

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).

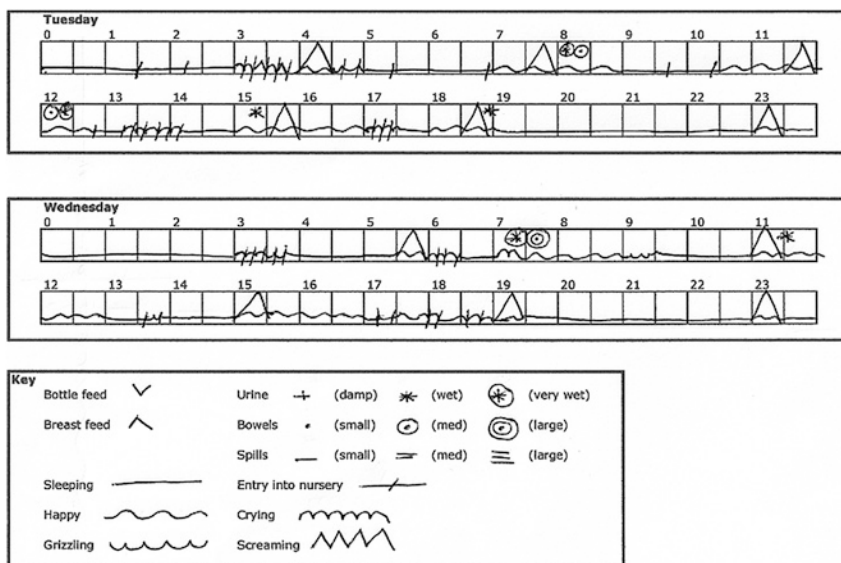


Fig. 5.1 A behaviour chart

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 rebraid) 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).

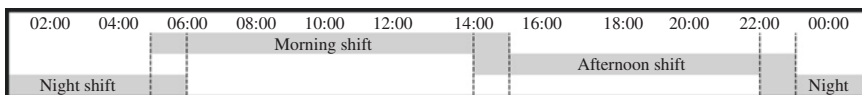


Fig. 5.3 Rhythms of nursing staff shifts and handover

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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