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Motives and Demands in Parenting Young Children: A Cultural-Historical Account of Productive Entanglement in Early Intervention Services

Nick Hopwood

Abstract Parent-child interactions significantly influence children's development. Focusing on parenting practices is therefore a crucial means to disrupt trajectories characterised by risk or disadvantage. Hedegaard's approach to understanding children's development looks at the interplay between society, institution and person, foregrounding motives and demands in practice. Her associated valuable set of analytical resources can be used to go beyond previous cultural-historical accounts of expertise in partnership-based early intervention services. This chapter proposes the notion of partnership as a productive entanglement between institutional practices of the family and those of early intervention. Such entanglement is constituted in an emergent and expansive pedagogic practices of noticing, attaching significance and attributing agency. This offers a new way to conceptualise relational work between professions and families.

Keywords: expertise, pedagogy, noticing, partnership, emergence

Introduction

Parent-child interactions significantly influence children's development. Focusing on parenting practices is therefore a crucial means to disrupt trajectories affected by adverse circumstances. Societal commitment to support children at risk is often enacted through early intervention services that focus on pre-school years. Hedegaard's approach to understanding children's development

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looks at the interplay between society, institution and person. In early intervention settings, professionals become involved in the institution of the family for a period of time. This chapter outlines an expansive and emergent pedagogic practice found in diverse early intervention settings, discussing how this addresses motives and demands – another hallmark of Hedegaard’s work. Through noticing, attaching significance and attributing agency to parents, professionals bring institutional practices of the family and those of intervention into a productive entanglement that resolves important practical problems. Framing this in cultural-historical terms addresses conceptual gaps relating to the use of specialist expertise in work with families.

Early intervention for children at risk

Australian state and territory governments are committed to providing all children with the best possible start in life (DEEWR, 2009). Given that the first five years are pivotal in children’s development, services for children and families increasingly adopt a risk and prevention approach (France & Utting, 2005; see also Edwards 2009), seeking to identify risks and buffer against them by building up protective factors. In New South Wales, where the study was conducted, different service levels are activated in response to increased risk and progressively complex circumstances, from universal services, to early intervention and prevention, to coordinated team management of the most complex cases (NSW Health, 2010). Families in the study were mainly in the middle of these categories, though some were referred to the highest level.

In Australia, socioeconomic disadvantage is strongly associated with adverse effects on children’s development (AEDC, 2016). Other risk factors often co-occur with disadvantage but also arise in other circumstances, including domestic and family violence, child protection issues, substance abuse, neglect, parent disability, current or history of mental illness, anxiety, and challenges associated with chronic fatigue and feelings of helplessness (NSW Health, 2010).

Relationships between children’s development and these risk factors are amenable to change. Parenting practices, family routines, home learning and psychosocial environments are particularly important (Kelly, Sacker, Del Bono, Francesconi & Marmot, 2011). Early intervention can strengthen protective factors within the institution of the family by fostering secure parent-child attachment, parents’ capacity and their confidence, but this only works if the intervention takes hold in families. Institutional practices of early intervention and those of particular families are therefore

co-implicated in meeting the needs of families with children at risk.

This means that services cannot simply step in and solve problems on behalf of parents. Empowering, respectful and negotiated partnerships are needed (Day, Ellis & Harris, 2015), and are encouraged in early childhood policy across Australia (COAG, 2009). Partnership implies a relational approach, joint decision-making, and building parents' agency (Hook, 2006). Trust-building, listening to parents' concerns, and valuing their knowledge are hallmarks of this approach (Smith, Swallow & Coyne, 2015). Partnership has been embedded in institutional practices of early intervention through adoption of specific models such as the Family Partnership Model or FPM (Day et al., 2015). The FPM has been implemented in NSW and across Australia, and all professionals involved in this study had completed FPM Foundation Training. This focuses on enhancing skills and qualities including active listening, authenticity, showing an unconditional positive regard, and empathy (see Day et al., 2015). Partnership is contrasted with 'expert' approaches in which professionals dominate, set the agenda, solve problems on clients' behalf, or tell clients what to do. Hopwood (2017b) contrasts partnership and expert-led models on cultural-historical terms, highlighting how solutions emerge through complex processes of professional-client collaboration.

Working in partnership presents significant challenges relating to the use of professional expertise. Building genuine partnerships is 'hard work' (McDonald, O'Byrne & Prichard, 2015), compounded by the need to challenge parents. Challenge can arise in relation to expanding possible interpretations of a problem, addressing concerns for children's safety, or as part of encouraging parents to try something unfamiliar and perhaps anxiety-provoking. The outcomes of suggested changes are never known or guaranteed, so challenge also presents a risk of effort not matched by expected progress, which can erode parents' confidence or lead to them disengaging from services (Hopwood, 2016).

Studies in Australia, the UK, and the Netherlands have found professionals to be unsure of how to wield their expertise, especially when challenging parents (Fowler, Lee, Dunston, et al., 2012; Harris, Wood & Day, 2014; van Houte, Bradt, Vanderbroek et al., 2015). Professionals can experience a tension between recognising the value and relevance of their specialist knowledge, and the desire not to be a 'bossy expert' but rather support parents to be enablers of change through developing agency. The result is that professionals report 'getting stuck' in the relationship, struggling to go beyond 'being nice' to parents (Rossiter, Fowler, Hopwood, et al., 2011). There is

a need to empirically document and conceptualise how specialist expertise can be put to work effectively within the context of partnerships between professionals and clients.

Conceptualising expertise in partnership

Questions of expertise in partnership have been explored through cultural-historical perspectives, showing the dynamics of intervention to be responsive to current conditions and targeted just ahead of parents' existing capacity. In an ethnographic study, Vygotskian concepts of the zone of proximal development and scaffolding explained how professionals judged when and how much to challenge parents, what supports were needed, and how to withdraw those supports effectively (Hopwood, 2016).

Other accounts have captured forms of expertise complementing specialist knowledge in partnership with parents. Early data from the Creating Better Futures study showed how professionals draw on distinctive knowledge and capacities as they move between locating and orienting change, creating new meanings for change, engaging in live parenting activity with parents, and planning for change beyond particular visits or appointments (Hopwood & Clerke, 2016; Clerke, Hopwood, Chavasse et al., 2017). Applying a Vygotskian model of double stimulation (Sannino, 2015) showed how professionals sometimes have to recognise conflicts of motives, and frame the intervention around tools that help parents regain volition action in situations where they are pulled in opposing directions (Hopwood & Gottschalk, 2017).

Edwards' (2010, 2017) work on relational expertise, common knowledge, and relational agency is relevant. These concepts originated as labels given to aspects of expertise exercised by practitioners in the accomplishment of effective inter-professional work (Edwards, 2017). Analysing data from a residential parenting service, Hopwood (2017a, b) showed how relational expertise, common knowledge, and relational agency formed an intra-mediated problem of practice through which professionals used narratives in handovers to overcome epistemic dilemmas relating to uncertainty in complex work with families. The idea of relational expertise – a capacity to work relationally with others on complex problems – highlights how complex relational work requires forms of expertise that augment rather than displace specialist knowledge. It is about expanding interpretations of problems, knowing how to recognise the expertise of others, and being able to make one's own expertise explicit (Edwards, 2017). The pedagogic practice of noticing, significance and attribution depends on precisely such capacities.

Common knowledge concerns being able to recognise and understand the standpoints and motives of others, and can become a resource that mediates collaborative work. This concept emerged in a study of relationships between professionals and clients in a women's drop-in centre (Edwards & Mackenzie, 2005), before being taken up in a study of inter-agency collaboration (Edward, 2011). Hopwood and Edwards (2017) returned the focus to professional-client interactions, explaining how partnership depends crucially on work done to reveal what matters to parents and align responses to this.

A preliminary connection between the concept of common knowledge and a Hedegaardian approach in the context of early intervention parenting services was made by Hopwood and Clerke (in press). Professional expertise can be used to build common knowledge between parents and their children as a mediational means to help parents support children through difficult transitions. This highlights the importance of understanding children's motives and what is demanded of them in navigating such transitions, although these motives and demands are often far from clear to parents. By making them visible, early intervention can help parents construct a different social situation of development in which the agency of the child is fostered.

A pedagogic practice based on noticing, significance and attribution was found to be widespread across diverse intervention approaches (Hopwood, 2016; Hopwood, Clerke & Nguyen, 2017). However, it has not been fully connected to the cultural-historical work described here, nor conceptualised in these terms, hence this chapter.

A Hedegaardian approach

Central to the Vygotskian spirit is the idea that concepts change in their use, and that scholarly concepts are refashioned when to put to work in particular empirical projects (Edwards, 2017). Thus, a Hedegaardian approach is one that takes up key principles and concepts from Hedegaard's work (Hedegaard, 2012, 2014; see Edwards, Fler & Bøttcher, this volume), but which adapts and appropriates them in working on specific analytical and practical problems.

Hedegaard's 'wholeness approach' foregrounds children's perspectives (especially motives) and institutional practices in understanding their development (Hedegaard, in press). This chapter follows the principle of studying everyday settings in order to understand the social situation of

children's development (Hedegaard, Fler, Bang & Hviid, 2008). The practice of noticing, significance and attribution connects interactions between parents and professionals with those between parents and their children, which shape the child's social situation of development. The social situation of development refers to a system of relations between a subject and her surroundings. These relations include motives but also demands arising in that social environment and ways the subject responds to them (Hedegaard & Chaiklin, 2011). By tracing how what professionals notice is imbued with significance and linked to parents' agency, this chapter addresses motives and demands of children, parents and professionals, connecting with Hedegaard's (2012) planes of analysis, outlined in Table X.1.

[Place Table X.1 here]

Relationships between these planes are key to understanding the dynamic tension between agency of the developing child (or person) and demands and affordances of an activity setting (Hedegaard & Edwards, 2014).

By distinguishing between practice and activity one can better see the inner relation between a child's activities and the societal conditions as mediated by the institutional objectives of practices. (Hedegaard, 2012: 12)

In this chapter, societal conditions concern relationships between risks and children's developmental trajectories, and the institutional objectives of practices are those of early intervention services and those of the family. The activity settings are situations of everyday parenting (such as settling a child for sleep) and those of specific early intervention approaches (see below). The motives of the child, parent and professional are all in play at an (inter)personal level.

Although the framework was originally developed with a focus on children's intentional actions at and between home and school (Hedegaard & Fler, 2008), it has proved useful in studies of professional work and as a reflective tool for practitioners (see Edwards 2017). Intervention grounded in of noticing, significance and attribution addresses learning arising through a dialectic in which demands inherent in activity are recognised and engaged intentionally.

Empirical study

This chapter draws on data from the Creating Better Futures study (Hopwood et al., 2017; Hopwood & Edwards, 2017; Hopwood & Gottschalk, 2017). It focuses on observation data from three approaches to early intervention: home visiting, day-stay, and a toddler clinic, delivered by three Local Health Districts across Sydney. A total of 67 appointments or visits were observed, involving 19 nurses and 60 parents from 58 families (both the mother and father attended in two instances, otherwise only the mother and child/children were present). All were targeted services, (offered as a result of one or more risks to a child being identified), free of charge to families, and accessed voluntarily by parents.

Home visiting services take diverse forms. Universal approaches typically offer one or two visits by a nurse or midwife to all known mothers close to birth. Those studied here offer further support over two to twelve months for parents of children from a few weeks to around three years of age where additional risks are identified. Visits last up to two hours, focusing on breastfeeding, sleep and settling, difficulties adjusting to parenting, and (less frequently) toddler management. Thirty-two home visits were observed.

Day stay services are delivered in clinics that host multiple families simultaneously, and comprise nurseries, a playroom, lounge space, and consultation rooms. The intervention is completed within two months over the course of two or three visits of five to seven hours. During a visit, parents are supported by a nurse but often also access appointments with a counsellor or social worker. The issues addressed are similar to those of home visiting, again focusing on newborns to toddlers. Visits to 25 families were observed.

The toddler clinic is equipped with playrooms and linked observation rooms. It is offered to parents with children aged between 15 months and 4 years of age, and involves a 12-week program of one-hour, weekly visits, based on parent-child interaction therapy (PCIT; Hembree-Kigin & McNeil, 1995). The first visit explores the challenges parents are facing, which typically relate to conduct disorder, physical or verbal aggression, hyperactivity, sibling rivalry, tantrums, or anxiety and withdrawal. Most subsequent visits begin with parents playing with their child, observed by the nurse, and then a period of coaching as the nurse watches, prompting the parent through an earpiece. The nurse then joins the family in the playroom for a more open discussion, giving feedback, and planning approaches to take in the home over the coming week.

An expansive, emergent pedagogic practice

A particular practice was found to be widespread in these home visiting, day stay and toddler clinic services (Hopwood et al., 2017). It involves professionals noticing something in what is happening or what parents say, making the significance of this explicit to parents, and attributing agency to parents in terms of past accomplishments or capacity to secure desired change in the future. This reveals the complexity of children's activities in different practices (Hedegaard, 2014) and has both expansive and emergent qualities.

The notion of expansion opens the analytical gaze to how people create meaning in collaboration (Kaptelinin, Vadeboncoeur, Gajdamaschko & Nardi, 2017). Often associated with cycles of learning in activity systems (Engeström, 2001), expansion is also key to understanding learning in terms of 'within-person changes, which modify the way in which we interpret and may act on our worlds... we are both shaped by and shape our worlds... the mind looks out on the world. Interpreting it and acting on it' (Edwards, 2005a: 50)

The capacity to transform the world depends on expanding interpretations and then acting on the basis of those interpretations (Edwards, 2005b). Working on an object, such as the trajectory of a child at risk, involves understandings of the trajectory being expanded so that more of its complexity can be seen (Edwards, 2017). Relational expertise is needed in order to collectively expand the object, and the development of agency through joint action with others involves both learning how to access the interpretations and support of others, and how to offer interpretations and support to others (when examined at the level of person in activity setting; Edwards & Mackenzie, 2005; Edwards, 2007).

The practice under examination here is also emergent. Chaiklin (2012) connects the orientation to change that characterises cultural-historical work with an analytical purpose of revealing how possibility emerges. 'What can be' is not determined prior to any particular activity, but comes into being through it. Emergence cues analytical attention to complex dynamics and histories of change, and addresses responsive and non-routine qualities of collaborative work on complex problems (Edwards, 2017).

An ethnographic study of a residential service showed how professionals' attunement to

what was happening around them provided a basis for important pedagogic work (Hopwood, 2016; 2017c). This transformed something that might be overlooked by parents, or regarded as insignificant or even a failure, into something overt, meaningful, and affirming of parents' agency. Understandings of children's development, participation in practices, and how parents' actions connect with these were expanded, in line with professional motives to build on parents' existing strengths, enhance guided change processes and challenge parents.

These motives arise in particular activity settings, reflecting institutional objectives to offer strengths-based interventions through partnership with parents. For example, a nurse noticed a child retaining a dummy while settling for sleep, remarking 'You've done an excellent job helping him associate the dummy with sleep – imbuing the significance of association, and clearly attributing the accomplishment to the parent. This built on the mother's existing strengths. Motives to drive guided change framed a different example, when a nurse was working on a child's feeding: 'It's important that you stay relaxed around eating times. Right now she's trying the food, and you're helping her do that because she can see you're not stressed'. Motives to challenge unhelpful constructs when necessary were also served by the same sequence, often by expanding meanings in situations parents regarded as failures, as when they ended up breast feeding a child to sleep: 'Even though you breast fed in the end, you had all that time trying something different. That has given her a chance to learn. Each time you do this, you help her to settle'.

Analysis of data from home visiting, day stay and toddler clinics revealed over 1,500 instances of noticing, explaining significance and attribution across all 67 observed interactions (Hopwood et al., 2017). Noticing was not confined to what was happening in the moment (through a sensory channel, illustrated in the examples above), but also drew on what parents said (a reported channel), typically about what happened in the past or since the last meeting. The excerpts below exemplify the latter.

Mother: I'm soothing her, taking her to listen to the tap running, whatever works!

Nurse: So you're finding what you can do to ease her stress levels. [Home visiting]

Mother: One time I got upset so I gave him to my mum and he was fine

Nurse: You're very insightful, you can tell what he needs very well. [Day stay]

Mother: He says "Stop talking!" when you're trying to encourage him

Nurse: It's good you've identified that, so you can put that back with a praise: "I love talking with you, I love spending time with you, you're so much fun".
[Toddler clinic].

Noticing often focused directly on the child, including actions such as lifting the head and crawling, facial expressions such as smiling, and sets of cues that implied states such as hunger, tiredness, alertness. Much attention was paid to interactions between parents and children, noticing children's response to their parents, the ways parents interpreted their child's cues, and particular qualities of interactions such as warmth, calmness, or signs of parent-child attachment. Noticing also focused on parents' actions (like placing cushions or toys in a cot), or beliefs about their capacity as parents.

Productive entanglement that addresses motives and demands

The study found that institutional practices of early intervention become productively entangled with those of the family through the practice of noticing, explaining significance and attributing agency. This addresses motives and demands not just in relation to children, but also parents and the professionals supporting them.

Motives and demands – children

Expansive noticing made children's motives explicit and helped parents understand what particular situations demand of children. In other words, it revealed the complexity of children's activities in different everyday practices such as feeding, sleeping, and playing. This expanded interpretation infuses everyday situations with new meanings, enabling parents to act in ways that align with these motives and help the child meet particular demands. A day stay nurse noticed a child toddling into another room, saying:

She'll come back to you, you're that secure base for her. She's exploring the world now, but coming back to you. Actually the same is important in settling. It's like a separation for her. She needs to know you are around.

The nurse's comments were an emergent response to the child's actions in an activity setting

that comprised adult talk about settling, and the child in play. She expanded meanings of child's action in terms of the parent as a secure base, and made a connection to the activity setting of settling. The nurse explained why settling might be hard for the child, highlighting what matters to the child in this situation. This then opened up a conversation about what the parent could do to help her daughter know she is around and feel safe. Having shown the child's secure attachment and confidence in the world by drawing explicit attention to her toddling away, the nurse secured commitment and confidence in the mother trying approaches to settling that gave the child opportunities to learn to settle independently, with a parent always available when needed.

In a day stay, parents who sought support with breastfeeding and settling described how they had a toy mobile over their child's cot, switching it on when they put their son down for sleep. This feature of institutional practices of the family was noticed and expanded. The nurse explained how babies can find it hard to calm down, struggling to turn away from stimulation. She stressed how much of a difference the parents could make to the settling process by making settling a calm practice through removing stimulation. Taking the mobile away and darkening the room became concrete actions that helped the child meet the demands of the situation. She then remarked on what was happening right in the moment, characterising the ongoing breastfeed as 'a beautifully calm feed'. This connected reports and prospects of settling activity with the live activity of feeding by highlighting an accomplishment of the parent (producing calm interactions) that was relevant to both.

Parent-child interaction therapy is based on an understanding that regulating behaviour in the activity setting of play is demanding for toddlers. Demands stem from expectations to avoid physical aggression, share, cope when play comes to an end, and comply with requests from parents. While this was explained in a more general sense near the beginning of the toddler clinic program, productive entanglement with the institutional practices of the family came about when parents and children were actually playing together. During each visit the nurse would notice signs that children were meeting these demands in a live activity setting of coached play. Interpretation of these signs was expanded and imbued with significance by connecting them to broader ideas about children's motives (to be in warm relationships with parents and siblings) and then connected to the parent's concrete actions in terms of 'special play' (interactions based on specific praise, reflection of children's language, imitation and description of the child's actions, and parents showing enjoyment; Hembree-Kigin & McNeil, 1995).

Motives and demands – parents

Expansions of noticing also attuned to parents' motives, making available resources that helped them meet the demands of emerging situations. In a home visit, one mother expressed guilt that she was not able to stop her baby crying, categorising herself as a failure, asking 'Why can't I fix it?'. The nurse observed as the mother held the child in arms, talked gently to her, and swayed. She then pointed out synchronicity between the mother and child (for example, in their breathing), and expanded the interpretation of the mother's actions. Being with the child in these comforting ways was reframed as meeting all the demands from the child, but this placed a new demand on the parent to accept that she was doing enough and not failing her child, and to persist with this way of being together even when it was hard for her. The activity setting was reoriented from a motive to fix to a motive to be with:

Nurse: That sense of guilt or failure or wanting to fix it, it's quite overwhelming. But at the same time, it's tapping into all the wonderful things you are doing, and there are some times when our babies are in such a frantic state that the only thing we can do is be with them.

One example from a day stay focused on how trying new approaches in the activity of settling was connected to the other practices of the family, and institutional motives regarding adult rest.

Mother: My husband has a manual job, so I want him to get his rest. I need to keep the family healthy.

Nurse: Yes, that's really important. But you need your rest, too. You could try some changes maybe on Friday and Saturday nights.

The nurse confirmed the mother's motive to keep the family healthy, and built on the connection the mother had made between this and the demands of working on ways to settle their child. She expanded it by extending the motive to include the mother herself, and then offered a way to meet these demands by timing settling work on nights that fitted the rhythms of other practices in the family.

The toddler clinic intervention promoted being consistent in moments when children's behaviour becomes aggressive or dangerous. Often, a 'time out' was used, placing children somewhere safe, and giving them chance to calm down. This this was recognised as demanding for parents:

Nurse: You may have to wait another three minutes, and then go back. That might be really hard at that point.

Mother: Yes, because, at the moment, I don't always do it in the same way. I'll find that as soon as I say "You're not ready" [to come back to play], suddenly he's very ready.

Nurse: It is hard, I know, to follow through when he's sort of lost in the middle.

Here, motives connected with the family's objectives to reduce physical aggression between an older toddler and younger infant. The demands of being consistent and taking charge as the adult were recognised by the nurse and built on by explaining why being consistent is a way of being fair to the child, making the world predictable.

Parents' agency was thus built up in relation to shaping the social situation of development for the child by addressing and affirming parents' own motives, recognising what activity settings demand of them through expanded interpretations of significance, and buttressing their capacity to act as a result of these new meanings. Fostering parents' agency in this way depended on professionals being able to access parents' interpretations and offer expanded interpretations to support new forms of action (see Edwards, 2017).

Motives and demands – professionals

The widespread and frequent incidence of this practice suggests it is more than an incidental feature of the institutional practices of early intervention. Arguably, it is such a pervasive presence because it aligns with and furthers relevant motives, and helps professionals meet demands of partnership practice. Its significance in early intervention lies in addressing dynamics at planes of person, activity setting, institution and society (see Table X.1).

Early intervention reflects a general social concern for children's development. Institutional

practices have developed historically to address this need, organised around values of partnership with parents, and objectives to build capacity in families. Professionals have motives to resolve immediate dilemmas, help families in the longer term, and to enact partnership as espoused in models such as the FPM. The demands of practice are to uphold these motives while navigating tensions relating to their use of expertise.

The example below illustrates how the noticing, explaining significance and attributing agency provided a pathway through which expertise found expression.

Mother: He lies there smiling [when I breastfeed]. I try to ignore him. He pulls off and I don't look at him.

Nurse: I would encourage you to look at him. That's what he needs. Feeding is one of those beautiful moments to catch up. They're saying "I want you".

The nurse's expertise guided what she noticed in the mother's description of feeding practices. It then informed the way she imbued mutual gaze with significance, articulated in connection to the activity setting by verbalising the child's thoughts. Thus, professional expertise found expression through suggestions or commentaries connected directly everyday activities of the family. Such knowledgeable offerings were not just closely attuned to the contingencies of the family, but addressed children's and parents' motives, and their capacity to meet the demands arising for them. This folded what professionals said firmly into the matters of concern to parents. In this way, the dilemma of expertise was resolved.

Conclusion

The expansive practice of noticing, attaching significance and attributing agency emerges out of professionals' attunement to and interpretation of what is happening and what is reported to them by parents. It addresses connections between personal motives and intentions, motives and demands in activity settings, and matters of importance to the institutions involved. Thus the practices of early intervention and those of the family are brought into productive entanglement. Figure X.1 presents a figurative conceptualisation of this. It adapts Hedegaard's (2012: 11) prior representation, capturing the complex dynamics of partnership-based early intervention.

[Insert Figure X.1 here]

Professionals face a dilemma in practice relating to the use of expertise in partnership. The practice of noticing, attaching significance, and attributing agency addresses this in a way that aligns with societal needs to nurture children's development, and institutional objectives to work in partnership and foster positive change in families through reshaping parenting practices. Crucially, it also aligns with the motives and personal intentions in particular activity settings that arise in everyday life of the family. The productive entanglement of practices of families and early intervention institutions is inherently and intimately tied to motives and demands. It thus connects professionals and parents dialogically to each other and to a common good (Edwards, 2017).

Labelling aspects of professional work in this way can support professional reflection and action (Edwards, 2017). It does not merely describe what professionals do, but lays out what is demanded of them in practice, shifting from a dilemma to a specification of demands and description of how they are met in practice. These demands begin with noticing – the capacity to attune through a sensory channel to live interactions, and to solicit detailed accounts from others to create a rich reported channel. Demands extend into making the significance of what is noticed available as an expansive interpretive resource for parents to work with and base their actions upon. The final demand involves buttressing these actions by explicitly attributing agency to parents, either in the accomplishment of past successes, or of changes yet to be realised.

The practice of noticing, significance and attribution addresses the dialectic of learning in which demands of activity are recognised and engaged intentionally. It is so effective because it also addresses dynamic relations between planes of society, institution, activity setting, and person. It functions as a means to accomplish intentional, motive-driven activity and to further institutional objectives that respond to pressing social needs.

Hedegaard's work provides analytical resources that can be used to go beyond previous cultural-historical accounts of expertise in partnership-based early intervention services. This chapter has done so by proposing the notion of partnership as a productive entanglement between institutional practices of the family and those of early intervention. Such entanglement is constituted in an emergent and expansive pedagogic practice. This provides a new way to conceptualise relational work between professions and families, not as 'heroic boundary crossing'

(Edwards, 2017) but showing how practitioners contribute their own specialist expertise when working in partnership on complex problems.

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Table X.1 Planes of analysis of dynamic relations

Entity	Process	Dynamic
Society	Tradition / political economy	Societal needs/conditions
Institution	Practice	Value <u>motive</u> /objectives
Activity setting	Situation	Motivation/ <u>demands</u>
Person	Activity	<u>Motive</u> /intentions

(Hedegaard, 2012)

Figure X.1 Conceptualising productive entanglement in early intervention

