths, resilience, emotional reserves and fragility, and so on. Such discussion is used in a process of gauging what strategies to try, what support to offer, and what challenge to present to parents (see Chap. 10, where this is discussed in terms of professional expertise being used to judge where a zone of proximal development lies for each family). The second involves exploring questions such as: How is the relationship between staff and families? How are we going in terms of establishing mutual trust, openness and honesty as a basis for negotiating what we do next? And the third involves discussion of goal related strategies and approaches—did the child respond to cot-rocking? If not, what might be tried today? Do the parents seem comfortable with gradual withdrawal? These are not discussed separately and in isolation, but rather each shapes and affects the other in a process I have described elsewhere as intra-mediation (see Hopwood 2016).

All this work is also permeated by epistemic work—work that is about knowledge. Here staff work together to assess and question what is known about each family. Handover is implicitly addressed to questions such as: What do we know? What don't we know? How certain is our knowledge? How important are the gaps? How can this inform what we do next? Even what might appear to straightforward 'facts' are opened up, as when a nurse might note that the behaviour chart record for the previous night could well be wrong or incomplete if the nurse writing it had to do so on the basis of sound emanating from the nursery alone, because the parents did not come out of the room or use the phone.

It is worth pausing here to comment on the CIR sheets and other objects in these handovers, notably the behaviour charts (see Fig. 5.1). Some references to these treat them as simple repositories of information, reading out names, ages, or times of waking, feeding, and so on. What handees write on their own sheets can similarly reproduce this information, as if a transfer model were in action. However, in this process, handees are making judgements as to what to write down, and are making connections between mundane facts (such as age) and wider, complex repertoires of professional knowledge (about child development, for example), and what they know about the family already. Whatever the unit of meaning, it is not being transferred in static form in this process, but rather made practically intelligible: selected, translated, (re)interpreted, and connected. The nurse assigned to work with that family will think through what it means for her shift, while her colleagues react differently to information about families they are not assigned to.

Behaviour charts are in some ways records of what has happened, and CIR sheets are systematically tabulated facts about families. As such they function as secondary artefacts (see Hopwood 2016; Wartofsky 1973). They drive questions of 'Who? What? When?' and 'In which location?', the latter including classifications

and categories, such as the distinctions between grizzles, cries and screams shown in the behaviour chart on Fig. 5.1 (see Engeström 2007).

However the function of these objects in handover is much more complex. It is around these, and perhaps also documents attached to behaviour charts that outline parents' goals, that the most thorny handover discussions emerge. These objects give staff pause to ask questions, to surface dilemmas or uncertainties, to explore alternatives and options as to what to do next. As such they act as tertiary objects, or 'Where to?' tools (Engeström 2007; Hopwood 2016). In many instances, both in the group and paired handovers, the behaviour chart and CIR sheets are enacted as epistemic objects (Knorr Cetina 2001). Epistemic objects create a dissociation between self and work, inserting moments of interruption and reflection. They are open-ended, incomplete or unfinished, inviting or generating questions; they are partial objects in relation to the whole. Families become knowledge objects when what is known and not known about them is brought explicitly into question (see Edwards and Daniels 2012).

Quite often I observed handovers where the behaviour chart showed a flat line through a Monday night, indicating a child was settled throughout. However staff would discuss the fact that some cries were heard at different times, but the parents did not come out into the corridor or make telephone contact with the night staff. Therefore the child's sleeping and waking are not actually well represented, or even known to staff. The texture is weak. This sets an agenda for the nurse on the coming shift to work with parents to find out what happened over night, but also acts as a catalyst for a discussion about why the parents may not have contacted staff, and how this might best be broached under the rubric of partnership. On other occasions, staff noted a pattern on the behaviour chart indicating good progress in terms of daytime sleep patterns, and explored the contrast between this and the reported feelings of the mother that things aren't changing for the better. Again the object is less a holder of stable information, and more a starting point, a window into discussions which call knowledge into question, probe and try to map the edges of what is known, and collectively deal with the contingencies, partialities and uncertainties in order to judge what to do next.

Handing Over with Parents

Not all handovers are a purely professional affair. Staff on the Unit try to conduct handover at least once a day with a parent also present (see Table 9.1). The more stable rhythms of the Unit produce some temporal patterns in these handovers, but also underpin their more sporadic nature. The inclusion of parents in handovers is associated in part with recommendations of the Garling Report (2008), which encouraged involvement of service users in handover at least once in each 24 h period. However the involvement of parents in handover at Karitane predates this, and is also driven by the openness and negotiation that are characteristic of partnership and the enactment of the FPM.

I will now illustrate the varied performances involved in handover with parents by presenting a number of excerpts from my field notes. We begin with my first observation of this, a Wednesday:

I sat in on a handover, in the client's bedroom. Two nurses sat next to each other on the bed, while the Emily stood at the foot of the bed. Her toddler sat next to me on the sofa. They spoke about what the mother had been doing, praised her achievements, and praised the toddler. They also discussed some concerns Emily had about her husband back home not accepting the approach she has been trying out with her daughter. Emily commented that she found it hard at first but how she is finding the labeled praise is coming more automatically. The nurses explained that tomorrow they would withdraw a bit but still be on hand to help if needed.

Several weeks later, again a Wednesday, parental involvement in handover proceeded quite differently:

Nurses Pippa and Louise come into the playroom to find Terri, who is playing with her 10-month old daughter Annabel. They step over the fenced area for young infants, and sit by Terri on the mat. Pippa (who is handing over to Louise) tells the story of the morning, and Terri confirms, adding details. Louise asks Terri about her priorities for the afternoon, what she wants to work on, and what she plans to do. Terri mentions breastfeeding and talks through her bottle plans, asking how much to give Annabel. Both nurses contribute a response, before Pippa offers a sheet for Terri to sign, which she does, using Pippa's pen.

And months into my fieldwork, my notes document these interactions:

Nurse Rachel comes into the playroom with her colleague Julia, to whom she is handing over for the afternoon shift. They sit around a table in the corner where Sofia is sat with her daughter Isabella. Sofia tells the nurses how delighted she is with how things are going, feeling much better. Rachel reports to Julia that they had a good night. Sofia tells Julia (who had supported her the night before), 'I did what you told me', adding details as to what Isabella did, how she responded, and the effect it had on her daughter. Both nurses nod and smile. Rachel describes the morning settling and resettling, in which they didn't manage to get Isabella back for a second sleep cycle but 'it was good, though, we gave it a real go!'. Julia checks whether Sofia wishes to change anything regard her goals (no), and then they discuss how significant the changes are that have already occurred, particularly in terms of Sofia now talking about her daughter's cries meaning different things.

In just these three excerpts we have seen handover on the floor and around a table in the playroom, and around a bed and sofa in a client's room. My notes also describe similar interactions in a corridor, either stood around a nursery door, or even while walking, perhaps up to a client lounge or the outdoor play area. None of the stable and tight choreography in terms of body positions, geometries, relationships with furniture and other objects is evident here. Similarly the sayings are much more fluid—without an anticipated sequence, and covering highly variable content. The introduction of a third (and sometimes fourth, if both parents are present) party who is not familiar with the handover routine presumably contributes to this dynamism. Nurses often take their cues from what parents offer, how time pressed they are, how occupied with playing, settling, eating and so on, as well as how sensitive the discussion may be, bearing in mind that the space of may be more or less public (see Chap. 6).

This fluidity and variation is not an indication that these handovers are taken less seriously than the more choreographed ones. Often staff try to find parents in order to conduct a handover with them, but are unable to do so. Sometimes parents are asleep, or otherwise engaged with children, meaning that the rhythm of overlap between shifts does not coincide conveniently (eurhythmically, in Lefebvre's (2004) terms), with the rhythms of family activity. In such cases, staff simply conduct handover between themselves. The rhythms and movements of staff are much more stable and predictable, with staff anticipating handover needs, congregating around the handover room, or leaving messages with colleagues as to their whereabouts, so they can be found when needed, or the order of handovers adjusted.

Handing Over on the Fly

The last of the handover practices summarized in Table 9.1 concerns handover that happens 'on the fly'. These arise as one member of staff steps in for another for a short period of time—usually so the former can go on a break, or sometimes because they are needed urgently to support another family. The focus here is much more narrow and immediate than in other handovers. More formal handovers cover much of what has happened and has been learned about at least two families, with the idea of passing one shift to another, including associated aspects such as progress made towards and changes in parents' goals, relational work and so on. When handing over on the fly, the exchange is confined only to the activity happening right now.

The broader relational and epistemic work described above are largely absent here, allowing for emphasis on what is concrete and immediate. These handovers are usually conducted standing up, but actually reflect the geometries and postures of the ongoing activity rather than representing forms shaped by handover practices. If the handing over occurs during a meal time, it will be seated around a table; if it arises during play, it may be done on the floor or outside; and if during settling, it will usually involve standing by a nursery door. In such handovers it is very unusual for anything to get written down, unless one nurse writes on her wrist or palm, or continues adding information to a behaviour chart—again more as part of the ongoing activity than as an artefact of handover.

Sometimes the exchange is so brief, it doesn't seem like a handover at all—but nonetheless the performance is one in which responsibility and involvement in unfolding activity are passed on from one member of staff to another. One such incident was documented in my fieldnotes thus, from a Tuesday morning.

Nurse Sarah opens the playroom door and calls down the corridor, "Can someone relieve me? I've got a meeting with Allied Health". Her colleague Bridget comes along, and introduces herself to the only family in the playroom at the time. Sarah leaves, and Bridget gets immediately involved in playing with the children and talking to their mother.

At other times, there is more explicit discussion, and in the example below, the parent was also directly involved:

I have been in a nursery while Nurse Pippa helps Eleni settle her son Michalis. Nurse Jayne, who is in-charge that day, comes up the corridor and asks Pippa if she can go for lunch now? Yes. Jayne gets Bridget to come and relieve Pippa, and when she arrives a brief handover is given. While the two nurses do most of the talking, eye contact, nods, and brief questions fold Eleni into the discussion. Pippa describes how they have been working on comfort settling, and praises Eleni for being ready to challenge Michalis. Looking at her watch and the behaviour chart, Pippa says they are good to go until 1 p.m.³

I documented handover on the fly in corridors, the playroom, dining room, around the nurses' station, in the handover room, client lounges, and in nurseries or bedrooms. These handovers are much less tightly choreographed than the formal paired or shift team practices. This does not mean that what is said and done, and the arrangements and movements of bodies and artefacts are wholly free of any shaping forces. On the contrary, these practices are prefigured just as in other handovers. However here this force is less constrained in its effect.

How Is Professional Learning in Practice Choreographed?

Having established that practices of professional learning in the course of work are choreographed, we are left with the question of *how* this happens. Based on my interpretation of Schatzki's practice theory, the answer lies not in finding a choreographer—or even choreographers—whose design and intent have resulted in the practices described above. Instead I find two points in Schatzki's conceptual terrain helpful in explaining such choreography: the relationship between practices and activities, and prefiguration. I note here that Schatzki doesn't write about choreography per se, and so here I am appropriating his ideas in order to explain a phenomenon that arose from my analysis, informed by Nicolini (2011) and others (Goodwin 2007; Thompson 2012; Whalen et al. 2002).

What particular professionals do say in any particular handover can be understood as *activities* (Chap. 3). In Schatzki, we can conceive these as connected in multiple, bi-directional forms, with *practices* of handing over. This is signaled in Schatzki's oft-cited description of practices as 'embodied, materially mediated arrays of human activity centrally organised around shared practical understandings' (2001, p. 2). Practices are spaces of multiplicity, thought of more as a slightly thick horizontal plane rather than in hierarchical terms. Thus we can speak of handover practices on the Residential Unit as a space of multiplicity made up of distinctive ways of doing handover. These different ways can be considered versions of handover practices to the extent that they share practical understandings, general understandings, ends (purposes, or teleoaffective structures) and rules.

³This is not because they were using a 'controlled crying' approach (based on timing cries). Rather, there is a working rule of thumb that new settling techniques are tried for up to about 40 min, after which staff suggest parents switch back to whatever approach they have used in the past, such as holding in arms, or a breast feed.

Any particular activity is shaped by the practice of which it is an instantiation, and at the same time it upholds, perpetuates or modifies that practice. ‘Practice organisations circumscribe activity. In turn, activity maintains practice organisations’ (Schatzki 2010, p. 212). Practice theory holds (as do many other sociomaterial approaches in their own ways) that the wider factors shaping particular actions are always ‘there’, expressed and manifest in each particular doing. As Kemmis and Grootenboer’s (2008; see also Hopwood et al. 2013) notion of practice architectures suggests, we do not need to look ‘out there’ for broad, external influences. Any influence is only ever exerted in the moment of particular doing. The same basic idea is there in Schatzki’s idea that all actions produce and reproduce the factors that shape them.

So, we can understand the doings and sayings of any specific instance of handover as ‘choreographed’ by the practice of handing over. What people do and say, and the material arrangements amid and with which these performances are accomplished, proceed in more or less accordance with the practice of giving handover. The practice is by definition a relatively stable (though not static), and socially recognized (though not uncontested) form. A nurse giving handover recognizes and enacts the bodily performances (practical understandings), wider knowledge (general understanding), purposes (teleoaffective structures), and protocols and norms (rules) that are involved in handover. This recognition and capacity is shared with others, and the performances of handover thus display patterned forms. This patterning, given the embodied, spatial, temporal, and material dimensions of practices and connections between them, produces the choreography we have observed.

How, then, can there be variations in handover practices—a space of multiplicity—and how can they ever change? First, the shared understandings, ends and rules are not singular ‘points’ but are themselves multiple and accommodate variation. Second, a practice shapes or governs the activities that uphold it, but it does not wholly determine exactly what happens. In Schatzki, activities are indeterminate, meaning that until they occur, they are not fixed. At the moment of the performance, the understandings, ends, and rules in play may reproduce those of the wider pattern, or they may deviate. As such deviation becomes spatially and temporally dispersed, recognized and performed by others as a way of doing a particular practice, then the space of multiplicity is enriched, or the original practice may have been modified (see Schatzki 2010; Chap. 3).

To understand this and the choreography of handovers better, I turn to Schatzki’s concept of prefiguration (see Chap. 3). This addresses the idea that practices are both patterned and yet open-ended at the same time. Prefiguration refers to the ways in which bundles of practices and arrangements shape what it makes sense to do, make particular courses of action easier, harder, simpler, more complicated, shorter, longer, ill-advised, promising of ruin or gain, riskier or safer, more or less feasible, and so on (see Schatzki 2002). Prefiguration does not clear some paths and obliterate others, but rather figures them with different qualities or associated intelligibility in terms of what it makes sense to do. Courses of action can be made more or less difficult, threatening, distinct, and so on.

So, handovers are prefigured, giving them patterned qualities that result in a choreographed effect (see Table 9.1). Let us consider the highly choreographed handover to the shift. The prefiguring forces here are strong and focused. The actions it makes sense to do given the purpose of handing over to an entire shift team, are highly circumscribed. There are limited venues where all the bodies can fit and converse in a private space out of earshot of families (see Chap. 6), and limited times at which this can occur, given the rhythms of shift patterns (see Chap. 5). Contrast this with handover involving parents, or handover on the fly. There is no single location, no specific arrangement of bodies and objects, no particular time or frequency, in which these practices make more sense, become simpler, more likely to succeed, less encumbered (etc.) than others. This does not mean that these kinds of handovers are not prefigured—they are—just that the prefiguring forces are more dispersed, less weighted clearly towards particular spatial, temporal, embodied and material forms. Thus we can explain the less choreographed qualities on display.

Before I consider connections between handover and the practices of working with families that precede and succeed them, it is important to make explicit the links between the framing of handover as practices of professional learning, and the conceptual discussion above. The idea of prefiguration depends crucially on the idea of what it makes sense to do. The implication is not that practices proceed according to a strict, linear rationalism devoid of any affective quality. However it does recognize that insofar as actions are oriented towards particular ends (which a Schatzkian approach holds central), people are likely to choose courses of action that lend themselves towards those ends. In the context of professional practice, the notion of *professionalism* becomes active, as do a wide range of laws, profession-specific rules, expectations, ways of knowing (epistemic communities—Jensen et al. 2012), and so on.

So, I suggest that performances of handover are shaped by professionalized judgements as to what it makes sense to do, given particular ends. What are these ends? A surface reading might suggest transfer of information, or in the case of handover with parents, compliance with policy changes resulting from the Garling Report (2008). In contrast, I have framed handover as a practice of professional *learning*. In doing so I deliberately move away from the idea of transfer of information, towards something more interactive and emergent. The ends of handover can be understood in terms of the two functions of learning identified earlier: connecting and sensitising. In handover, nurses (and other professionals, and parents where relevant) are seeking to establish (or repair, modify, etc.) connections in action. These involve relational work and epistemic work. The sensitising function ensures that connections are held flexibly, reinforced and strengthened when there is evidence that things are working well for a family, provisional and ready to be altered until then.

The learning ends vary depending on the kind of handover, and exploring these helps give further sense to the forms described above. When handing over to the shift, the connecting function has a strong component of ensuring an entire shift team has a shared understanding of all the families in residence, and affords a sensitivity in interaction even between staff and non-assigned families. Paired

nurse–nurse handover establishes a fine grained set of connections, and helps to fashion highly specific sensitivity, focusing on only two or three families, and getting into more detail in the relational and epistemic work: what do we know about how to work with this family, their goals, the support they need and will accept? What do we know about what seems to work in meeting their goals? Handover involving parents is shaped by aims to establish connections in action and sensitivity to a particular family, and make the connections visible to parents, as well as including parents directly in their determination. Handover on the fly is largely driven by establishing the connections needed to ensure continuity of support in a particular ongoing activity.

Conclusions

In this chapter I have moved the analysis of professional practice and learning forward. Building on the four-dimensional account of changing connectedness in action in Part II, I have presented a distinctive view of the learning that occurs as professional practices unfold, and how this happens. This counters disembodied and amaterial tropes, instead presenting learning as fundamentally constituted in the body, body work, and material arrangements. Equally the account complicates temporalities of learning, and connects with contemporary practice-based notions of space. Taking cues from and advancing what Hager (2011) describes as a third tranche of approaches to workplace learning, my account in this chapter reveals how professional practices demand learning as a never-finished part of ongoing work. This demand is intensified in practices that have been reconfigured around particular relational bases between professionals and service users, as in the present study where partnership with families is a crucial feature of work.

I have theorized learning in an asymmetrical, non-reversible relationship with practice—accomplished through and emerging in practices, but not a universal quality of them. Specifying this relationship further, I argue professional learning in practice involves the production, restoration, repair and modification of textures—which have temporal, spatial, embodied and material dimensions. It also involves the maintenance of connectedness in action when other things change. I have developed the notion of attuning—first presented in Part II—as a key feature of professional learning. This concept strikes at the heart of the post-Cartesian aspects of sociomaterialism and practice theory: it undermines hard separations between mind and body, and views knowledge as emergent and entangled through changing assemblages of people, actions, things, and sense-making.

Finally I have suggested that professional learning in practice performs two distinct but related functions: connecting and sensitising—accomplished through textural and epistemic work. This incorporates both Nicolini's (2011) notion of mutual alignment and co-orientation, and also Edwards' (2000) idea of practitioners repositioning themselves in relation to emerging practice knowledge, changing ways of making sense (interpreting) and opening up new possibilities for action.

I have explored different kinds of handover practices in order to illustrate how learning enables practices to hang together, while also producing the agility and responsiveness that complex work requires. The notion of choreography is helpful in discerning and explaining patterns in the practices through which this learning is accomplished. In Chap. 10 I will continue to build on the ideas of Part II, but switch the gaze to look more closely at the professional learning that arises through and is entangled with the pedagogic aspects of working in partnership with service users.

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Chapter 10

Professional Learning in Pedagogic Practices

Introduction

This chapter continues Part III and the development of a distinctive account of professional practice and learning. Chapter 9 focused on what and how professionals learn about the families they are supporting, through concepts of attuning, learning as connecting (textural work) and learning as sensitising (epistemic work). Now I shift the analytical gaze to look at how professionals' work in interaction with families can be understood as pedagogic in nature, involving other forms of professional learning as well as supporting learning in families. This addresses the sixth of the key arguments about learning outlined previously (see Chaps. 1, 3 and 9), and builds on the foundations established in Part II. It also builds on the notions of uncertainty and ambiguity presented in Chap. 9, through the idea that professionals on the Unit journey into pedagogies of the unknown, learning as they go.

A key part of this story involves exploring what might be called 'parenting pedagogies'—how professionals help to bring about positive change in families. It is fitting to wrap up my analysis with an account that gives some sense of what professionals on the Unit do with families, and how this helps to bring about positive change. Securing this change constitutes the overriding teleoaffective structure, to use Schatzki's (1996, 2002, 2012) terminology, or purpose to which practices on the Unit are oriented. It takes this book every closer to pinpointing why particular professional practices matter to families. My analysis of partnership shares some ground with Robertson's (1996) notion of dynamic educational helping relationships, in particular their transformative qualities.

However this should be read with several clear caveats. First, my purpose is not to provide an account of areas of formal expertise that are well documented within child and family health literature (including those of nursing, social work, child care, early childhood, and so on). While features of this are surfaced through my

account, my interest is in describing the pedagogic work and expertise of professionals, how they mobilise these other forms of expertise while working in partnership with parents. Partnership practices can be usefully understood if we recast the professional role as a pedagogic one.

I have not abandoned the focus on professional learning; professional practices, and related questions of knowing in practice remain clearly in focus. Effective parenting pedagogies rely on practices of professional learning, and are closely interwoven with the attuning, textural and epistemic work described in Chap. 9. The temporal, spatial, embodied and material dimensions of professional practice and learning described in Part II are very much still in play here, albeit at times less explicitly.

I frame partnership work as pedagogic, and in doing so elucidate aspects of professional practice, learning and expertise. This extends previous work, including that of Lee et al. (2012), Fowler et al. (2012a, b, c), Fowler and Lee (2007), which construes working in partnership in parenting services as requiring professionals to become effective enablers of parents' learning. My own prior analyses of practices on the Unit have adopted a similar approach (see Hopwood 2013, 2014a, b, c, d, 2016; Hopwood and Clerke 2012). This also contributes to a broader project of using practice theory and sociomaterial approaches to explore the mundane yet nuanced and significant features of pedagogic practices (see Hopwood et al. 2014).

Section “[Enacting Pedagogies of Scaffolding](#)” below focuses on the concepts of scaffolding and the zone of proximal development (ZPD). It explores these in relation to performances through which professional expertise and aesthetic judgments are enacted, and connects them with professional learning. This is highlighted in relation to working out where parents' ZPD lies, and discerning appropriate levels and forms of challenge. Various forms of scaffolding are described, and unpacked in terms of the four dimensions of times, spaces, bodies, and things. Section “[Scaffolding, Expertise, Knowing in Practice, and Professional Learning](#)” presents and illustrates a new concept of nanopedagogies, while Sect. “[Pedagogic Continuity as General Understanding](#)” considers the idea of pedagogic continuity, understanding this as a form of general understanding.

The concepts of the ZPD and scaffolding were explained in Chap. 3. Both draw from Vygotsky's (1978, 1986) work. Contemporary theorisations building on his work, notably in the form of Cultural Historical Activity Theory (CHAT), share many consistencies with the broader agendas and assumptions of sociomaterialism and practice-based perspectives (see Chap. 3; Fenwick et al. 2011; Edwards 2000; Nicolini 2012). The ZPD refers to the difference between what someone can do (how they interpret and act in the world) independently, and what she can do when working with or supported by others. Independent capability is referred to as the actual level of development (ALD), with the ZPD representing a level of achievable challenge, as long as appropriate support or assistance is in place. This is referred to below as scaffolding. The following sections work with these ideas in a basic way, offering novelty through their entanglement with other sociomaterial and practice theoretical ideas, enriching the distinctive arguments about professional practice and learning that I am presenting in this book.

Enacting Pedagogies of Scaffolding

This section considers the forms that scaffolding take on the Residential Unit. Modelling and demonstration are explored first, then mirroring, reinforcement and commentary. Distracting constitutes a further scaffolding device and is discussed before the idea of a continuum from direction to questioning is examined. Finally, I show how reframing also brings parents into a ZPD. Many of the practices outlined below will be familiar from Part II. However, here they are revisited and reconceived in terms of their folding into pedagogic work in which parents are supported in taking on challenge, interpreting and acting in new ways.

Modelling and Demonstration

Settling and resettling children for sleep, engaging them in play, breastfeeding, supporting solid food intake, and responding to tantrums, are all intensely physical and affective aspects of parenting. They can't be adequately captured for pedagogic purposes in verbal explanations of particular ideas or concepts. Thus, scaffolding parents' learning often entails professionals modelling and demonstrating the performances that they hope might help achieve parents' goals. This operates within a broader logic of 'try and see' (a key form of pedagogic continuity, see below).

I observed numerous different professional performances that constituted demonstrations of mattress patting in the context of settling infants for sleep. These generally took place out in the corridor, where it was light enough for the actions to be observed by parents. Nurse Bridget¹ would often use the handrail, patting it with her hand while commenting "You can start quite firmly, like this, and then go more gentle as she goes off to sleep". Julia's performances were subtly different, as she tended to demonstrate by patting her own thigh. As well as verbal narration, these performances were nearly always accompanied by modelling of shushing, producing sounds that match the firm but calm qualities of the patting. Importantly, here we can see the aesthetic dimension of nurses' knowing in practice, and the way this is made available to parents through a combination of observable performance, accompanying sounds and rhythms of patting a solid object, and narration: doings and sayings intimately bundled with materialities.

In my time on the Unit I also observed staff demonstrating ways to hold infants for breastfeeding, wrap infants in bedsheets, fold bed linen down and tuck infants in, place babies on rolled towels for tummy time, hold their feet to encourage them to crawl, rocking cots back and forth, burp a baby, and so on. The infant massage group (see Table 6.1) relied heavily on demonstration, as the nurse leading it would go through strokes either on her own doll or on her own body.

¹Aliases are used when referring to all staff and clients.

Modelling included more sustained performances, particularly around toddler tantrums, where the pedagogic intent is to help parents maintain the appearance of calm and control. Here, the professional performance presents a whole-of-body guide for parents to follow, and the accompanying narration often reveals how this performance involves emotional labour (Hochschild 1979) in the sense that while you might feel panicked or stressed while giving off a contrary impression. Nurse Sarah characteristically referred to this as a ‘Golden Globe’ or ‘Oscar-winning’ performance. This was in reference to what parents would experience, but also to her own practice, in which she would acknowledge the confronting nature of toddler behaviour either to parents or in handover with colleagues (see Fig. 7.6).

Modelling by professionals also connected notions of endurance, performance and affect during settling. The paired body geometries of standing outside a nursery door were often led by nurses who would be almost statuesque, maintaining open body postures and soft gaze. In this they would model the bodily performance of attuning, and particularly *listening* to cries (see Chap. 7; Fig. 7.4). They would also model a state of calm, giving permission to wait, showing that this is okay.

Mirroring, Reinforcement and Commentary

Professionals also scaffold parents’ learning by mirroring their actions, reinforcing behaviours judged (provisionally) to be helpful in relation to parents’ goals, and providing commentary on what they are doing. These operate in a responsive mode, in contrast to modelling and demonstrating, which involved the professional leading the parent, providing cues ahead of parents’ actions. While I separate them analytically here, they were often folded together within a few moments of each other, and indeed their pedagogic effect is usually accomplished through their combination rather than in isolation.

Mirroring involves professionals attuning to parents and then sharing what is noticed with parents. This often accomplishes a key feature of the Family Partnership Model (FPM; see Chap. 2; Davis and Day 2010; Day et al. 2015), demonstrating empathy. Playroom coordinators might say “I can see that you are really enjoying the messy play with your daughter there, and she’s loving it too!”, or during a challenging mealtime a nurse might note “I can see that you’re finding this quite hard”. Such statements build on stable professional expertise and evolving knowing in practice that are implicated in all performances of attuning (see Chap. 9). I regard them as forms of scaffolding because of their role in supporting parents in learning new ways of interpreting and acting in the world. Bringing enjoyment of play to a parent’s attention can undermine unhelpful views of self as a failure, or that all days are full only of stressful moments. Acknowledging that a parent finds something difficult can have the effect of affirming determination to take on a challenge. But it is also crucial in sensitively monitoring levels of challenge, not pushing too much (see below).

Reinforcement again builds on professionals' attuning to parents and their children. It involves an intervention, verbal or otherwise, aimed at perpetuating a particular action or state on the part of the parent. Reinforcement is offered when professionals judge that something is working well, when there are not yet signs of the opposite and a need for change, or when parents hesitate. During settling, I often noticed parents making a motion towards the nursery door, signaling an intention to go in, and the nurse would often offer reinforcement with a simple yet subtle nod, or a gesture with her hand towards the door, or even a slight move of the eye. Within the nursery, parents might be bent over a cot, patting the mattress, and then pause, lift their hand and body, and turn to look at the nurse. In the darkened room, again the nurse might nod, or perhaps provide a reassuring touch on the shoulder, or whisper "You're doing great, keep going, he's starting to respond". During an approach to settling called gradual withdrawal, parents might end up sat or stood out in the corridor. I saw nurses standing still, next to and slightly behind parents, often with a hand resting on a parent's shoulder. Or they might squat down next to them, and quietly comment that the cries coming from the nursery are what we would have expected, and that by continuing for a few more minutes, we are giving the child an opportunity to learn to settle.

Professionals also provide running commentaries on what parents are doing. Once again, this is founded upon attuning to parents, children and relationships between the two. These commentaries are neutral; I discuss scaffolding in the forms of praise and reframing or challenging unhelpful constructs below. Their neutrality does not mean they have no effect. On the contrary, they are laden with intent and add layers of meaning that directly shape parents' interpretations and actions. They have important pedagogic consequences. Many of the commentaries involve linking parents' actions to ideas discussed with them previously. In other words, they apply labels from the professional repertoire to concrete, often mundane, actions. In a Vygotskian sense, they are a way in which 'scientific' (i.e. expert professional), and 'everyday' (parents' lay understandings) concepts are brought into connection (see Hopwood 2016).

Such commentaries were often in evidence during goal-focused work that followed a prior meeting in which particular strategies would have been discussed and agreed. For example, the decision may have been taken to place the same food in a child's bowl and on a parent's plate, and to allow the child to feed herself if she wishes. The strategy could be for the parent to model eating in front of the child, emphasising how tasty it is, and to try to keep the mealtime relaxed and fun, not making a fuss. When the time comes, a nurse would sit at the table with the parent and child, allowing for dual dyadic and triadic body geometries (see Chap. 6). The commentary responds to the parent's actions, and is directed to the parent (and might often be interspersed with talking to the child): "You're eating the same food. Hmm. Yumm! You're smiling and showing her it's fun and tasty. You're giving her the chance to decide for herself to try the food. This is exactly what we talked about before". Here the nurse is picking out particular actions, confirming that the parent is indeed doing what they agreed to try out, and adding a layer of meaning. In this case the final comment links the parent's actions to the way the mealtime is experienced by the child.

I observed such commentaries in countless settling episodes and mealtimes, in the playroom, and during toddler tantrums. They share properties of neutrality bound up with linking parents' actions to intended plans and a deeper meaning that itself connects with parents' goals. Together, mirroring, reinforcement and commentary build on professionals' attuning to parents and children in particular moments, constructing meaning based on what they notice and their professional expertise. Their spoken and bodily interventions help parents take on challenge, and move into their ZPD.

Distracting

For many parents, entering the ZPD presents an immediate and significant affective challenge. This is particularly noticeable when the focus is on settling, which can get 'noisy', and involve lots of crying. While children are never left to cry when in a state of high distress, nonetheless listening to and waiting during cries can go against parental instincts and constitute a very demanding break with how parents have acted in the past. The same may arise when professionals seek to help parents maintain calm during strong toddler tantrums. In such instances particular supports are needed to scaffold parents' entry into their ZPD, and to help them stay there. Reassurance can go a long way in achieving this, through modelling of calm, and mirroring, reinforcement and commentary (as discussed above).

What I call pedagogies of distraction are also often enacted in such circumstances. These can be extremely simple in their delivery, but they reflect nuanced professional judgement and emergent forms of knowing. Staff might simply comment on the weather, or ask parents about their work, while also listening out for changes in an infant's cries. Magazines might be provided, or staff might suggest parents have a book or phone with them to help pass the time. During tantrums, staff might engage parents in play, perhaps with a plastic tea set: "Would you like a cup of tea, mummy? We're having such fun here at our tea party! I wonder if [child name] wants to join in? Would *you* like a cup of tea too?". The point in distraction is not to forget or ignore what is happening—professionals remain highly attuned to both the parent and child. Distraction diffuses the affective intensity of the experience for parents, and in the process shifts the experience of time from one where every second feels like an eternity. These effects are crucial in helping parents feel more comfortable in responding differently to cries during settling, or explosive tantrums—i.e. helping them occupy their ZPD.

A Continuum from Direction to Questioning

Scaffolding is also built around parents through a range of practices that can be conceived along a continuum from direction to open questioning. As discussed below, movement along this range is highly fluid, displaying associations with

different rhythms. Directions are given in a spirit of guidance rather than commands. For example, trying to anticipate and avoid a toddler tantrum, a nurse might say to a parent: “I’d like you to talk to her and explain that it will be lunch time soon, and she should be ready to put the paints away”. In the dining room, if the child protests at having a bib placed on her, and the parent retreats, a nurse might add: “Try some distraction as you put it on her”. Many of the modelling and demonstration practices outlined above are linked with directions. Showing how to pat a mattress may be accompanied with directions as to when to do so, and how long for. Such instructions will always reflect what has been discussed and agreed to in prior meetings, thus being folded within a broader partnership approach. They also place clear locus of agency on the parent—even though the situation is being led by the professional, it is the parent who undertakes the action.

Prompts take a slightly softer form when possible actions are *suggested* to parents by staff. These help parents who might be unsure what to do, providing an idea that is given legitimacy by professionals. A playroom coordinator might say “You could use the next half hour to practice giving praise”, or a nurse could suggest “If you’re feeling up to it, you could try starting with the solid food intake at lunchtime”. The clear focus reflects professional judgement, and their emerging knowing in practice as it relates to the particular family and their goals. The use of prompting rather than direction might reflect a sense of growing confidence and independence in parents, or perhaps that the idea was not a detailed focus of prior discussions with parents, and so must be couched more carefully so as to invite negotiation.

Invitations are one step further along this continuum. They raise the possibility of decline or alternatives even more sharply, but still provide a way in which professional expertise can be introduced to shape the course of action and help parents enter their ZPD. In settling, parents might be asked “Would you like to keep going for a few more minutes?”. The meaning carried here is that keeping going is a possibility, the professional judges that the child’s cries do not yet indicate a need to change approach, but also acknowledges that this is hard for the parent, and their coping with the situation is equally important. Whether in goal review and planning discussions, or spontaneously during the day (or night!), staff might invite parents to introduce new elements to goal-oriented strategies. They might fold in parallel work on a secondary goal, as they judge that things are going well on the main goal, and that parents seem ready to take on additional challenge: “She seems to be responding well to the gradual withdrawal, would you like to try challenging her with the dummy too?”, “Now that he’s settling a bit better, would you like to do some work on the feeding routine?”. “You did really well in that last tantrum. Would you like some help this afternoon on putting that specific labeled praise into action?”.

Scaffolding also takes the form of open questioning about parents’ intentions. These questions are not pedagogically neutral, but (like commentaries) are loaded with intent. The questions I am referring to here are different from the invitations discussed above. With invitations, the idea of what might happen is presented by

the professional. Here, the professional provides a prompt or stimulus for parents to consider options and make decisions more independently. Asking “When do you think you will give him his next feed?” prompts parents into planning feeding times, which may be quite a change in action and interpretation for a family where feeding had been unplanned and responsive. “What would you like to do at lunch time?” suggests that meal times are a chance to do some goal-oriented work, but seeks of parents a more leading role in shaping what this will involve.

Reframing

Much progress towards parents’ goals comes from helping them change the ways they interpret the world (particularly their children’s cues, and their own strengths and capacities as parents), and the ways they act within it (how they respond to their children, anticipate behaviours and so on). Within the FPM there is an explicit notion of challenging unhelpful constructs. This recognises that not all the interpretations and actions that parents bring with them will be helpful in terms of accomplishing goals. However, the listening, respectful strengths-based approach urges against simply dismissing parents’ views and past behaviours on the basis of expertise that means the professional ‘knows better’. Instead, the idea is that circumstances are created in which parents can recognize, acknowledge, explore and test their constructs for themselves. Creating such circumstances requires skillful work on the part of professionals, mobilizing expert knowledge bases in combination with ongoing learning about and attunement to particular families. At the heart of this work is changing interpretations of the past in order to develop new possibilities for the future.

Unhelpful constructs often relate to a sense in parents that they are failing their children and that their situation is pathological. Both of these are challenged through attempts to reframe particular challenges as normal, without trivialising them. This is crucial in helping parents find a sense of agency and confidence, and when achieved, reflects a change in the fundamental ways in which they see themselves as parents, and the a radical revision of the basis for their actions.

Normalising is accomplished through a range of professional practices, bound up with material arrangements. One of the key sites in which this work is done is when professionals respond to parents’ accounts of difficulties they are facing at home. Parents often create a sense of excess, or extremity in their accounts. “Her tantrums get so bad, she even throws up!”. “She wakes every hour in the night, without fail!”. The normalising response from the professional acknowledges the content and its mattering to parents, but neutralises and mutes its degree. This is done through a combination of bodily work and reframing with alternative vocabulary. The body remains still, and in particular the face shows no signs of surprise or alarm; on the contrary, a slow nod, with eye contact with the parent, and perhaps a gentle smile towards the child (if present). The spoken reply shows that the parent has been heard, reflecting the focus back, but draws on constructs and

language from an expert repertoire in order to place this situation within one that is widespread and familiar to the professional. “Ah, she’s a vomiter”. “So she is unsettled at night. There’s lots we can do to help with that”.

This is how these came together as a pair, when nurse Ruth spoke with Lisa about her daughter Natalya:

Lisa: At home she tries to lick the cat! She will lick things off the carpet!

Ruth: [chuckles] Oh that’s normal! She is exploring. Are you still happy to challenge her with the dummy?

Notice how Ruth acknowledges what Lisa has says, but in moving the discussion to the dummy, reinforces the idea that the cat- and carpet-licking are neither unusual nor a particular concern. The use of laughter is managed carefully, ensuring that it is not experienced as dismissive or trivialising parents’ experience. It can be very effective however in lightening the mood, particularly when associated with the idea of cute behaviours.

The writing of goals, which are signed off by parents (see Hopwood 2014d), does important work in furthering this normalisation. These goals are expressed in translated form, taking up the muted tones and framing the agenda as one that places parents at the centre of change. “To anticipate tantrums, and help her calm down more quickly”, “To develop strategies to help him learn to resettle in the night”. Chairs also perform this normalising work. Specifically, chairs are often placed out in the corridor during settling work. They are made practically intelligible in a way that says ‘this could take a while, and that’s normal, so let’s make ourselves comfortable’ (a saying verbally echoed by professionals at times). The fact that so much settling work is done out in the corridors also normalises because the corridors are a shared and public space (see Chap. 6). Parents who may think they are the only ones to be up hourly through the night soon realise that at least two or three other families on the Unit experience similar challenges. The sounds of cries from other children resonating around the plastic-floored corridors may even undermine their view that their child is the worst of the bunch.

Sometimes parents can be ‘nudged’ into recognising their constructs as unhelpful through targeted questioning. This nearly always focuses either on how children experience something, or what effects particular actions happen. The first involves adopting the child’s perspective: “How do you think she feels if you try to feed her when she’s refusing?”. This was a very common approach, and taking the child’s point of view constitutes one of the key forms of pedagogic continuity discussed below. A second line of questioning draws attention to what happens when a particular course of actions are taken: “When you run after her, what happens?”. In this particular example, a parent might respond “She laughs and runs more”, leading to the idea (taking the child’s perspective) that it may be seen as a game.

At times, more detailed explanations underpin the way in which constructs are challenged. This may occur collectively and in relatively routinized ways, as with the explanations of parent child interaction therapy in the toddler group. The craft of explanation is handled carefully, and with a view to partnership and strengths-based approaches. The toddler group and other activities are not delivered as

lectures, but as discussions, with frequent use of questioning to help parents reach different understandings themselves.

A common unhelpful construct held by many parents arriving on the Unit boils down to the idea that all infant cries mean the same thing, that a child is highly distressed. Staff on the Unit spend much of their time helping parents attune to difference in meaning among cries—both in terms of what the cause of the cry is (hunger, fatigue, nappy discomfort, reflux, trapped air, protest), and the level of distress (see Chap. 7; Green et al. 2011). This is a tricky idea to enact, and a difficult one to persuade others to adopt without concrete reference to the particular child at hand. Thus explanations in this line tend to begin during goal discussions, but continue throughout goal-related work, when the cries are available as stimulus to link to the reframed interpretations of cries.

This links directly to the idea of nanopedagogies and transformative events, discussed below. It is through nanopedagogies that what many parents see as a disaster or at least showing no progress may be reframed into something positive, significant, and affirming of their agency in effecting change.

Scaffolding, Expertise, Knowing in Practice, and Professional Learning

This section pulls out a number of threads that enrich understanding of the connections between scaffolding and professional expertise, knowing in practice, and professional learning. I will remain relatively brief, concentrating on three key foci of nuance and judgement inherent in the professional practices of scaffolding parents' learning. This adds important layers to my account of professional learning in practice.

The previous sections all pointed to the fact that in their scaffolding work, professionals on the Unit draw on more stable expert knowledge bases (general understandings), as well as on emerging knowing in practice. I highlighted how their interventions and support build on these foundations, mobilised through sensitive and fluid attuning to parents, children and the relationships between them. I will now tease out three key ways in which this attuning underpins crucial judgements, which may be viewed as relational in nature and comprising strong aesthetic features. In turn, I will consider: judging the focus and level of challenge presented to parents; determining what scaffolding is appropriate; and deciding when to withdraw scaffolding so that parents can continue new actions and interpretations with newfound independence.

Vygotsky's concepts of the ZPD and scaffolding resonate strongly with partnership approaches that eschew universalized professional or expert-led solutions, instead favouring approaches to supporting families that are highly specific and attentive to the particulars of each circumstance, family member, and relations between them. The FPM assumes that all parents have strengths, but that these vary; equally it assumes that change is nearly always a challenging process, but that parents and families will differ in their readiness for change.

Through a Vygotskian lens, we can cast new light on some of the forms of expertise and knowing in practice that underpin effective partnership work. This adds a relational dimension to the idea of professional expertise (see Edwards 2010; Hopwood 2016), sitting alongside knowledge bases relating to child development, parenting, therapy, and so on. However, this process is by no means a question of putting stable evidence-based ideas into practice. Instead it is fluid and contextual, requiring agile practitioners who combine substantive and relational expertise, learning and refining judgements as they go.

While the FPM accepts that families vary in their readiness for change, challenge is, ultimately, a non-negotiable presence on the agenda. What is negotiable, and what should proceed in a sensitive and particular way, is the timing and level of challenge. In Vygotskian terms, this can be expressed in terms of recognising that each parent has a unique ZPD, a particular set of actions and interpretations that lie just outside their present state, but which they can accomplish with relevant support.

Professionals have to judge what the focus of challenge should be, and what level of challenge to present. This relies on formal repertoires of codified knowledge, as well as personal repertoires based on experience of working with many different families. These judgements are reached relationally, by asking parents what their priorities are, and through discussions and observations that help identify their strengths, their affective and other reserves. It may be that parents have been trying lots of different settling techniques at home, or it could be that any change from the current routine is in itself daunting. As mentioned above, the focus of challenge can change over the course of a week.

These judgements are never based on certainties. As with all knowledge about families, shaping decisions about focus, degree and timing of challenge is subject to provisionality and uncertainty (see Chap. 9). So, these judgements are monitored and may sometimes need to be revised. Perhaps the challenge was pitched a little too soon or severely, or new knowledge emerges relating to stressors experienced by the parents, in which case staff might discuss modifying the nature or degree of challenge. Perhaps parents seemed more able to cope than was expected, in which case staff might suggest approaching a secondary goal as well, or experimenting with other strategies.

Presenting challenge with appropriate focus, level, and timing thus requires fluid, emergent forms of professional knowing, entangled with expert knowledge bases through attuning and learning in practice. However, this challenge offers little in terms of progress towards parents' goals and the values of partnership unless it is accompanied by appropriate scaffolding. What does 'appropriate' mean when it refers to scaffolding that professionals put in place to help parents enter their ZPD, when working in partnership? In summary, this entails supports that are acceptable to parents, sensitive to age, may reasonably be expected to help address goals, and that create meaningful connections in action (textures) with parents' homes. I will now consider each in turn.

Not all forms of scaffolding may be acceptable to a parent at a particular moment in time. Some parents may feel uncomfortable with professionals

handling or coming close to their children. For example, one mother felt strongly that the presence of anyone apart from herself and her husband in her daughter's nursery would cause her daughter immediate distress. While the nurses were keen to accompany the mother into the nursery in order to provide guidance and reassurance, this was not possible. Indeed, during the night, staff were unable to provide much assistance at all, because the mother did not call them by phone from her room, or come out into the corridor for help when her daughter woke up. In this case, the staff discussed at length in handover and case review how they could support the mother. In the end they were able to identify other goals where the mother was more accepting of the scaffolding they could provide (relating to weaning off the breast), and gradually build trust relating to settling, such that, the mother felt comfortable allowing nurses into the nursery.

Normally, staff determine what will be acceptable to parents by explaining options and listening to parents' responses. A dimension of their attuning to families comprises constant attention to signals that the scaffolds in place are acceptable to parents. Sometimes parents say they want to explore alternatives, perhaps having watched or talked with other families in residence. At other times, staff pick up on cues and raise the possibility with parents. The professional repertoire of ways to help parents is of limited use in itself. It becomes powerful when rolled into relational ways of working and emerging knowing in practice that helps to ensure that scaffolding is acceptable to parents.

Appropriateness of scaffolding also requires sensitivity to the age of the children who are the focus of the goal work (see below for a discussion of how taking a child's point of view enables children to be positioned both as objects and subjects of this work). In Chap. 5 I showed how child age is enacted through professional practices on the Unit. It is not simply a question of the time elapsed since birth. Different degrees of resolution are applied—progressing from noting weeks to months then years as children get older (as in X/52, X/12, Xyr notation). Child age is not divided into equal units of time. Nor is it a monolithic linear quantity. It is instead performed as an aesthetic judgement, informed by children's bodies and behaviours (postures, crawling, separation, talking etc.).

A key tenet of many of the strategies tried out with parents on the Unit is that they should be age-appropriate. However, this involves emerging aesthetic judgement and trying out. On the one hand, as described above, child age is determined, for practical purposes, on the basis of attuning to a range of features. On the other, even when a working (i.e. enacted) age is established (remembering this is always provisional, tentative), particular strategies cannot simply be allocated to them. What is appropriate for one 18-month-old (in the enacted sense), may not be appropriate for another.

This creates a challenge when professionals refer to written materials that make use of the crucial notion of age-appropriateness. Staff often give parents one or more A4-sized sheets, guides that contain information relevant to particular goals, such as settling. Additional work is required in order to weave them effectively into the more nuanced ways of establishing 'age-appropriateness'. Time and again I observed professionals writing and drawing circles around words such as

‘flexible’, ‘guide’, or ‘your baby may be different’. Accompanying these annotations are sayings that emphasize all children are different, and that these printed materials can at best provide a loose guide as to things to look out for, and the kinds of approaches and changes that might be useful. Vulnerable, exhausted parents with low parenting esteem could come to over-rely on such materials, and if followed at face value, these may result in an arbitrary adoption of strategies that undermines the responsive, and child-focused approach that the Unit promotes.

This is all to say that when professionals put scaffolding in place, a crucial dimension of their judgement involves a nuanced, provisional, and multi-dimensional notion of child age, and an informed, flexible, ‘try and see’ approach to matching this with strategies to bring about change.

I have been careful to avoid suggesting that appropriate scaffolds must be effective. This is because it is not known what will be effective until after it has been tried. Instead, scaffolding is appropriate if there are good reasons to expect that it might help progress towards parents’ goals. This is at the heart of the idea that professionals enact pedagogies of the unknown, learning as they go. My use of the term here borrows the form of expression from Benadusi (2014) who describes pedagogies of resilience in disaster risk education, highlighting flexibility, and dynamism. However, in my context the concept is entangled specifically with sociomaterial and practice theorisations, within the framework of the broader arguments about professional practice and learning elucidated elsewhere in this book.²

I never once witnessed staff making promises that certain strategies will result in desired changes. They were always negotiated and adopted on a ‘try and see’ basis. This forms one of the elements of pedagogic continuity outlined below. While staff have a range of ideas and ways to support parents at their disposal, they cannot know what will work for this mother, this father, this child, this sibling relationship (etc.) until it has been tried, often several times. Thus professionals make judgements as to what appears likely to succeed, to gain traction in movement towards goals, but this judgement is always imbued with uncertainty and provisionality, along with all other emerging knowledge about families and how they are responding to the pedagogic environment of the Unit.

Finally, scaffolds must create meaningful connections in action between the Unit and parents’ homes (see Chaps. 6 and 8). It may be that particular forms of scaffolding are acceptable to parents, and likely to succeed, but they remain inappropriate because there is no foreseeable way to transfer them to the home. For example, there is no point working on cot rocking on the Unit if the cot at home has no wheels and the parents have no desire or means to put them in place. Quiet and dark nurseries may be appealing and effective, but are tantamount to pointless on the Unit if the nursery at home is noisy and light. Appropriate scaffolding creates textures with homes, and this is established largely through questioning: Does your cot have wheels at home? Is it noisy at night where you live?

²See also Jensen and Christiansen (2012) for a discussion of not knowing (discussed further in Chap. 9).

Professionals must thus judge the focus, level and timing of challenge, and presented scaffolding that meet these three criteria of appropriateness. However, their pedagogic expertise does not end here. It is fuelled by further learning, attuning and knowing in practice, all informing decisions about when and how to withdraw scaffolding. The key aim in partnership is to build resilience, confidence and capacity in families. Success on the Unit does not mean changed children, but rather that parents are able to return home and continue implementing strategies that have shown promise, and/or to continue exploring strategies on a 'try and see' basis. The former relates to the idea of 'being consistent and persistent', another form of pedagogic continuity (see below).

A rhythm is enacted every week in which scaffolding is withdrawn on Thursdays. There are fewer nurses on each of the three Thursday shifts, and staff tend to check in with parents, or wait for parents to seek assistance. This rhythm is explained in the welcome group, and often mentioned in daily goal review and planning discussions. Something to this effect is always written on the whiteboard on a Thursday morning (see also Fig. 8.2):

Dear parents. Today is self-managing day, which means practising your new-found skills with your baby/child. Staff are available for support if you need us.

The idea behind this is to provide parents with a chance to interpret and act more independently in a safe environment where help is still available if they are uncertain or it doesn't go so well. This softens the often daunting prospect of returning home. On Fridays staff can point to the ways in which parents coped themselves the day before. My data from Thursdays and Fridays documents show countless instances of parents coming up to the nurses' station and telling staff about their decisions, or successful (re)settling, mealtimes, and so on.

In this way the withdrawal of scaffolding has a general and somewhat externally defined timing. However each professional working with each family must still exercise careful judgement as to how to approach this withdrawal. Indeed, parents sometimes continue to require close support, and if this is the case, it is provided. Parents are referred to services in their communities that will offer support into the future. When needed, such referral is a mechanism to prolong scaffolding beyond the temporalities of the Unit's weekly cycle. Sometimes the withdrawal is anticipated earlier, and a more gradual slope of stepping back is enacted through Wednesday and Thursday; at other times significant changes take hold on Wednesday night, and parents emerge fresh and ready to act more independently the following morning. There are other temporalities of scaffolding and withdrawal, which I highlight in the next section.

For now I wish to conclude by highlighting the role of ongoing learning alongside stable expert knowledge bases in professional practices of facilitating change through challenge, scaffolding and withdrawal. In each case I have shown how professional judgements are crucial in ensuring that partnership is maintained and conditions created that are conducive to positive change, if not guaranteeing them. These judgements are not logical applications of codified abstract knowledge. They are always particular, always contingent and informed by other forms

of knowledge that are uncertain and contingent. They build on relational expertise and skillful practices of attuning to families, and require fluid aesthetic judgements. They are always enacted, never just thought. These practices are entwined with emerging forms of professional knowledge, producing new textures between professionals and families, or maintaining, restoring or repairing existing ones. So, as with the practices outlined in Chap. 9, they are also both instances of, and accomplished through professional learning. This leads me to the next section.

The Textures of Scaffolding Work

Having described the many forms scaffolding takes, and its links to knowledge work and expertise, I will now explore scaffolding as textural work. I will show how scaffolding involves connections in action that span the four dimensions of times, spaces, bodies, and things explored in Part II.

Times

Scaffolding is accomplished within, and produces distinctive temporal textures. As described above, there is a stable, Unit-wide rhythm of building scaffolds quickly at the beginning of the week, adjusting them as their effectiveness becomes evident, and then withdrawing them on a Thursday. There are variations to this, led by how the family is responding and coping. However, there are also cycles of scaffolding and withdrawal that operate on quicker rhythms, for example, within a 30–40 min settling routine. Staff might begin with demonstration, then offer close guidance, then move to a more reassuring mode, before finally stepping back. These rhythms co-emerge and interweave in what Lefebvre (2004) would call a polyrhythmic relationship. A quicker sequence of scaffolding and withdrawal does not undermine the more gradual shape of the weekly cycle, in fact it feeds it.

Scaffolding is inherently entangled with the temporalities of the content at hand—the focus of parents' goals. Sleeping work is tied to the number and timing of daytime sleeps, the time for settling in the evening, frequency of night-waking, time taken to resettle, and the time of getting up the next morning. Work on feeding is tied to, variously, infants seeking the breast or bottle, or older children's eating at main mealtimes, morning and afternoon tea. Work on toddler behaviour responds to and anticipates the rhythms (timing, duration, speed of escalation, intensity) of tantrums. And, as explained earlier in this chapter (see also Chap. 5), the approaches taken to facilitating change are always sensitive to the age of children involved. This is not treated as a uni-dimensional, linear chronology since birth, but has multiple, fluid dimensions. Scaffolding must also be aligned with goals (in the sense 'try and see' based on reasonable expectations), and thus must be connected, in action, with the temporalities of those goals. The purpose of this

work can often be understood as producing *changes* in these rhythms—less frequent night-waking, shorter times to resettle, fewer and less intense tantrums etc.

Sometimes scaffolds evacuate time, replacing it as a primary anchor for action with something else. Guiding parents to listen to cries rather than timing them during settling is a common example of this, often accompanied by pedagogies of distraction. Listening switches the texture from a clock-based one to an aural one, connecting to children's cries as varied in their meaning. Distraction further evacuates time, in the sense that it deflects from the slowing down of time experienced by parents.

Scaffolding also creates textures that outlive a week long stay on the Unit, helping parents to continue acting and interpreting in new ways after they leave. This depends crucially on pedagogic continuity, discussed below, in two ways. First, the coherent approach across all staff, all days and nights, creates an immersive pedagogical environment. While there are numerous specific and changing things learned for all parents, there is a general, sustained, and stable 'wash', which helps to make the whole experience something that can be grasped, held, and taken forward. Second, one specific feature of pedagogic continuity relates to the idea of being consistent and persistent. As a form of scaffolding this idea creates textures that are designed to last well beyond the Friday departure.

As will be discussed further in Chap. 11, this kind of account joins Hager (2011) and others in challenging linear and sequential notions of the temporalities of workplace and professional learning. Notions that learning may precede, occur with, or come after actions in the workplace are not new. However, the range of approaches that take emergence as a key metaphor complicate this picture through more tightly interwoven concepts of practice, knowing and learning. By pulling details of the temporalities discussed in Chap. 5, particularly drawing on a Lefebvrian (2004) sensitivity to rhythms, I have shown how the work of scaffolding parents' learning, and attendant professional learning through attuning and aesthetic judgment, produces and modifies complex temporal connections in action.

Spaces

Similarly, we can also see spatial dimensions of professional learning in scaffolding work. Scaffolding work produces, maintains, repairs and restores spatial connections in action. I highlighted above how scaffolds must make connections between the Unit and family homes, and the associated professional learning needed to establish, monitor and adjust such connections. I also drew attention to the connections produced in the corridors, which become spaces of public pedagogy; the co-presence of parents out in the corridors normalises what many interpret as pathological. The work of settling produces and reshapes connections between nurseries and what lies just outside them—whether the corridors of the Unit, or landings or hallways in family homes. These become spaces of attuning and responding to children, practices less anchored to chronology, and more shaped by listening.

Bodies

Body geometries (see Chaps. 6 and 7) are important in scaffolding work. The familiar arrangements of bodies either side of a nursery door, the child in the adjacent room (see Fig. 7.4), make a frequent appearance in the account above. So do the geometries that produce dual dyadic (parent-child) and triadic (parent-child-professional) spaces, whether around a table at mealtimes (Fig. 7.1), in the playroom (Fig. 7.2), in darkened nurseries, or in response to toddler tantrums (Fig. 7.6). Effective parenting pedagogies, and the challenge, scaffolding and withdrawal associated with them, do not just happen ‘in’ such geometric spaces, they are enacted, bodily.

Bodily presence and associated postures of stillness and calm, soft gaze, reassuring touch, and so on are *dimensions* of scaffolding work. Yes, it does make sense to say that professionals do scaffolding work with their bodies. Here it is the instrumental body (Schatzki 1996) or the body as resource (Green and Hopwood 2015) that is enacted (see Chaps. 2 and 6). But there is also a sense in which the essence of the scaffolding is in the body, it is the professionals *as* body: being a body (Schatzki 1996) or the body as background (Green and Hopwood 2015). Empathy, for example, is not just spoken of, but enacted bodily through the shared simultaneous ‘golden globe’ performances of presenting outward appearances of calm when toddlers lose control (see Fig. 7.6). Here the body is also enacted as metaphor (Green and Hopwood 2015), standing in for ideas of acting, calmness, emotional labour and so on.

Finally I wish to highlight the bodily dimensions of attuning work that proved so central to the account of challenging, scaffolding and withdrawal. As explained in Chap. 7, practices such as listening are not just a matter of work done by the ears. Listening, for example to cries from a nursery, is a whole-of-body performance involving posture, movement (or stillness), gaze, and knowing that cannot be separated from these actions and those of the other bodies at hand (see Fig. 7.5).

Things

The pedagogic work outlined above does not simply use objects, but is accomplished through performances that produce, maintain, repair and restore material connections in action. The materialities at play include food, toys that are ‘like’ food in helpful ways (as play-dough can encourage children to explore texture and mess), cots and associated wheels and bumps in the floor, barriers of light and sound, blankets, pillows, towels, and so on. The behaviour charts (see Fig. 5.1) and goal sheets are also woven into these material textures, shaping professionals’ attuning and judgements relating to challenge, scaffolding and withdrawal, and being then added to in professionals’ accounts of what has happened.

As discussed above, staff often make use of printed guides for parents that relate to subject matter of sleeping and settling, feeding, and so on. The work done, adding annotations, underlining words like ‘flexible’ and ‘guide’ soften the didactic nature of these, and indeed undermines any simple notion of knowledge transfer. They are instead woven into textural work in which professionals, and eventually parents, are implicated in attuning to particular children and circumstances. Many thank you cards and letters are displayed on the wall near the nurses’ station. These are legacies of former presences and textures on the Unit, but more importantly are signs of textures maintained in the transition to home, often ones that have taken many subsequent weeks or months to establish and take root. When read by parents, they can perform work of reassurance, troubling doubts that things can ever change for the better.

I have shown how professional learning, knowing and expertise emerge through practices of parenting pedagogy. Pedagogic work is not simply done through the deployment of existing knowledge and skills. Clear traces of all four dimensions of times, spaces, bodies, and things have been highlighted. Understanding of professional practice that proceeds in partnership with clients has been enriched by linking concepts of scaffolding and the ZPD with the idea of texture or connectedness in action. In the next section I will focus in detail on a particular set of practices wherein these arguments are further elucidated.

Nanopedagogies

In this section I will introduce the concept of nanopedagogies, illustrating it with a specific example. I will then explain in detail what is intended in the use of a ‘nano’ metaphor, before identifying different forms of nanopedagogies in action across the many contexts of work on the Residential Unit.

Nanopedagogy as a Three-Step Process

I will now outline the basic features of nanopedagogies as a three-step process. Through these, an event is transformed from something unremarkable, perhaps unnoticed or even deemed a failure, into something meaningful, positive, significant, and affirming for parents (hence reference also to transformative events). Professional learning underpins the whole process, and at each step, professional expertise is mobilised through sensitive attuning and interaction with parents and children. In summary, the three steps are:

1. Attuning, noticing and drawing parents’ attention to something.
2. Interpreting, adding meaning and significance to what is noticed, (re)framing into a positive regard.
3. Attributing the locus of impact and change to parents, helping families take ownership.

I will now explain each of these in greater detail, giving a worked example.

Nanopedagogies begin the work of transforming the mundane into something special and impactful with professional acts of attuning, noticing and drawing attention. The capacity to notice reflects interaction between stable professional knowledge basis, and professional attuning to the situation (bodies, objects, movements, affects, meanings) at hand. Professional knowing in practice is both mobilised and modified, and new textures are produced through processes of professional learning and acting. In nanopedagogy, professionals draw parents' attention to what has been noticed and attuned to. This often involves speech, but is (like attuning) an embodied, relational performance, in which posture, gesture, tone of voice, facial expression, and body geometries are all in play, amid and bundled with material arrangements. I begin the worked example by framing the scenario, drawing from my field notes.

It is Tuesday evening. A nurse, Cat, is helping Kaveri who wishes to settle her son Usaf in his cot, rather than in her arms while breastfeeding. They have been in the corridor, listening to his cries, and going in as soon as they feel Usaf's cries indicate distress. Cat has suggested to Kaveri that she should pat the mattress and shush when they go in, rather than picking Usaf up or touching his body. They have done this a few times now, retreating to the corridor when he calms down.

When the door is shut, Cat and Kaveri take up the familiar body geometry, standing either side of the nursery door [see Fig. 7.4]. Cat looks Kaveri in the eye, and says "I noticed he didn't lift his arms up this time". As she says this, she raises her arms out in front of her, indicating the behaviour that was, in fact, not observed. Given the dark nursery, and Kaveri's focus on shushing and patting, it is highly unlikely this will have been noticed by the mother, as she confirms: "Oh!"

Cat's performance here involved attuning to Usaf's cries, to Kaveri's body language while listening to those cries, to her actions and Usaf's responses in the dark nursery. However her acts of noticing and drawing attention to Usaf's arms not being raised have not yet been translated into something transformational.

The second step involves interpreting and adding meaning to what is noticed, such that parents attach positive significance to it. In this case, this is accomplished through Cat's relatively simple further comment: "That is showing us that he doesn't want to be picked up any more. He lifts his hands when he wants and expects you to pick him up. He's showing us he's happy in his cot now". Cat's tone remains moderate and measured, firm and authoritative, but maintains the low volume required of conversations outside a nursery.

Usaf's change from raising his arms to leaving them down is rendered significant: it is a sign that he is learning to settle in his cot, accepting the idea. This meaning comes out of interaction between what Cat has noticed, and her professional expertise—formal codified knowledge of early childhood and parentcraft—but also her reservoir of knowledge based on years of experience settling children.

Nanopedagogies conclude their transformative work by helping parents identify themselves as having played an active role in bringing about positive change, and/or as the effective and capable locus for subsequent change. Thus the third step refers to ownership. This is particularly important in situations where professionals have been offering close support and guidance; even when something is noticed (step 1) and imbued with positive significance (step 2), parents may be left

with a feeling that the work was done by the professional. This can reinforce self-perceptions of dependency, and undermine the aims of partnership to build confidence, efficacy and resilience. In this example, Cat helps Kaveri take ownership of the positive change by explaining how it results from her actions:

Cat says to Kaveri: “He’s happier staying in his cot because you’re going in as soon as he gets distressed. You’re telling him you’re not far away, that you’re there if he needs you. He needs that reassurance. By shushing and patting the mattress, you’re showing him you’re right there, and helping him go off to sleep. You’ve been consistent, doing the same thing each time, so he is learning that you’re not going to pick him up immediately, you’ll see if he settles with some patting and shushing first. He cries because he loves you, but he’s learning.”

This final step was often articulated in terms such as “We give him messages through our actions”, “What you do and tells her things and helps her learn”. As one nurse explained to a mother in relation to withdrawing a dummy, “By challenging her with the dummy, you’re telling her it doesn’t appear by magic, giving her that message”. This final step does multiple kinds of work. First, it places the parent as a central actor in the moment itself. While this is a closely guided situation, Cat’s final comment places emphasis on the mother’s actions as the cause for the observed change. In the instant, this produces the moment as one of partnership rather than expert problem-solving on behalf of parents. Second, it leads to a changing self-perception of the parent. Parents arriving on the Unit often display low confidence (as measured by the KPCS, see Chap. 2; Črnčec et al. 2008), and may view themselves as ineffective or even failing parents. The solution lies outside of their ability to influence. Staff on the Unit do a lot to undermine and challenge these unhelpful constructs, including these final steps of nanopedagogies. As well as identifying the parent as the change agent in the immediate situation, this third step helps to build confidence and a sense of self-efficacy.

As in other forms of scaffolded pedagogy on the Unit (described above), central here is the idea of re-interpreting the past in order to open up new possibilities for the future. This resonates with a practice theoretical notion of temporality: in the heat of action, past, present and future do not occur in separated, linear fashion. Rather, they can intrude on one another, and arise simultaneously (see Chaps. 3 and 5). As such, nanopedagogies produce a kind of ‘special time’ (Ger and Kravets 2009), when extraordinariness emerges out of the mundane. These are the basic features of nanopedagogies. The next sections expand on the meanings carried from the ‘nano’ metaphor, and then explore further instances of nanopedagogies in action, highlighting how the same form operates in different contexts.

What Is Nano About Nanopedagogies?

Most basically, the term nano-pedagogies aims to capture the idea of small things that have big effects. Here the ‘things’ are interactions that take on a pedagogic form, and the effects relate to parents’ confidence, resilience and capacity to

interpret and act in relation to their children. In turn these help to foster long term positive change in families, and can contribute to addressing some of the wider social problems outlined in Chap. 2, including the inheritance of disadvantage from one generation to another. *Nano* is used in physical science as a prefix to indicate on billionth (1×10^{-9}) when referring to a unit of measure. It is also used as a prefix in terms such as nanotechnology, where the reference is to a scale of nanometres (nm) or 0.000000001 m. A nanoparticle is between 1 and 100 nm in diameter.

The concept of nanopedagogies has metaphorical parallels with the properties of, and reasons for interest in, nanoparticles. As with any metaphor, the purpose is not fidelity to the original referent, but utility in capturing meaning in the term at hand. There are five features of nanoparticles that help to capture relevant aspects of the concept of nanopedagogies. I will now outline each in turn, referring back to the example given in the previous section.

Nanopedagogies comprise qualities both of multiplicity and smallness. Nanoparticles are defined by size and cluster: individual molecules are not typically regarded as nanoparticles, even if they fall within the 1–100 nm range. Similarly, an isolated in-the-moment action does not constitute a nanopedagogy. By definition, nanopedagogies require a cluster of (inter)actions, while these must be contained within a short-lived and localised event. In the example above, the nanopedagogy is constituted in interactions between the three bodies of Cat, Kaveri and Usaf (nurse, mother and child). Focusing on the professional work done, we can see multiple actions: listening to cries, accompanying the mother in and out of the nursery, adopting familiar body geometric relations, noticing Usaf's arm movements (or lack thereof), connecting what is noticed with wider, formal and experiential bodies of knowledge, explaining significance to the mother, and why her role has been central. All of these happened within a few metres either side of a nursery door, and took less than a couple of minutes to complete.

Nanopedagogies also connect the 'here and now' with the 'there and then'. Their value and impact are not contained within or limited to their duration or location. Nanoparticles are of interest in physical science as a bridge between atomic and larger scale (bulk) phenomena. Similarly, nano-pedagogies allows us to examine small interactions in detail while offering connection to and explanatory power over phenomena observed more broadly. The example above is powerful precisely because it is not just about what happened there, in the nursery and corridor, and then, on a Tuesday evening. It plays a crucial role in the broader changes that occur during the week in Kaveri's family, and further changes after they return home. These include Kaveri's growing confidence as a mother, her consistent new approach to settling Usaf, and his more gradual learning to fall asleep in his cot. Over time, this also provides a basis for Usaf learning to self-settle after waking during the night, which in turn gives his parents more sleep, and more energy in the daytimes. This is not to say that this one moment produces or causes all of these wider impacts, but it is to say that the origins of broader and longer-lasting changes, lie in smaller, localized moments such as this.

Nanopedagogies take effect through their interface with other interactions, ways of knowing, noticing, interpreting, and so on. To capture what is interesting about nano-pedagogies, we must not just look ‘inside’ them, but at their outward connections, temporally and spatially, through embodied actions and material artefacts. In this regard the concept of nano-pedagogies builds on Gherardi’s (2006) notion of texture (connectedness in action) and the ways I have developed it in part II (see also Hopwood 2014b). In physical science, nanoparticles have a large surface area that drives their contribution to broader physical properties, despite their small size. This parallels the importance of exploring interface in nanopedagogies. Cat’s work with Kaveri and Usaf interfaces with a range of other practices that enable it to act in the powerful, non-localised ways described above. These interfaces connect forwards and backwards in time. What happened in that moment were not disconnected prior processes of admission, note writing, handover, and interactions between other staff and Kaveri’s family. It connects forwards too, through subsequent handovers, writing on behaviour charts (Fig. 5.1), progress notes, and interactions. The nanopedagogy is woven into temporal textures, and the interface can be understood following Schatzki’s (2006, 2009, 2010) appropriation of Bergson’s idea of past, present and future occurring at a single stroke. This event is also woven into spatial textures, connecting the Unit with home, the nursery and corridor with the spaces of admission, handover, the nurses’ station, and so on.

Furthermore, nanopedagogies push wider change forward, just as nanoparticles are a driving force for diffusion. Here the sense is that nanopedagogies can exert a kind of force, they act. It is through specific forms of relationships that their force is produced. The nanopedagogic effect relies crucially on professional expertise, attuning, and knowing in practice. But these are mobilised in interaction, the effect is a property of textures, and the force exerts itself through (new) textures. Nanopedagogies exert force through relationships. I suggest the relational qualities described in the FPM (see Chap. 2; Davis and Day 2010; Day et al. 2015) underlie the in-the-moment accomplishment and longer-lasting effects.

Nanopedagogies may be present but unseen, perhaps even invisible, and may take a range of unanticipated forms. A particular lens is required to notice or catch them. This continues the point raised above, in that particular theoretical and analytical sensibilities must be adopted if nanopedagogies are to be traced. They may be invisible if empirical accounts do not comprise sufficient granularity, and attention to practices of attuning, meaning-making and attributing. This metaphorically parallels physical science in that nanoparticles often have unexpected optical qualities and require particular equipment and intentions if they are to be observed. It would be all too easy to miss the transformation taking place through nanopedagogies in the case of Cat, Kaveri and Usaf. An account that focused, for example, on Usaf’s cries, their intensity and periodicity, might notice small changes, or perhaps a worsening compared to their rhythms when Kaveri simply picks Usaf up for a cuddle and feed as soon as he cries. (It is often expected, and explained to parents, that changes may be ‘noisy’, as children, just like adults, often find change difficult and make their protest known through cries.) The visibility of the

nanopedagogy here relies on attention to embodied actions, movements, gestures, postures, and speech that is sensitive to their pedagogic power through theoretical apparatus including clear concepts of texture, practice, learning, and so on.

Exploring Nanopedagogies in Action

Having presented the concept of nanopedagogies, illustrated it with a concrete example, and explained its metaphorical dimensions, it remains to push the idea further through additional entangling with empirical material. This will enable me to elucidate how they work in subtly different ways, namely: noticing current but often otherwise overlooked positive features; noticing changes brought about through guided goal-focused work (as in the example above); and challenging unhelpful constructs. Several examples will be presented below under each of these categories. The examples illustrate nanopedagogies in relation to different foci of work on the Unit—not just sleep and settling, but feeding, and toddler behaviour too. This conveys how widespread nanopedagogies and associated transformative events were across the ethnographic data.

Building on Current Strengths

Some nanopedagogies highlight strengths that pre-exist the nanopedagogic moment itself. This can be early on in the week, focusing on strengths already within the family, or it can happen later in the week, when staff draw attention to progress that has been made and emphasise parents' roles in its accomplishment.

In several situations highly reminiscent of the episode described above with Kaveri, I observed nurses drawing attention to infants' gaze and eye contact during settling; they might also highlight dummy-related behaviours. Often these were brought to the fore very early on during a stay—on a Monday evening or night time. Nurses would go into (dark) nurseries with parents, and be on the look out for existing signs that the infant is or will be receptive to sleep, and eventually changing ways of falling asleep. For example, nurses look out for infants keeping a dummy in their mouth; one commented: "This is great. He's retaining the dummy. So he's in the business of going to sleep, not spitting it out to cry". Having attuned to the situation, and drawn particular features to parents' attention, the professional then completes the final move, attribution. In nanopedagogies that build on current strengths, this refers not to a recently accomplished change, but to more existing qualities of parents and their children. After noticing a dummy being retained, a nurse might add "You've done an excellent job helping him associate the dummy with sleep", or "You've been doing well at home, because she already understands this is sleep time, even if she finds it hard to go off, and protests sometimes!". Implicitly this contributes to ongoing work that

takes a strengths-based approach, reinforcing and building parents' confidence and esteem, and perhaps challenging a sense of failure (see below).

Badriyah and her husband Bahir came to the Unit for help with parenting their daughter Amina. Nurse Ruth was discussing their goals, while Badriyah sat with Amina in her arms. Ruth points out that Badriyah has at down, but Amina is not looking for her breast. The mother looks at the clock on the wall, and responds "Yes it is better now. She just wants to be carried or held". This is significant: previously Badriyah had read Amina's cues as indicating she wanted a breastfeed. Bahir adds "Last night she didn't ask for breastmilk for 3 h, and she's eating more food". Ruth replies "Yes, both of you have done really well there challenging Amina with the breast, and she's really making progress too". The key here is the fact that the parents are attuned not only to the incidence of breastfeeding, but to Amina's breast-seeking behaviours and signs that she is happy without the breast. This small shift was crucial in helping Badriyah feel comfortable in changing a routine in which she offered the breast whenever Amina became unsettled. In this case the nanopedagogy was focused on features that were already in place: Amina had not been seeking the amount of breastfeeding that she had been given, and was ready to reduce this and replace with other foods. The nanopedagogy helped her parents see this, and feel confident in interpreting her cues and responding with carrying or sitting and holding her.

Towards the end of the week, there are often brief conversations around the nurses' station, when parents approach staff and discuss decisions they are making. One Thursday, for example, a mother spoke to a nurse, explaining that she was going to take her child for some tummy time in the playroom, using a towel in the way she had been shown earlier in the week. She adds "He hasn't done a poo yet", to which the nurse responds "that might be because you've changed what he's eating". The mother nods, smiles, and remarks: "My baby is just so happy now!". The nurse replies, "Well, that's because of the things you're doing. You've all done really well". Here it the steps and sequence of nanopedagogies are a bit less clear than in other examples, but we can see traces of the principles in action. We can see that the mother is now noticing and attaching significance to details such as the way a towel is rolled for tummy time, and making her own decisions about when might be a good time to offer this to her child. While the mother noticed the change in bowel rhythms herself, the nurse helps to notice the association between this and the changed food intake, attaching significance in the idea that the delayed poo is no cause for concern. Finally the attribution is layered over the general improvement in the baby's temperament, tied firmly to the mother's actions.

Enhancing the Impact of Guided Change

Many if not most of the nanopedagogies I observed occurred in the context of parents interacting with their children while being closely supported by professional staff. Here, staff are working to help parents realize their goals, and are on the

lookout for signs of progress. Thus, these nanopedagogies emerge in the context of guided change.

Returning to Badriyah, Bahir and Amina, a suite of nanopedagogies emerged as nurse Jayne assisted with mealtimes around the table on a Tuesday. In each case the process of drawing attention, attaching significance, and attributing ownership of change unfolds within the context of closely guided change. This fits within the weekly rhythms of scaffolding and withdrawal discussed above. The interactions began first thing in the morning, when Jayne met with Badriyah to discuss plans for the day. She suggested that Badriyah take Amina with her when she has her own breakfast, so that Amina can see her mother eating and may want to eat also. Jayne also explained the idea of being relaxed around meal times, trying not to fuss, and that Amina will not starve herself—she will eat when she is hungry. At 8:30 they take Amina into the dining room, and Badriyah says “If we fail, I will give the breast”. Jayne suggests that they not think about failure, but take a positive approach, and think about what they might work on. If Amina gets distressed she can pick her up for a cuddle and that’s fine. Shortly afterwards, the following interaction unfolds:

Jayne: She is eating the melon, very good!

Badriyah: But I want her to eat more different foods.

Jayne: This is a very good start. She’s only just begun eating solid foods. It’s important that you stay relaxed around eating times. She will see if you’re relaxed or not. Right now she’s trying the food, and you’re helping her do that because she can see you’re not stressed.

Later at morning tea, Jayne is on hand again, and now Bahir is also present. Amina is a bit reluctant to sit down and begins to climb out of her high chair. Bahir distracts her, and Jayne comments “Nice distraction, Bahir! She’s sitting really well now”. Jayne is called away to attend another family, and comes back later, asking how it has gone. Bahir says Amina ate some grapes and a biscuit. “Fantastic!”, replies Jayne. Badriyah says “I wanted her to eat more”, and Jayne attempts to reconstitute this as a success “She is doing really well. She is only little, and you’ve made a lot of progress with the breastfeeding. It will go in small steps”. At lunch time, Jayne encourages Badriyah to let Amina feed herself. She draws attention to something she noticed earlier in the day:

In the playroom she was pretend eating. That’s helping her develop, showing maybe she wants to feed herself. Maybe if you allow her some control she might eat more. Try to let her feed herself, even if it’s messy. Let her pick it apart. She’ll enjoy it, it will be a bit like play for her, exploring the food. Try not to let it stress you out.

Badriyah takes a spoon and tries to feed Amina, who pushes the spoon away. Jayne suggests she give Amina the spoon, and the girl quickly (but messily) begins feeding herself custard. Badriyah tries to take the spoon off Amina, who gets upset and throws it. Sensing that Badriyah doesn’t want Amina’s clothes to get dirty, Jayne brings a bib over.

Throughout these interactions, we can see many examples of Jayne bringing things to the parents' attention, imbuing them with positive significance, and constantly locating the driving force for change in the parents' actions. These actions are themselves closely guided by Jayne, either in an anticipated way (as with the idea of remaining relaxed), or more responsively (as with the bib). This guidance depends on Jayne's professional expertise together with her attuning to the family, not only their bodily behaviours and sayings around the table, but also to Amina's actions in the playroom.

Another eating-related example of this occurred on a Wednesday, again in the dining room. Kalisa has come to the Unit for help increasing her daughter Aimee's solid food intake. Nurse Julia sits with them both over breakfast. Kalisa explains to Julia how the night before there was food mess all over the table and floor, and the staff had reassured her it didn't matter, to try to stay relaxed and not force feed (which she had been doing at home). At this point Julia looks at the behaviour chart (see Fig. 5.1 for an illustration of what this might look like), and notes on her own Clients in Residence Sheet (which she wrote during handover and after reading Aimee's progress notes). She reads out all the things that Aimee had eaten the day before. Kalisa exclaims "Oh, I didn't realize! I hadn't put it all together like that". Julia suggests that Aimee's food intake has already increased quite a bit, and says "You've done a really good job, giving her opportunities to eat, make mess, have fun, but without the force feeding". The three steps of nanopedagogy are evident here: the noticing of intake, based on attuning to documentation and the family's goals, and history; the imbuing with meaning and significance, in this instance by bringing the many small bits of food intake together to make their total more obvious; and the attribution to Kalisa's actions.

That day Julia was also supporting Eleni with settling her son Michalis; Eleni has found it very hard when her son cries. In the evening, Julia is there while Eleni puts Michalis down to sleep. After a while he wakes, and Eleni tries to settle him. His cries are quite loud but regarded as 'grizzling', and so Julia reinforces Eleni's decision to wait outside the nursery. Eleni is sat on a chair, reading a magazine, sending texts and watching videos on her mobile phone; at one point she makes a call to a family member. Julia comments "You're doing a really good job of distracting yourself. It's giving him a chance to resettle". Eleni replies: "Well I knew what to do, you told me what to expect and I saw it happening". Here it was changes in the mother's behaviour that were noticed. Their significance is understood because distraction is enabling Eleni to wait while Michalis cries, to see if he settles (see Chap. 5 for a discussion of how time is often 'evacuated out of settling'). Eleni's reply shows that the attributing work is already done, she has already taken ownership, knowing what to do, although acknowledging the support she has received in doing this.

These examples of nanopedagogies were based on the idea that longer term changes are achieved through a consistent approach applied over multiple instances. In this context, nanopedagogies are important in helping parents understand the value and achievement of a particular settling episode. Such nanopedagogies typically emerge at the end of a settling period (after 30–45 min),

when a decision is taken either to settle using techniques that have worked previously (but which parents wish to reduce, such as holding in arms), or to get an infant up, if the attempt has been to encourage her or him to fall asleep again (resettle). The core of the nanopedagogy is built around a phrase something like: “S/he did really well. A good little practice run. We’ll do it all again later”. This is usually furnished with more particular details, often expanding the idea of ‘practice run’ so that it is both the child and the parent who are learning to do new things. In the context of guided change, the professional will fold in specific reference to actions (or responses in children) that are attuned with the changes and strategies being tested and supported. A closely related set of nanopedagogies seeks to more explicitly alter parents’ negative perceptions when settling or other episodes do not conclude as they hoped. These are explored in the next section.

Challenging Unhelpful Constructs

The idea of challenging unhelpful constructs is central to the FPM (Davis and Day 2010; Day et al. 2015). It places specific emphasis on professional expertise, and makes it clear that partnership is not simply about accepting *all* parents’ ideas and interpretations. While they are always listened to and acknowledged, the Model creates clear onus on the helper to challenge constructs when evidence to hand suggests that they are not helpful in relation to achieving parents’ goals, or potentially that they are underpinning goals that are unrealistic and may not be setting up for success (see below). Challenging constructs is a delicate and difficult matter for professionals, who may feel that this puts trust and a sense of empathy or unconditional positive regard at risk. None of these need apply if the challenge is approached respectfully, and retains a focus on parents’ goals. I argue that this can be achieved by wrapping the challenging of a construct up within practices of nanopedagogy.

Often, challenging unhelpful constructs relates to countering a sense of hopelessness in parents. One Tuesday I was in the playroom while Carla talked with the playroom coordinator, Anh, about her daughter, Theresa. Carla remarked that Theresa did not settle at all after 45 min last night, so they ended up breastfeeding as usual. “I feel very defeated. This is our last resort. I’m worried it’s not going to work”. Anh challenges this view of the previous night’s proceedings through a set of comments that constitute a subtle nanopedagogy:

I know it’s hard, but that was the first night, and often children are very unsettled because it’s a strange environment. But even though you breastfed in the end, you had all that 45 min trying something different. That is giving her a chance to learn. Each time you do this you help her to settle. You’ll get more chances today, and there’s still lots of time. Often the changes happen later in the week, and then continue improving at home.

First Anh normalizes and re-diagnoses what Carla saw as a failure and a symptom of intransigence. Second, she changes the focus of attention from the final

action (breastfeeding to sleep), to the period spent trying new settling approaches. She then points out why this is significant, closely tying this up with Carla's actions, and her capacity to bring about change by undertaking similar actions in the future. She concludes again by normalizing and challenging the interpretation of the events as failure.

Sometimes nanopedagogies that challenge unhelpful constructs arise through opportunistic professional intervention in order to transform a particular moment or event. When shadowing Julia, I observed the following sequence. A mother is in the corridor asking her toddler to stop running. She calls out to Julia, "Do you want a hard case?". The nurse responds "Yes!". The mother sighs, and says "I've got nothing over this one", meaning that she has no ability to influence or control the toddler's behaviour. Julia challenges this in her response: "Yes you do. You've been doing it all week. There's a chance to do some more labeled praise here". Here the attribution to the parent is very clear, a response to the initial trigger in which the mother self-proclaims to have no agency. Julia brings in both the mother's actions over the past few days, and also reinterprets the current situation. Instead of being a failure because the toddler ran at all, there is now a chance to praise the child for listening to his mother and stopping when she called out. When the mother does this, Julia echoes this in her praise for the mother, and concludes "See, just keep doing what you've been doing".

Some unhelpful constructs require subtle forms of detection on the part of the professional, as they are not always rendered explicit through direct parent speech. Nurse Maggie was helping Jessica settle her son Alex. This being a Thursday, Maggie is not leading or closely guiding the settling, rather she is on hand, supporting Jessica, who is beginning to act more independently as the scaffolding is withdrawn towards the end of the week (see above). It is six o'clock in the morning, and Jessica's first attempt at this less guided approach within the context of her stay on the Unit. Maggie and Jessica are stood in familiar formation outside the nursery door, listening to Alex's cries. Jessica makes a move towards the nursery door, hesitates, and looks to Maggie. The nurse says:

He's just grizzling, chatting to himself. He's not escalating at the moment. Let's stay out here. It's a chance for him to learn to self settle. We're telling him this time of day is sleep time.

Jessica agrees, and says that "he was doing this the last two mornings, but at four or five (a.m.), so that's an improvement!". Here Maggie intervenes, drawing attention to the stable nature of the cries (not escalating), and using vocabulary that gives a different significance to them (grizzling, chatting). She also draws attention to why staying outside and listening, rather than going in, can be important. In doing so she links progress with Jessica's action of waiting and listening. Jessica's response indicates a recognition that progress is being made. Later, Alex's cries do escalate, and Jessica says she will go in and feed him, which Maggie supports with the simple utterance, "Good idea".

We can connect again with Badriyah, Bahir and their daughter Amina (discussed above). Badriyah had expressed very clear goals, namely to cease all

breastfeeding immediately, and for Amina to sleep through the night in her cot. She had previously woken frequently during the night, falling asleep in a cot right next to their bed with the side down, and often ending up co-sleeping with her parents in the main bed. Nurses took on the delicate task of challenging the way Badriyah framed her goals, particularly the suddenness of change that she is seeking. On the issue of breastfeeding, nurses had suggested to Badriyah that going straight from multiple breastfeeds each day to none at all could be too drastic for both her and Amina. By Wednesday, in the goal review discussion, Badriyah remained adamant that her goal was to stop breastfeeding completely. Ruth asked the mother how she was feeling, and Badriyah commented “actually my breasts are sore”. Ruth links this to the sudden reduction in breastfeeding, and suggests to Badriyah that she could still feed Amina a couple of times a day, and then express gently, to reduce the pain she is feeling. Ruth asks if she will consider feeding from the breast once or twice, and Badriyah declines.

Ruth seeks to challenge further by drawing attention to how this may be experienced by Amina, explaining that her daughter may miss the time being in her mother’s arms, and find such a sudden change difficult. Badriyah nodded but did not explicitly agree; however, later in the day she was observed sitting with Amina, breastfeeding. Ruth shifted the focus towards Amina’s perspective, drawing attention to the significance of breastfeeding beyond nutrition (time in mother’s arms). She attributes the capacity to offer this valuable time to Badriyah, who appears to act on this later.

In the same conversation Ruth also seeks to challenge Badriyah’s idea that Amina cries because she is afraid of the cot. Ruth suggests it may not be fear, but unfamiliarity because Amina is not used to the cot. Badriyah contests this interpretation directly: “I *know* Amina. It’s too much for her. I hope she will sleep through the night after two days”. Ruth does not push their differing interpretations of Amina’s cries any further, but she does suggest that it may take longer, perhaps months, before Amina learns to sleep through the night. Badriyah seems surprised, and then shifts the conversation to focus on how to express breastmilk. I highlight this to show how challenging constructs is not always bound up within what I regard as nanopedagogies. Here it was not possible to fulfill the sequence of noticing, significance and attribution. Ruth had to navigate complex terrain involving multiple goals, several unhelpful constructs, and a mother who was very reluctant to let go of particular goals and views. In the end Ruth concluded the discussion by returning to the progress they had made in reducing the breastfeeding. Subsequent handover discussions were rich in their consideration of how to best support and challenge this family.

I have introduced the idea of nanopedagogies, explained its metaphorical meaning, and shown patterns in their varied but widespread enactment in professional practices on the Residential Unit. In the next section I present another key idea that links the pedagogic work of partnership with distinctive views of professional learning, practice and expertise.

Pedagogic Continuity

In this final section I focus on the concept of pedagogic continuity. This is oriented primarily towards professionals and their work in partnership with families, rather than on approaches to parenting. I present a number of ideas that provide a common basis for the family-specific, emergent work of presenting challenge, scaffolding and withdrawal. The key ideas are: taking a child's point of view, try and see, challenge and setting up for success, specific labeled praise, not making a fuss, and being consistent and persistent. I will consider each of these in turn, highlighting how the concepts of texture and general understandings help us elucidate their function.

Before doing this I should clarify that the term 'pedagogic continuity' is not of my creation. I came across it in Delamont et al.'s (1997) work on doctoral education in the UK. In this they highlighted how in laboratory-based natural sciences, there was a continuity of practice and associated skills and equipment from research students across the years of candidature, through postdoctoral researchers, to junior and more senior academics. They argued how this continuity creates a pedagogically rich environment in which shared topics of enquiry are linked to materialities and ways of working that are not just joint or coordinated projects. Different forms of expertise and experience are in play and on display, allowing patterns to emerge that form a group 'habitus' (after Bourdieu 1992). They describe how pedagogic responsibility (often through supervision) is delegated and shared across generations of researchers. This buffers against failure, isolation and the vulnerabilities of over-dependence on particular paired relationships.

My sense of pedagogic continuity in the professional practices of the Unit takes many cues from Delamont et al.'s work, but differs in some important regards. While there was an inter-generational focus in the original, in my context it relates more to continuity across shift patterns, professions, and families—within each week and from week to week. The sense of delegated or shared responsibility fits well, although I would couch this in more practice theoretical terms as social, material and relational. Pedagogic continuity on the Unit buffers against cracks forming as staff hand over responsibility of supporting a family to another colleague. While the practices at hand here could be understood with respect to forming a professional habitus, I draw out instead the ideas of texture and general understandings. This inflects the concept with new but not inconsistent (given Bourdieu's focus on practices and embodiment) nuances.

By pedagogic continuity, I mean a common and stable foundation that is enacted in nearly all the work of supporting parents on the Unit. I would expect pedagogic continuity to be found in other contexts where different professionals are working in partnership. It might be seen as a set of curricular building blocks, upon which client-specific pedagogies of the unknown, and particular outcomes are based. In the descriptions I give below, I try to create a sense of how the enactment of these shared ideas create a pervasive 'wash', a kind of immersive pedagogic environment. This continually provides a basis for and reinforces more

detailed and nuanced professional work. Teasing out the textural nature of this draws the concept into closer connection with concepts of emergence and enactment, while the notion of general understandings allows us to hold something of their origins in stable forms of expertise and the hanging together of practices. And so now I turn to explore pedagogic continuity in practice, entangling these conceptual ideas with empirical material.

Taking the Child's Perspective

My observation notes are replete with instances in which professionals encourage parents to think about how a child might experience a particular situation. This is variously referred to as taking the child's perspective, considering her or his point of view, or stepping into their (tiny) shoes. I saw this happening in relation to toddler tantrums, for example, where often the point is to realize that tantrums often reflect a child's loss of control, but also how quickly they may have forgotten what disturbed them in the first place. Tantrums can be anticipated by considering how children feel at the end of play, and giving them warning, involving them in clearing up. In relation to solid food intake, the purpose may be to get parents to consider how force-feeding is experienced by a child. With reducing breastfeeding, it might be to encourage empathy with a child who might experience a sudden cessation as abrupt and miss the contact time with her mother.

There are a number of important pedagogic moves at play here. A precursor to this pervasive idea is a notion that in many ways children are just like adults. I often heard staff saying things like "They have good and bad days, too", "Change is hard for all of us, isn't it?", or "We all want to protest when things aren't going our way, and they often do this through crying", "It takes time for new habits to settle in for us, and it takes time for them too". By encouraging parents to adopt the perspective of their child, the professionals are shifting the child from being an object of discussion, to being a subject. The child shifts from being a problem to be solved, to an active participant, experiencing the situation as another person, with viewpoints and responses that are as legitimate as those of adults. This simple idea proves astonishingly powerful. One mother commented that what she used to find really annoying and at times distressing, she now actually found quite cute. Previously troubling behaviours were now interpreted as signs of her child's personality and character, evidence of her being a 'proper person' in her own right. Another mother was profoundly affected by the idea that her child's cries were in part a sign of how much her son loved her. This idea is also fundamental in relation to the 'try and see' approach, discussed below. Much of the testing is gauged on the basis of trying to figure out what children want, and how they respond to strategies being (tentatively) implemented.

Try and See

Try and see is a phrase that can be heard across the Unit, day and night. It captures the idea that new strategies for settling, resettling, feeding, changing routines, dealing with tantrums and so on are *always* undertaken under conditions of informed uncertainty. Pedagogic continuity emerges amid, and helps with, the ever-present challenges associated with professional involving pedagogies of the unknown. There are never any guarantees, but value is placed on the attempt, and attention is focused on monitoring the outcome—with hope but not expectation. This idea came up as nurse Louise supported Nicky settling her son Leo on a Monday evening:

Nicky: I usually take him for a walk at this time, because he's so unsettled. Just walking round the house does my head in.

Louise: Try to put him down [in his cot] now, and see what happens. We will see if he settles himself.

Such an instance highlights an important aspect of this practice of pedagogic continuity. This sets up the whole process as a conditional one, and avoids great disappointment in parents, because the expectations in this first instance are not of major, rapid change.

To illustrate the pervasiveness of this idea, in support of its constituting an element of pedagogic community, I will now list some of the contexts in which it arose. These included trying out a range of foods (often in one meal sitting) to see what a child takes interest in and eats, and trying messy play as a possible means to encourage comfort around solid foods. Much of the settling work involves testing different approaches amid myriad variations of patting, cot rocking, light, heat and sounds, parental presence, holding in arms, gradual withdrawal, ways of wrapping and tucking children in, positions of cots in relation to parents' beds, dummies, and so on. When struggles with breastfeeding are named in admission, the first attempt is always to try and see if what you normally do might work (we never know!), then different postures and body geometries can be tried, or bottle feeding, supply lines, and so on. When parents sought help with managing toddler (mis)behaviour fuelled by a sense of loss of attention when a younger sibling arrives, staff encourage parents to try giving them different toys and seeing what happens, or trying playing with them to model and lead sharing, trying praise (see below). These are all done with a view to seeing how children respond, looking for signs that can be used as a basis for moving forward (or even as the basis for a nanopedagogic intervention, see above).

Challenge and Setting up for Success

Within partnership there remain some non-negotiable features. Some of these relate to laws around child protection and mandatory reporting where professionals observe or learn of certain risks to children. Another is the idea of challenge. This comes from a shared assumptions that families come to the Unit looking for change, and

that change is always challenging in some way or other. No matter the focus of parents' goals, the agenda is always one of challenging both children and parents. This challenge is carefully negotiated and presented in safe environments where a particular challenge is never forced on someone (adult or child) at a particular time. The specific challenge is negotiable. Taking on challenge of some kind, is not. Challenge can be relatively soft or gentle, and is best understood as anything that lies within a parent's or child's ZPD, rather than as something defined by difficulty (see above).

However, with challenge comes a sense of risk. Risk to the trust that parents place in professionals. Risk in their confidence that 'this will work'. Risk of depleting their (often already low) reserves to try out something new. Thus the criteria for what success looks like are carefully managed, and this often itself undermines or challenges parents' existing constructs. The idea of setting up for success is that challenge is undertaken where the success criteria are brought as close to the present status as possible. This might seem like a contradiction to the idea of 'try and see', an impossible feat given the uncertainties, contingencies and provisionalities that infuse nearly all work on the Unit. No, there is no contradiction. How? Because success is tied to the attempt rather than the outcome. As a nurse and parents prepare to try out, for example, cot rocking as an approach to settling, they will discuss how the purpose is to see if the child responds to cot rocking. If the answer ends up being 'no', then they have been successful both in eliminating this approach and narrowing the field of solutions, but also in having given the infant a chance to learn to self settle. Every attempt gives a child and parent chance to practice coping with new behaviours and interpretations.

Many parents with older children report to staff that they use sticker charts at home to encourage sleeping in their own bed through the night. This is often followed by an exploration of what the stickers are given for, and how many the child has earned. If, as was quite often the case, stickers were given for a whole night in their own bed, and the number of stickers given out is low, then from the child's perspective (notice the link between the different forms of pedagogic community), they may feel like they are being asked the impossible and being set up to fail. Setting up for success, here, would mean offering a sticker every time there is evidence that the child has *tried* to sleep in their own bed, perhaps waiting long before coming into their parents' room, or perhaps coming in but accepting the suggestion to go back to their own bed after a while.

Thus the idea of setting up for success brings confidence and near-certainty in an environment where the epistemology of knowledge underpinning actions and any attempt put into action are defined by uncertainty. It plays a crucial role in enabling professionals to go on and lead pedagogies of the unknown.

Specific Labeled Praise

Setting up for success often requires a companion form of pedagogic continuity, namely specific labeled praise. This is a widely used feature of approaches to child behaviour management, based on the idea that children respond positively to signs

that their parents (or others) are paying attention to them, and valuing them and what they are doing. Specific labeled praise is about noticing something positive, then referring directly and specifically to it. “Well done” may be praise, but it does not show focused attention, nor does it cue a child as to what is being praised, so it is less likely to reinforce the valued behaviour and lead to its repetition. The specific, labeled approach could be “I love how you shared the toy with your sister”, or “Thank you for holding my hand so nicely while we were out on the street, it is really important so mummy knows you’re safe”.

This is a crucial component of pedagogic continuity—something that parents hear being talked about, and will see being modelled by staff throughout their stay. The Unit is almost *saturated* with specific, labelled praise. It is not only offered to children, but is also routinely applied to parents, by staff. From families’ entry into the Unit—“Hello, I’m Nicky. Who’s this holding mummy’s hand so nicely?!”—to their departure after discharge, pretty much every opportunity to praise a parent or child is taken up. “You did really well there listening to his cries, even though it’s hard”, “I saw you checking facebook on your phone earlier—what a great way to distract yourself when he’s going off!”, “You really kept calm during that last tantrum, just like we’ve talked about”, “It doesn’t matter that she didn’t eat much, you gave her chance to play around the food, and you kept it fun and relaxed. So it was a success”. What is praised is the attempt not the outcome—folding this idea into that of setting up for success. Specific labelled praise brings that success to parents’ attention when it might otherwise have been overlooked. In this regard it often has potential for development into a nanopedagogic form (see above).

Not Making a Fuss

The idea of not making a fuss does important work in normalizing what many parents see as extreme and pathological. Professionals never make a fuss of the challenges parents reports, and they encourage parents to respond similarly to their children. If a toddler makes herself vomit during a tantrum. “You wouldn’t make a big deal out of it”. One might continue playing, or be “businesslike” in the approach to cleaning it up. If a child refuses food at a meal time, the idea is to avoid turning it into a ‘bad’ situation, in which the child might learn to associate food with stress, but to reinforce the idea that meals are relaxed and fun. What I have written earlier in this chapter about normalizing applies here.

Being Consistent and Persistent

The final form of pedagogic continuity that I identified in my analysis involves the idea of being consistent and persistent. It is through this idea that all the other forms of pedagogic continuity, plus all the specific, contextualized ideas that

appear to be gaining traction with particular parents and children, outlive the five-day spell on the Unit. Consistency and persistence carry these other ideas forward through time and across space into family homes. There is a strong rhythmic quality to these ideas, if attune to rhythms is used in a Lefebvrian (2004) sense (see Chap. 5). Consistency refers to repetition, while persistence relates to duration. Repetition of the same thing (consistency) over time (persistence) can create difference. This is based on an understanding of the temporality of children's learning, and their changes in behaviour. A few changes may begin to take hold within the week on the Unit, but most take weeks or months to become entrenched and resilient features of family life. Staff express this through phrases such as "It's a learning thing, it takes time" and "They learn bit by bit, Every time you repeat the routine, they get more used to it. They'll get there eventually". "It's amazing what we can achieve if we do the same thing over and over again". This might involve taking the child's point of view (see above) "When you do the same thing each time you go in, they learn to expect it, it helps them calm down and feel safe because you do what they think you're going to do".

The letters from Amelia and Fiona, presented in Chap. 2, show how these ideas are explicitly taken up by parents, and how they can underpin longer term positive change. Individually and as a set, these ideas are nearly everywhere in the professional practices of the Unit. In the next section I offer a means of conceiving this and reflect on the work that such pedagogic continuity does and the accomplishments it makes possible.

Pedagogic Continuity as General Understanding

In this section I briefly fold the notion of pedagogic continuity into the broader theoretical framework that underpins this book. Specifically I will relate it to Schatzki's practice theory and within it the idea of general understandings. This is not to undermine the Bourdieuan approach of Delamont et al.'s (1997) original work, but to suggest that concept is amenable to diffraction on distinctive theoretical terms, noting that Schatzki positions his work alongside that of Bourdieu within a broader practice theoretical genre.

Schatzki (2002; see Chap. 3) holds that practices hang together and are organised by practical and general understandings, rules, and teleoaffective structures. Practical understanding refers to knowing how to carry out desired actions through basic doings and sayings. General understandings are abstract senses of the worth, value or place of things which infuse and are expressed in people's doings and sayings (2012). I should be clear here that I am appropriating Schatzki's concepts, and bending his notion of a general understanding. I find it useful to broaden it slightly, to include forms of shared expertise and senses of professionalism (see also Hopwood et al. 2014). In this way, it brings the notion closer to what Jensen et al. (2012) refer to as 'epistemic communities', highlighting that when we are considering professional practices, that are almost always common understandings of certain phenomena.

The key ideas outlined above as forms of pedagogic continuity are also elements of practical understanding shared by staff across the Unit. Different practices on the Unit express these same understandings, and these understandings exert an organizing force. One of the ways in which practices hang together, in Schatzki's view, is through commonality: shared practical or general understandings, rules, and teleoaffective structures.

This helps get a grip on why this pedagogic continuity is so important, to account for what it accomplished in the day to day work of the Unit. The ideas of try and see, set up for success, and so on are so widely shared across the group of professionals, and so frequently enacted through their doings and sayings, that I used terms such as 'saturated' and 'wash' as metaphors. As general understandings, these are not understood as invisible ideas locked away in people's heads, upon the basis of which they (decide to) act. Instead they are social forms that exert organizing force. They bind practices together. Fascinatingly, they also pull parents into this organised sphere. It is as if they have a contagious quality. This contagion serves precisely the pedagogic ends around which the Unit is oriented, and in particular helps parents cope when scaffolding is withdrawn.

Time and again over the course of the week, I observed parents coming to enact those same understandings. Parents' practices end up being organised by, and their actions express, these shared general understandings. While this could not be achieved without there being specific professional-parent interactions, no single interaction accomplishes this effect. Hence the need to bring wider features into the analysis. Pedagogic continuity infuses many if not all interactions between parents and professionals, regardless of changes in the staff member assigned to work with them day or night and regardless of others stepping in during breaks or mealtimes. It also seeps through into the social sphere of parents in residence each week. Parents notice other families working with the same ideas, and take up their vocabulary when interacting with each other. I saw this on the pram walk, in the playroom, dining room, client lounges, and corridors. In this way, the value of bringing families away from their homes, to a shared designated space, becomes more apparent. Not only does the public nature of the Unit normalise (remember the corridors as settling spaces at night, for example), but it provides a means to reinforce key pedagogic messages through their becoming organizing forces for families' practices as well as those of professionals. Thus pedagogic continuity as general understanding has an attractive and sticky quality. It adds forms of connection between ideas of pedagogy and broader questions about professional practices.

There are many contexts where professionals are working to support clients in a way that is infused with pedagogic dimensions, including those where partnership and/or coproduction are mandated (see Chap. 2). Such work often requires coordination where there is not a stable, singular professional-client relationship. I suggest we can usefully understand some aspects of how this is achieved by identifying forms of pedagogic continuity and linking this to broader practice theoretical apparatus through an expanded notion of general understandings. This provides a basis to explore how different practices hang together—not only

as multiple profession(al)s cluster around particular clients, but as work proceeds with both emergent and stable features from client to client. This positions features of professional expertise not as individually held units of knowledge that are implemented in practice, but as enacted bodily and socially. As bodily enactments they become inherently entwined with the material world.

Conclusion

In this chapter I have highlighted the pedagogic work of practices based on partnership between professionals and clients—in this case, families. In doing so I have drawn on concepts of scaffolding and the zone of proximal development, weaving Vygotskian ideas into a broader sociomaterial account. At all times I have kept a close eye on professional learning in practice, particularly through the idea that this pedagogic work is not set up or determined in advance, but rather responds to each family and the changes that occur in the course of each week. Venturing into pedagogies of the unknown requires that professionals attune closely and fluidly to the families they are supporting, making aesthetic judgements about the focus, level and timing of challenge, the appropriateness of particular scaffolds, and when they should be withdrawn. This agility has roots in both stable, shared forms of professional expertise, and responsive, in-the-moment actions and interactions. Among these are nanopedagogies, in which practices are attuning and form a basis for transforming moments of frustration or failure into something affirming and positive. Amid the highly fluid and emergent practices of the Unit, there are also more stable pedagogic ideas, forms of pedagogic continuity. These provide a platform upon which journeys into the pedagogically unknown and unknowable may be undertaken.

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Chapter 11

Conclusions

Introduction

This chapter pulls together the various arguments and insights presented through this book. It both zooms in (Nicolini 2009) on details relating to the Residential Unit of Karitane in Carramar, Sydney, and zooms out to consider wider implications in terms of professional practices and learning more generally. It begins by revisiting the four essential dimensions of times, spaces, bodies and things. These are then taken forward in a brief summary of the distinctive view of professional learning in practice presented in Part III. This articulates a view of practice and learning as entangled, but analytically separable. Emergence is then highlighted, before the functions and epistemologies of professional learning in partnership-based practices are revisited. This section highlights connecting, textural work, and sensitising, epistemic work. The final arguments to be revisited focus on the intensified pedagogic nature of practices based on partnership between professionals and service users. This is framed in terms of journeys into the unknown, and the need for distinctive concepts of pedagogy is explained. Concepts of nanopedagogies and pedagogic continuity are presented within this context. The chapter wraps up with reflections on the key questions posed in Chap. 1, on theory and future directions for research on professional practice and learning.

In Chap. 1 I outlined a number of key arguments relating to professional practice and learning. Through Parts II and III I have developed these, through systematic and yet sometimes also playful entanglement between empirical data and a range of sociomaterial and practice theoretical concepts. I will now revisit these arguments, from a new vantage point reflecting the detailed work in all the previous chapters. I will also consider questions that are raised, pointing to new and productive directions for further research into professional practices and the learning that arises and is demanded as they unfold.

Four Dimensions of Professional Practice and Learning

A major theoretical foundation for this book lies in my argument that professional practice and learning have four essential dimensions: times, spaces, bodies, and things. This is an idea I have outlined previously (Hopwood 2014b), but developed much more fully here. It extends Gherardi's (2006) notion of practice texture, or connectedness in action. The four dimensions arose through an entangling of prior theoretical commitments, and ideas that emerged through analysis of empirical data. I describe them as essential in more than one sense. These dimensions are essential in that I cannot imagine practices, connections in action, or the learning associated with them taking place outside of times, spaces, bodies and things. If any one were to be taken away, something fundamental would be lost, the phenomenon would cease to be. They are also essential in the sense that they constitute the essence (the fabric, perhaps—see Hopwood 2014a) of practices and learning. This framework moves beyond many of the 'troubling' dualisms that are outlined by Hodkinson (2005), including those of mind/body, time/space, individual/social.

Looking at times (Chap. 5), I have shown how practices and the textures that are produced, maintained, modified, repaired, and restored through them, display multiple temporal qualities. More than this, I have argued that they produce multiple times. These include times that operate like clock time—linear time that gets used up, that proceeds relentlessly forwards. But there are other times too—times of activity in which past, present and future are more entangled, can intrude on one other, or occur simultaneously. This becomes particularly apparent through Schatzkian views in which temporality is shaped by the purpose or intentionality of practices (see Schatzki 2006, 2010). I showed how the Residential Unit operates with a particular kind of five-day-long 'present', but also (as in Chap. 10), how particular 'special times' (Ger and Kravets 2009) are produced, particularly through nanopedagogies that transform moments of potential failure into moments of positive change. What kind(s) of present emerge in other practices? What does this mean for issues like the sense of frantic pace associated with intensification of professional work?

A rhythmic sensibility, from Lefebvre (2004) revealed much of value about practices on learning on the Unit—including a kind of rhythmic imperative that shapes a large amount of the work of supporting families. Professional practices in all contexts will display and produce their own distinctive rhythms. What these are, why they matter, how they emerge and endure, how they are modified (or not) to changing circumstances, why they get interrupted or broken, and how they get repaired—these are all important questions to ask of other contexts. As are questions relating to what such rhythms and temporal textures mean for the learning that must take place in order for practices to go on. A rhythmanalysis helps to foreground the temporal dimension while not letting go of the others. Indeed rhythms are intimately entangled with bodies, things and spaces.

The second dimension, spaces, helped to elucidate other features of professional practices and learning (Chap. 6). I deployed two analytical approaches, first

dwelling in particular spaces and tracing the multiple practices coursing through them, and then following practices as they move across spaces. On the surface, the Residential Unit might appear to be a simple kind of space, a single building with practices largely taking place within it. The same might be said of schools, hospitals, and many other workplaces. However, drawing on Schatzkian ideas, and complementing them with concepts from cultural geography (most notably Massey 2005), matters of space are rendered much more complex. Fixed architectural spaces are shot through with multiple practised spaces. Much of the work of professionals turns out to be spatial work—producing and reproducing spaces. The playroom turns out to be a place of play, pedagogy, rest, and readiness; the corridors are not just paths but also places of pyjama pedagogies. The need for both publicly shared practices and secret ones is not unique to the Residential Unit, and a spatial analysis offers much of value in understanding how this is accomplished. I treated spaces as materially and temporally constituted, mobile and emergent. I also showed their entanglement with bodies, particularly through the patterning and relational work of body geometries.

What if we were to consider other practices and learning on similar terms? The spaces of these would have to be addressed not simply in terms of their location, but in terms of the spatial and spatialising extent or reach of actions and connections between them. In non-representational (Thrift 2007) terms, one would not seek a singular, stable spatial (re)resolution, but would rather embrace multiplicity and constant motion. New questions thus emerge: How do practices hang together within particular spaces? What spaces do they produce, simultaneously and sequentially, together and apart? What must professionals learn, and how must they act on this learning, in order for appropriate spatial connectedness in action to be produced, maintained, modified, repaired and restored? When practices move, what changes and what stays the same, spatially and otherwise? Why must some practices be secret and others public? How are secrecy and publicity produced? What connections in action do these afford, what textures are broken, and why does this matter in the context of the broader ends of particular practices?

Turning then to bodies (Chap. 7), there was a particular need to take care and avoid falling into Cartesian traps of mind/body dualism. Fortunately, concepts of knowing in practice (Gherardi 2006), Grosz's (1994) Möbius metaphor, and practice theoretical notions of the body (Green and Hopwood 2015a; Schatzki 1996) are at hand as a basis for accounts that do not separate mind from body, knowing from doing. Looking at the body work of professional practices reveals much that might otherwise be overlooked in terms of the aesthetic craft and expertise of performing actions in everyday work. I described these in terms of a central concept of attuning (a fundamentally social, material, embodied and mindful notion), as well as in terms of face, voice, posture, and movement. Taking up what are now long-established ideas, I also showed how bodies resist stable, non-porous definition at the edge of the skin. While diffracting bodies out in our analytical gaze usefully elucidates distinctive features, bodies slip out of our grasp, and into other dimensions.

Of course I am not the first to take up questions of the body, even in the context of professional practice (see Green and Hopwood 2015b). However, when

folded into my four dimensional framework, and in the context of my broader arguments about professional learning, my approach does offer something distinctive. Moreover it reaffirms the need to expand our inquiry on learning that arises through professional work, to take better account of bodies. What are the important features of body work in other practices? How and why do they matter? How might professional education, and ongoing immersion in workplaces, be understood as contexts in which dressage (Lefebvre 2004) takes force, cultivating and shaping bodies, their postures and movements? If we cease to be shy of bodies as fleshy, material presences in the world of work, how does this change our understanding of knowledge and learning? I suggest the answer to this last question is 'immeasurably', and that pursuing it in other contexts, will be to the considerable benefit of our field.

And so to the fourth dimension, that of things (Chap. 8). This brings my analysis back to many of the key ideas introduced early in Chap. 3, when I described the central tenets of sociomaterial perspectives: rethinking the thing (Fenwick 2010). Unlike bodies, things have not been so side-lined in accounts of professional practice and learning at work. However they have often been relegated to a secondary status as tools that are used, or static repositories of reified, codified knowledge. I treated things at the site of practice as lively, mobile, forceful, and entangled with knowing. Schatzki's (2002) concept of practical intelligibility proved highly useful for linking the materialities of practices with the contingencies and emergent ambiguities that require professionals to respond, react and learn. I zoomed out to consider spaces such as corridors and client suites as particular material forms, and presented things as performing organising and stabilising work, zooming in on signatures and ephemeral artefacts such as post-it notes. As acknowledged in Chaps. 1 and 3, the four dimensions resist clean separation, and so here in discussion of things, temporality, spatiality and embodiment were all seen to be important too. Again, too, Cartesian dualisms were undermined, as relationships between knowledge, things, and epistemic work were traced in a range of forms, including through textured intimacy between professionals and particular objects (see Jensen 2012).

There remains much left to be done in terms of realising the potential of new materialisms to shake up the way we understand professional practices and learning. My analysis of things on the Residential Unit reveals particular material textures and the work done to produce, repair, restore, modify them. But what of other practices? We can trace ways in which practices hang together by charting multiple, fluid forms of material connectedness in action. We can expand and enrich our notion of what is learned in the course of professional work, and how it is learned, by changing the way we attend to objects amid, with, and towards which that work is undertaken. We can, and need to continue to, disrupt received notions of knowledge and materiality in order to explore the ways in which things have force, shaping and shaped by practices, capturing knowledge, producing uncertainty, prefiguring what happens, but always leaving matters open to change.

Entangling and Disentangling Emergent Practices and Learning

The four dimensions—times, spaces, bodies, things—were fed into other arguments that further develop a particular view of professional learning in practice (Part III). I hold that professional learning is entangled with but analytically separable from practices. This places my analysis somewhere in the middle between two positions. The first focuses on learning that happens away from practices, as in learning that happens before it. There is a great deal of valuable research in this area, focusing on professional and vocational education. Such approaches raise questions of transfer from one setting to the other, often in a before/after scenario (see Eraut 2000). Linked to this is a tranche of work that remains temporally prior to ‘real’ practice, but which explores a range of ways in which practice and education settings can become entangled, including through practicums or placements (Mulcahy 2012), or simulation (Hopwood et al. 2013, 2014a, b; Nyström et al. 2014; Solomon 2007).

The second position sees learning as a constant in practice, arising continuously whenever people are engaged in work (e.g. Billett et al. 2005). This is linked to views that see no separation between knowing, doing and learning (Manidis and Scheeres 2012). There are, of course, studies that span these positions—Jensen et al’s (2012), Kemmis and Smith’s (2008), and Abrandt Dahlgren et al. (2006, 2012) work springs immediately to mind.

However I do suggest there is also a need to diffract out learning and practice for analytical purposes. I follow Edwards (2005) in wishing to distinguish what is learned from what is done. To me this is important, because it moves us away from a universalising tendency in which learning is everywhere, while keeping learning and practice in intimate relationship with each other. The need to qualify some instances in practice as requiring learning, some performances as accomplishing meaningful learning, seems to me to be a crucial one. Hence I view the two as entangled but separable. This asymmetrical relationship is non-reversible. Learning occurs through practices, but not all practices involve learning all the time.

I am not alone in this view, nor am I presenting it, in itself, as a novelty. Zukas and Kilminster (2012), for example, have shown how doctors’ learning as they progress through their early careers includes moments of significant transition where imperatives to learn are particularly strong. Some of the work of Jensen, Nerland and colleagues (Jensen et al. 2012; Nerland and Jensen 2012) seems also to suggest that knowledge-seeking practices are not universally spread out within professional practices, but rather have a texture, as some situations demand such learning while others less so or even not at all. Mäkitalo (2012) views learning as intrinsic to professional practices, but retains an analytical distinction between the two.

It is worth highlighting here another important facet of the view of professional learning I have presented in this book. I have not been describing processes

whereby certain people come to learn what others are already able to do. This is of course crucial in terms of maintaining professional workforces and ensuring that advances in practices can diffuse either generationally or across sites. Concepts of legitimate peripheral participation and communities of practice (Lave and Wenger 1991; Wenger 1998) and mimetic learning (Billett 2014) are useful in exploring this kind of learning.

My attention has, however, been elsewhere. The learning I have explored is not learning what others already know (how) to do, but is rather always new; it is emergent. The nature of professional practices means, as Hager (2011) tells us, that we can never fully specify in advance what needs to be known in order to perform a particular piece of work. Practices demand learning, they demand new knowledge. This is particularly a result of work that proceeds amid knowledge characterised by uncertainty, provisionality and incompleteness (see Chap. 9). Furthermore, it is likely to be intensified in partnership-based approaches where particular relationships between professionals and clients form the basis of work. I will return to this idea shortly, in relation to pedagogies of the unknown. There is a challenge to researchers here, to deploy responsive methodologies that can follow learning down paths that may not be foreseeable.

Functions and Epistemologies of Professional Learning in Partnership Practices

A key move I have made in this book has been to link such a view of learning with the four dimensions of times, spaces, bodies and things. I have argued that professional learning involves and is constituted in changes in texture (connectedness in action) that further the ends of practices through meaningful changes in the ways practitioners interpret and act in practice. Textures have, as I showed in Part II, temporal, spatial, embodied and material dimensions, and thus my position inherently links a conception of learning with these often overlooked features. I further argue that the changes in texture associated with professional learning can involve producing new textures, maintaining them in the context of other change, modifying, repairing or restoring them. This sees stability and change as co-present features of practices, another instance of undermining dualisms between ideas that are often otherwise seen as separate or even contrary.

My view of professional learning is a sociomaterial one, but this does not deny the idea that personal interpretations and actions do not matter or do not change. The collective does not replace the individual—both can be held in play (see Mol 2006; also Fenwick 2008). In this sense my view follows Edwards' (2000) view of professional learning as repositioning oneself in relation to aspects of knowledge through changing one's interpretations of contexts and the possibilities for action within them. Hers is a fundamentally relational view (see Edwards 2010 for a more explicit and recent articulation), and such repositioning has consequences

not only for the individual, but for how a range of other connected practices unfold, and for the textures through which they are connected. This was clearly developed in my account of how professionals attune with and for others. This sense of both personal and social aspects of learning carries through my argument that professional learning in practice performs two crucial functions: connecting (through attuning and textural work) and sensitising (through attuning and epistemic work) (see Chap. 9).

In the context of the Residential Unit this connecting function is essential given that work supporting each particular family is performed by professionals from a number of disciplines, and (in the case of nurses) across three shifts each day. It is also essential because the work that unfolds must respond to each family—requiring professionals to learn about, from and with the clients they are supporting, and to make sure this learning shapes what happens next, even if the next action is performed by someone else. The bodily and material work of attuning, described in Chaps. 6 and 7, resurfaces here as a key process of professional learning. It is through this that each member of staff, and the wider team, reach what I describe as ‘intimate outsidership’ in their relationships with families. This requires a delicate, shifting, balance between sharing knowledge that is normally private, and knowledge that comes from outside. Both are essential—if either one is lost, then effective support cannot be provided. But stepping too far into one territory and away from the other, and families may feel invaded or poorly understood.

I suggest that professional learning fulfils such connecting functions through textural work and attuning in other practice contexts, too. There are many contexts in which staff hand over from one to another, and my approach joins others (e.g. Billett and Smith 2014; Nimmo 2014) is reconstituting handover not just as a transaction in which knowledge is exchanged, but as a learning process through which practices may be transformed. I hope that the approach I have developed here might cast useful new light on questions of inter-agency and inter-professional work, and on changes in practices associated with varied and growing forms of coproduction and partnership.

Before addressing the question of partnership more fully, I will comment further on the second function mentioned above: sensitising and epistemic work. Connections based on unique knowledge of each family (or client) are not particularly meaningful unless practices are equipped to respond, unless they are agile. I argue that learning in practice helps to produce this agility. This learning is founded upon particular views of knowledge (epistemologies) without which, certain questions would never arise, certain knowledge challenges would never surface, and certain forms of not-knowing would never be acknowledged. I described the ways in which professionals on the Unit treat what they know about families as incomplete, uncertain, provisional, comprising aesthetic qualities, and informing rather than directing what to do next. This is important, because it means staff are constantly asking not just ‘What do we know about this family?’ but also ‘What is the status of what we know? What don’t we know? Why is this? What does this mean for what we might try to find out next? What does our current knowledge,

however tentative, suggest about what or what not to try and why we might expect our actions to achieve desirable ends?”.

The knowledge questions listed above provide the implicit framing for practices of handover, case conferences, and staff briefings on the Unit. These practices help professionals go on amid the epistemological conditions described above. While practices such as handover display qualities of scripting, in that what is said follows particular patterns, I used the term ‘choreography’ instead, to highlight the bodily and material nature of the handover routine. Choreography points to all four essential dimensions—movements in space and time, varying relationships between bodies and objects. Schatzki’s (1996, 2010) concept of prefiguration helps to understand how this choreographed effect is produced, and why some practices seem to more closely choreographed than others. What choreographies are in evident in other practices of professional learning? What do these choreographies accomplish and enable? What do they reflect about the routines of practice? Do they help to manage uncertainty and ambiguity without creating stasis and rigidity? If so, how?

Research in other practice contexts would be well served by explicitly exploring the epistemological basis of learning that emerges in the course of work, and the practices and artefacts that bring knowledge into question. This agenda has been forged in previous work drawing on notions of epistemic cultures (Jensen et al. 2012), epistemic objects and epistemic work (Knorr Cetina 2001; Nerland and Jensen 2012), and in cultural historical activity theory (Engeström 2007; Hopwood 2016). There is much to be gained by entangling such ideas with empirical material from diverse contexts and other sociomaterial and practice theoretical perspectives. What is treated as certain or less so in particular practices? Why is this so? Why does ambiguity, uncertainty, incompleteness, and provisionality arise? How is it acknowledged? How do professionals respond? What does this mean for how we, as a field, respond to growing agendas around evidence based practice, and the desire to minimise risk? What if uncertainty and not-knowing are assumed to be ever-present and even productive features of professional practices?

Learning in Partnership

As promised, I return now to the issue of partnership. I will first reconnect with practices of handover, and show how partnership approaches exaggerate the epistemic focus of collaborative work. I will then turn to the intensification of pedagogic work that is attendant with such relational bases for working with clients.

In Chap. 2 I cast partnerships between professionals and families within a broader contemporary trend in which the relational basis of professional work is changing. This has been referred to as coproduction (Bovaird 2007; Boyle and Harris 2009; Dunston et al. 2009; Fenwick 2012) or a relational turn (Edwards 2010). Fenwick (2012) raises three key concerns regarding this agenda, questioning universalism, equality, and the degree of transformation that is often heralded

in policy. I have acknowledged these concerns (but side-stepped the broader debate) by focusing on one particular articulation—the Family Partnership Model (FPM; Davis and Day 2010; Day et al. 2015), and its enactment in one setting—the Residential Unit.

Despite ambiguity and multiplicity at the policy level (Gallant et al. 2002), there are some features of partnership approaches, particularly as applied within health settings, including services for children and families, that are more common. Hook's (2006) conceptual review revealed the following as distinctive attributes of partnership approaches: relationship, shared power, shared decision-making and patient autonomy. These are all present in the FPM, although it has additional specific features (see Chap. 2). The idea of partnership echoed throughout Part II, and underpins many features of the arguments about professional learning in practice that I presented in Chaps. 9 and 10. This was particularly apparent in the analysis of handover practices, which served as a site or clearing, in which the enactment of partnership could be clearly traced.

Handover practices on the Unit do not simply focus on sharing stable information about each family. Rather they constitute a complex, shifting problem of practice and focus for epistemic work (see Hopwood 2016). They explore what is known about each family, but also question and document the nature of the working relationship between staff and families, linking explicitly to relational qualities outlined in the FPM (Davis and Day 2010; Day et al. 2015). They also explore what is known about how to bring about positive change aligned with parents' goals. Thus these handover practices are not centrally anchored around what might be seen as the 'core' professional expertise (in this case, parentcraft, child development, and so on), but are rather constituted as fundamentally relational and epistemic in their nature.

As the 'relational turn' (Edwards 2010) takes hold, and coproduction intensifies and spreads, then what has traditionally been seen as knowledge exchange in practice will need to be re-thought. What objects and subjects are spoken and written into being when professionals discuss their work together, and produce material records (ephemeral or otherwise)? What features of relationships between professionals and clients (patients, service users etc) are made visible? How is relational work monitored, assessed, anticipated, and guided through such interactions? What kind of problem space is enacted? How fluid are these?

In Chap. 2 I suggested that partnership-based practices intensify a pedagogic role in professions that might traditionally be understood on other terms (in the case of the Residential Unit, therapeutic and caring roles). Professionals are not there to solve problems for families, but to build capacity, confidence and resilience so that parents can interpret and act in ways that fulfil the particular qualities that, for them, constitute giving their children the best possible start in life. There are many partnership models being taken up in nursing and other health professions (see Chap. 2), and similar principles are becoming increasingly evident in other professions, too, as coproduction in its many forms takes root (Fenwick 2012).

There are several important implications of the issues outlined above. First, professionals will need to be equipped with particular forms of expertise—not just in the core areas of their work, but in pedagogic work too. I have deployed Vygotskian concepts of the zone of proximal development and scaffolding in a relatively basic and simplistic way here to capture this on the Unit. However I expect that other concepts will be needed—some perhaps existing, others developed specifically to address this kind of work. Indeed, and this leads to my second point, partnership as pedagogy does not merely involve combining core expertise with knowledge of how to facilitate others' learning. This would simply be reconstituting Shulman's (1986) notion of pedagogic content knowledge. While the interface between core and pedagogic expertise will doubtless be important, different concepts will be needed, particularly if they are positioned within a sociomaterial and practice theoretical frame. Gherardi's (2006, 2012) concept of knowing in practice, and Schatzki's (2002) ideas of general and practical understandings have proved useful, enabling questions of knowledge and expertise to be pursued without falling into Cartesian mind/body dualisms.

My sense of the need for distinctive concepts, and of the value of sociomaterial and practice theoretical approaches,¹ comes from reconnecting with one of the key points made above, regarding uncertainty and ambiguity in partnership practices. Many concepts of pedagogy have developed with the idea of a pre-set curriculum being delivered. The teacher knows what is to be taught, in advance. As I showed in Part III, this is not the case in the work of the Unit, and I doubt it would be in many other professional contexts, too. Professionals working in partnership must lead 'pedagogies of the unknown'.² They must facilitate others' learning when the direction and outcome of that learning are based on partial, provisional knowledge of the learner, and what might lead to a successful outcome. The demands for learning will always be 'local', and the same applies to the practices of learning and outcomes that respond to those demands.

My four-dimensional framework, and associated view of professional learning as involving changing textures, can help to grasp both aspects of this pedagogic work, and the professional learning that it demands. I have shown, for example, how pedagogies based on scaffolding and the zone of proximal development, involve performances of attuning, as well as other textural and epistemic work that constitute professional learning.

In Chap. 10 I introduced the concept of nanopedagogies. These are moments when multiple forms of expertise become entangled and emerge—general understandings of parenting and child development, practical understandings concerning bodily performances, tentative knowledge about families and their strengths,

¹I include in this a range of theories, including Cultural Historical Activity Theory (see Hopwood 2016), and diverse approaches of the kind outlined by Fenwick et al. (2011).

²Here I am borrowing the phrase from Benadusi (2014).

aesthetic judgements about the nature of the relationship between staff and parents, and informed anticipation of what might prove helpful in fostering positive change. Nanopedagogies involve three steps: attuning and making what is noticed visible to parents; helping parents understand the significance of what has been noticed; and attributing positive accomplishments or the driving force for future change to parents. I explained how the 'nano' metaphor carries useful meaning in terms of bridging, interface (texture), exerting force through relationships, and visibility (requiring specific conceptual and empirical tools in order to be traced).

I present nanopedagogies as a conceptual device that can help us to capture the professional learning and expertise, imbued in work based on partnership with clients. It works as a concept of pedagogy when what is to be learned cannot be mapped out fully in advance, when the 'curriculum' is emergent, and the knowledge upon which it is based provisional. The idea of nanopedagogy links directly to the enriched idea of practice textures, and my particular view of professional learning, because temporal, spatial, embodied and material dimensions of pedagogy remain clearly in view (see Chap. 10).

In Chap. 10 also worked with the concept of pedagogic continuity, appropriating it somewhat from Delamont et al's (1997) earlier work on doctoral education. Here I identified a suite of ideas that sit stably at the nexus of different forms of expertise. They are diffuse and enter into multiple features of (pedagogic) practice, in which new particulars emerge, but the foundation remains relatively constant. In the work of the Unit, ideas such as try and see, not making a fuss, challenge, setting up for success, and being consistent are mobilised time and time again. Amid conditions that are otherwise full of uncertainty, fragility, and change, it seems that the stability, security and robustness of these ideas is crucial in enabling professionals to go on in pedagogies that are otherwise unknown. They also have the benefit of helping parents make sense of the intense pedagogic environment of the Unit, and increase spontaneous (but by no means accidental) pedagogies that arise through the inter-family sociality of the Unit.

I hope that the concepts of nanopedagogies and pedagogic continuity will be useful to those researching professional practices and learning in other contexts. They are inflected with particular meaning through a sociomaterial, practice theoretical perspective, and conceived within my broader framework of professional learning in practice. Are similar three-step pedagogies evident in other contexts? If so, what is attuned to, why is it significant, how is this made apparent to clients, and how is the locus for positive change attributed to them? Perhaps nanopedagogies might provide a useful basis for intervening, or helping professionals reflect on how to make the most of short-lived interactions with clients. What ideas form the basis of pedagogic continuity in other settings? Where do they come from? How do they help professionals cope with ambiguity and the challenges of pedagogic work that journeys inevitably into the unknown?

Final Reflections

How might we produce different accounts of professional learning and practice? What if learning and practice do not just take time, but instead produce times and has rhythmic qualities of their own? What if space isn't just a container for learning and practices, but is produced through and produces them? What if learning isn't a (just) question of mind, but (also) one of the body? What do learning and practice look like if we trace their intimate bundling with the material world? What do changes in the relational basis of professional work mean for professional expertise and learning in practice?

These are the questions I posed at the outset of this book, in Chap. 1. Answers to these questions are to be found across the empirical-analytical Chaps. (5–10), and crisp responses would not do justice to their complexity and the nuances afforded by the entanglement of sociomaterial, practice theoretical perspectives with rich ethnographic data. What is clear is that the accounts we might give of professional practices and learning are very different if we take these questions seriously, allowing them to open up our empirical and analytical sensibility to features that might otherwise have been overlooked.

This strikes at the heart of the critique that is offered throughout this book. A clearly positive view is presented of the practices on the Residential Unit, and I explained in Chap. 1 why I do not subject these practices and the people performing them to certain forms of critique. However this book does aspire to a critical agenda, but one more inspired by Mol's (2006) notion that criticism can (should) build ideas as well as unmasking or undermining them. My critique is levelled at disembodied, a material tropes, accounts of practices and learning that take time as linear and used up, space as an inert container, and things as merely settings for, adjuncts to or instruments of practice.

The terms of the agenda for this book have been set out through the emergence and increasing establishment of sociomaterial and practice theoretical perspectives in scholarship focused on professional work and learning. My account takes up many of these principles for intervening, radically reshaping the ways we attend to, describe and explain learning in the conduct of professional work (see Reich and Hager 2011, 2014; Fenwick et al. 2011). Here I have built on foundations of non-representational theory (Thrift 2007), and diffractive views (Barad 2007, 2013), as well as feminist work on embodiment (Grosz 1994), and critical cultural geography (Lefebvre 2004; Massey 2005).

Such approaches reject mind/body dualisms, ethereal notions of knowledge, innate and inane notions of materiality, and static concepts of time and space. Through these, I have been able to address Edwards and Nicoll's (2010) call for workplaces and practices to be examined in terms of their specific spatio-temporal orderings. In this specificity there is both locality and globality. I have shown how practices on the Unit are linked to wider agendas of coproduction and partnership, and are oriented towards bringing about lasting positive change in families that has not only intra-family benefits, but plays a key

role in tackling broad problems of disadvantage and equality of opportunity (see Chap. 2).

My account has foregrounded bodies (building on Green and Hopwood 2015b), upheld the metaphor of emerge and disrupted common notions of temporality of workplace learning (see Hager 2011). It has achieved both-and treatment of individual and collective, social and material, mind and body, knowing and doing. Drawing on a broad, but consistent suite of concepts, I have multiplied the actors (see Fenwick and Landri 2012) involved, and explored fluid relations between them. Personal work remains important, but always in terms of, and through, its outward connections. Collective work can be seen as accomplished through aesthetic performance and nuance of interpretation of particular professionals.

Recent handbooks of workplace learning (Malloch et al. 2011; Billett et al. 2014) lay out strong conceptual and empirical foundations, as well as agendas for developing the field in response to changes in the world of work, through drawing on theoretical innovations elsewhere, and of course through new insights and concepts emerging from studies of contemporary work. As Evetts (2014) notes, historical patterns of hierarchical control within professions and organisations are being eroded. This has implications for how we understand learning at work. I have explored some of these with specific reference to partnership practices, where relationships between professional and client take on new forms. Problematising practice enables us to identify and grapple with the changes and challenges associated with contemporary professionalism.

In Chap. 3 I located Schatzki's (1996, 2002, 2010, 2012) practice theory within broader sociomaterial terrain. I also explained why I found it helpful to turn to other writers—notably Gherardi (2006, 2009), Nicolini (2009, 2012), Jensen et al. (2012), Nerland and Jensen (2012, 2014), and Lefebvre (2004). As I stated in Part I, I am less concerned with the absolute merits of one theory over another, and more with what results from its entanglement with data, and if helpful, other concepts. Taking Schatzki as my primary platform, and reaching out where my questions and the data pulled me that way, has proved fruitful, enabling me to attune to practices and learning in ways that I would not have done otherwise. Schatzki's residual humanism may not be to everyone's taste, and there will be corners of his and others' theories that I have neglected, perhaps even points of arguable incompatibility.

There are also lacunae in my account and arguments—most obviously in relation to power and affect. I left these out not because they are unimportant, but for reasons of parsimony and conceptual economy, and because they are not perhaps best approached from a Schatzkian perspective. No account will be complete, and I hope to have made reasonable choices in my inclusions and exclusions, even if they are not the choices others would have made. Reflecting on the distance travelled, as I have done in this chapter, affirms my initial sense that there would be more than enough to say by focusing on times, spaces, bodies and things.

And so to my very final remarks. This whole project began when I was pulled into a range of scholarship on work and learning that asked us to pause, to unpack, explore and problematize the notion of practice (Green 2009b; Hager et al. 2012).

Practice had been, as Green (2009a) a ‘stop’ word. So I turned to Schatzki, Gherardi and others. This changed my way of being in the world as an ethnographer (see Chap. 4; see also Hopwood 2013, 2014c, 2015; Clerke and Hopwood 2014). I attuned to the practices unfolding on the Residential Unit in particular, theoretically informed ways.

As my analysis progressed, I was pulled back to questions of learning. Much of value has been achieved by digging down into practices, finding new ways to account for them, and applying these to learning. But practices and learning are not synonyms, in my view. Now we have the tools of practice theory and other sociomaterial perspectives at our disposal (see Fenwick and Nerland 2014), the hard work lies ahead. This involves not only exploring broader theories of practice and social phenomena in new contexts where learning is taking place and is of interest. It involves developing new concepts and theories of learning. These must be up to the task on multiple fronts: avoiding the absencing or reductive, singular treatment of times, spaces, bodies and things; grappling with new relational bases of professional work; embracing multiplicity, fluidity ambiguity and uncertainty in a world where there are ever-stronger pulls to pin down, hold still, find the evidence to tell us what will work. I humbly submit my account in this book as an early, and tentative, foray into the unknowns that this agenda heralds.

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