



**Partnership practice as collaborative knowledge work:
overcoming common dilemmas through an augmented view
of professional expertise**

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Abstract

Purpose: This conceptual article aims to shed new light on how partnership practices that build resilience in families work. Two broad questions are explored: (1) What are the forms of expertise required in practices that effectively build resilience through partnership?, and (2) How can some of the challenges practitioners experience when working in partnership be addressed?.

Approach: A theoretical approach is taken, framing partnership as collaborative knowledge work between practitioners and clients. Concepts of relational expertise, common knowledge, and relational agency, are explored as means to understand the forms of expertise involved in partnership. An empirical example is provided from practices guided by The Family Partnership Model, an approach that has been widely implemented.

Findings: These concepts help to address three key challenges experienced by practitioners: client readiness for change, maintaining focus and purpose, and using specialist expertise in partnership. This approach elucidates features of partnership practice that distinguish it from expert-led models, while highlighting diverse forms of expertise in play.

Originality/value: The framework presented in this paper is distinctive and can be used to identify how practitioners can avoid common dilemmas, even in challenging circumstances with vulnerable families where practitioner-client relationships may be perceived as fragile. It counters the idea that partnership work dilutes professional expertise. Instead, an enriched and augmented view of professional expertise is presented.

Keywords

Resilience; partnership; relational expertise; outcomes; effective practice

Introduction

This conceptual paper explores partnership between practitioners and clients as collaborative knowledge work. It uses Vygotskian theory to highlight the mind-expanding nature of partnership, and the agile use of concepts as tools that change how both professionals and clients understand a problem and the possible responses to it. Three concepts – relational expertise, common knowledge, and relational agency – show how such an approach can cast useful new light on common dilemmas experienced by practitioners seeking to build resilience in families through partnership.

Services for children and families play a crucial role in helping our youngest and often most vulnerable citizens, and those caring for them. The aim of much work in health and social care intervention is to work *with* service users to secure improved outcomes through promotion and prevention rather than by taking over responsibility for care. Building parents' resilience, capacity and personal agency to effect positive change in their family promotes better outcomes in the long term, reduces dependency, and mitigates the impact of risk factors. This been construed in terms of partnership and has much in common with recovery models. This is in contrast to using practitioner expertise to solve problems on behalf of clients. So-called 'expert-led' models are associated with problems of non-compliance, avoidance and client frustration, dissatisfaction, or even aggression if

1 they feel excluded from decision making, judged, or not listened to (Davis & Fallowfield 1991;
2 Author 3 2007).
3

4
5 Approaches focused on building resilience have spread in response to these problems. In this article
6 we define resilience as a capacity for adaptation that uses strengths to deal with challenges and
7 minimise negative impacts of vulnerability (Author 3 2007). The focus is on changing the way a
8 family responds to a difficulty. Instead of passive acceptance, acquiescence, or defeat, resilience
9 involves the confidence and capacity to anticipate difficulty, self manage, proactively cope, and to
10 bounce back after challenges have been encountered.
11

12
13 Services that build resilience require distinctive relationships between practitioners and clients, and
14 negotiated, complex ways of working together. We define partnership relationships as involving
15 active working together towards a shared purpose, demonstrating mutual respect and trust, clear and
16 open communication, and respect for and valuing of each others' insights, priorities, goals,
17 differences and experiences, joint agreement of aims and outcomes of the helping process, shared
18 responsibility for fulfilling tasks involved, and negotiated decisions and resolution of any conflict
19 that arises (eg Author 2 et al 2015). In theory, partnership has potential to be more effective at
20 building resilience in families than other relationship types in which the expert dominates. This is
21 because the process foregrounds parents' strengths and develops new capacity by actively enrolling
22 parents into the process of change. Unhelpful constructs that may inhibit parental esteem,
23 confidence and efficacy are identified and are challenged through a joint process of exploration and
24 testing (*ibid.*).
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26

27
28 Contrary to the notion that the move away from expert-led models weakens or displaces practitioner
29 expertise, this paper argues that effective partnership requires core specialist expertise and
30 communication skills, but more than that. We suggest it also demands a relational form of expertise
31 that augments core expertise.
32

33 *Two key theoretical questions*

34
35 Models of partnership identify key communication skills and practitioner qualities, without which
36 effective partnership could not be accomplished. Such models help to spell out what some of the
37 ingredients of partnership are. However the implications in terms of practitioner expertise and how
38 it is put to use in partnership are not as well articulated. So, the first question that this article
39 answers is:
40

41 “What are the forms of expertise required in practices that effectively build resilience through
42 partnership?”
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44

45 This article deepens conceptual understanding by using Vygotskian theory to shed further light on
46 the partnership process and routine practice dilemmas. This theory brings a focus on knowledge,
47 learning and collaboration. Existing research (discussed further below) also tells us that
48 practitioners who have completed partnership training still meet challenges in their work (eg.
49 Hitzler and Messmer 2010; Fowler et al 2012). These include difficulties associated with client
50 readiness for change, maintain focus and purpose, and using specialist expertise while remaining
51 faithful to partnership principles. So, the second question we tackle is:
52

53
54 “How can some of the challenges practitioners experience when working in partnership be
55 addressed?”
56

57 Answers to both these questions stem from understanding partnership practice as *collaborative*
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1
2 *knowledge work*. By collaborative knowledge work, we mean that the professional and parent are
3 working together to explore what is known about a particular problem, and to produce new
4 knowledge that opens up new possibilities for responses to that problem. Attention is paid to
5 different ways of conceiving the problem at hand. The solution is not picked out purely from
6 existing knowledge, but rather involves the creation of new knowledge (see Author 3).
7

8
9 Framed in this way, effective practice is not conceived as using specialist expertise through the
10 conduit of communication skills. Instead it involves the practitioner and client learning about, from
11 and with each other – a transactional approach referred to as reciprocal learning. New, shared
12 understanding develops through knowledge transactions between the professional and client.
13 Partnership involves new knowledge being co-produced through joint work between practitioners
14 and clients in ways that can enhance the agency of the client. This new knowledge is unique and
15 context-bound. Partnership can be seen as *mind-expanding*, for both practitioner and client. Both
16 are affected by and learn from their experience. They mutually shape the present experience and
17 knowledge that is constructed through it. This experience and knowledge is also taken forward into
18 subsequent experiences.
19

20
21 We present a set of conceptual tools and illustrate them with reference to empirical data from a
22 qualitative study of partnership in practice. The tools have been informed by a theoretical tradition
23 rooted in the work of Lev Vygotsky, a Russian psychologist who focused on the development of
24 higher cognitive functions in children (see Vygotsky 1986). His ideas have shaped a large body of
25 work that emphasises the social and collaborative nature of learning, not only in children, but also
26 in contexts where adults work together on complex problems. The Vygotskian researcher is
27 interested in the use and development of conceptual tools – ideas that change our understanding of a
28 problem and our responses to it. This leads us to explore how concepts are refashioned in use and
29 how new concepts arise as the new forms of work are undertaken. This leads towards conceptual
30 clarification in relation to new or changing forms of work, such as partnership. In this article we test
31 the utility of three conceptual tools:
32

- 33
- 34 • *relational expertise*: a capacity to work relationally with others on complex problems,
- 35 • *common knowledge*: respectful understanding of differing motives,
- 36 • *relational agency*: a capacity to work with others to understand a problem, and to align one's
37 responses to those new understandings (Author 3).
38

39
40 The three concepts were developed initially through qualitative research in a drop-in centre
41 enabling women with mental health problems to take agentic control over their own lives. (Author
42 3). They were refined through an intervention study of inter-agency collaboration in services aimed
43 at preventing social exclusion of children and young people (Author 3). They have now been tested
44 in a number of settings, including in partnership-based child and family services (Author 1), studies
45 of internationally distributed networks in engineering, and relationships between Non-Government
46 Organisations and confectionary suppliers in a poverty reduction initiative in Kenya (Author 3 in
47 press). Their utility lies in their ability to explain how people work across practice boundaries to
48 collaborate on complex problems, where several kinds of expertise are called for.
49

50
51 We shall briefly explain the three concepts and then discuss their relevance to transactional
52 knowledge work in partnership. The first and overarching concept is *relational expertise*, which is a
53 capacity to work relationally with others on complex problems. Crucially it involves the joint
54 interpretation of the problem as well as joint response. A presenting problem, such as child not
55 sleeping, becomes collectively expanded to reveal as much of the complexity as possible. Key here
56 is recognising that the knowledge of the professional and the knowledge of the client are both
57 crucial if “what matters” is to be revealed and the client is to be in a position to ultimately take
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1 control of their own trajectory. Relational expertise relies on notions of joint and shared working,
2 hence its key relevance to partnership models.
3

4
5 Knowing how to recognise the expertise of others and to be able to make one's own expertise
6 explicit is therefore a crucial professional attribute. It involves being professionally multi-lingual,
7 for example recognising the meanings that families in different cultures may give to words and the
8 importance attached to them. In brief, relational expertise involves being able to (i) recognise the
9 standpoints and motives of those who inhabit other practices and (ii) mutually align motives in
10 interpreting and responding to a problem. It is therefore an additional form of expertise that
11 augments specialist expertise and makes responsive collaborations possible. This connects directly
12 to the general definition of partnership relationships.
13

14
15 Crucial in these collaborations is *common knowledge*, which consists of a respectful understanding
16 of what matters to others i.e. the motives for all the potential collaborators (Author 3). The shared
17 knowledge of each other's motives becomes a resource, which can mediate the co-construction of
18 solutions to the problems faced by a family. In this sense common knowledge provides possibilities
19 for action and enables the actors to control their behaviours as they tackle the problem. In the
20 example below we will show how understanding of the parents' motives influenced how
21 practitioners responded by making resources or tools available to help those parents change their
22 actions in responding to the problem at hand. There is a resonance between the Vygotskian concept
23 of common knowledge, and the idea of 'shared understanding' within the FPM, through the latter's
24 focus on exploring family contexts, constructs and goals (Author 2 et al 2015).
25

26
27 Common knowledge does not arise spontaneously. Work done so far seems to suggest that it is
28 created in interactions which overtly emphasise the following:
29

- 30 • recognising similar long-term hard-to-disagree-with goals, such as a child's wellbeing;
- 31 • revealing what matters in discussions, by asking for and giving reasons for interpretations and
32 suggestions while expanding the problem being worked on; and
- 33 • listening to, recognising and engaging with the values and motives of the other in these
34 discussions (Author 3 2011, 2012).
35

36
37 Common knowledge is valuable when, for example, supporting a family as it plans its next moves,
38 but it is perhaps most crucially important when action needs to be taken quickly to solve a
39 immediate problem. Here we come to the third conceptual tool: relational agency. Relational
40 agency first emerged as a concept while observing what was happening in the drop-in centre. By
41 collaborating with the women who used the centre, helping them solve problems, the workers
42 created joint agency, which strengthened the women when they worked on a problem. Over time
43 the workers could withdraw and the women were able to work relationally with other users of the
44 centre (Author 3). The outcome for the client is the personal capacity to effect change on one's own
45 behalf (as we will see in the example below). Furthermore, the client recognises this ability in
46 herself, and is able to activate it in other circumstances. This agency is achieved through
47 collaborative work that is aligned around a common purpose, resourced by mutual understanding of
48 motives, and enabled by the relational expertise of the practitioner.
49

50
51 The three concepts complement each other, but each points to something distinctive. Relational
52 expertise is crucial in both the building of common knowledge and the exercise of relational agency.
53 Relational agency it is an aspect of relational expertise. It is called into play when actions are taken
54 with others to work directly on problems where collaboration enhances the response. In the present
55 article we assess the relevance of the three concepts for understanding ways of collaborating across
56 boundaries between professional practice and the practices of users of family services. Before
57 working through an empirical example, we will provide further background about partnership
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1
2 models, and the FPM in particular.
3
4

5 **Partnership and the Family Partnership Model** 6

7 A number of approaches to services for children and families have been developed in response to
8 shortcomings of expert-led models. Several of these refer explicitly to 'partnership', including
9 Family Systems Nursing (Wright & Leahey 2009), Nurse-Family Partnership (Olds 2006), and the
10 McGill Model of Nursing (Feeley & Gottlieb 2000). While each approach is distinctive, there are
11 common features that point to a widespread notion of partnership. Hook's (2006) conceptual
12 analysis found the following to be shared across many different interventions and models: a focus
13 on relationships, shared power, shared decision-making, and patient autonomy. Partnership of this
14 kind between practitioners and clients has become a prominent feature of children's services
15 (Gallant et al 2002; Author 2 2008). This means that the essence of professionalism for those
16 working in children's services is changing. Specialist expertise remains important, as does
17 individual discretion. However the relational context in which these operate is changing as
18 boundaries between professionals and clients are being reformed and crossed in new ways (see
19 Author 1 2014).
20
21

22
23 The FPM connects with these broader changes, is evidence based, and has been implemented in a
24 wide range of services in the UK, continental Europe, and Australasia. FPM is now a feature of
25 many universal and specialist child and family services including community nursing, intensive
26 home visiting, residential care, child and adolescent mental health, child development, speech and
27 language services, social care and educational support.
28

29
30 The FPM combines an explicit articulation of what partnership means with a manualised training
31 program, at the core of which is a Foundation Course, for professionals working directly with
32 families. The Model outlines a Helping Process that begins with building and sustaining partnership,
33 and exploration, before moving to goal setting, implementation and review. The process is
34 resourced by helper qualities, helper skills, and family characteristics (Author 2 et al 2015). The
35 qualities include respect, genuineness, empathy, humility, quiet enthusiasm, personal strength and
36 integrity, and intellectual and emotional attunement. The specified skills focus on active listening,
37 prompting, exploring, empathic responding, encouraging, negotiating, communicating and enabling
38 change in feelings, ideas and actions. Both of these sets contribute to relational expertise. Attention
39 paid in FPM to what motivates families to seek change, the nature of the problems they face, and
40 their expectations of services links to, but is not identical with, the concept of common knowledge.
41
42

43 FPM has a well-established research base. Research outcomes show that FPM has a consistent
44 positive impact on the developmental progress of children, parent-child interaction, and the
45 psychological functioning of parents, families and children, when compared with care and treatment
46 as usual (Davis & Spurr 1998; Barlow et al 2007; Davis et al 2005).
47
48

49 Qualitative studies suggest that FPM practice leads to shift in practice from expert assessment and
50 information-giving towards an approach based on shared exploration and mutual learning. This
51 involves a deepening of practitioners' ability to understand mothers' experiences, and greater
52 confidence in reflecting on their own beliefs and knowledge, skill in challenging parents' unhelpful
53 constructs, and commitment to reflective practice (eg. Fowler et al. 2012a, b). Despite its perceived
54 advantages, the transition for some practitioners from an expert model of practice to a partnership
55 approach is not necessarily easy or straightforward to adopt and sustain (Harris, Wood & Day,
56 2010).
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Maintaining quality and fidelity in FPM requires 'living practice' (Author 2 et al 2015). This means that completing training is not sufficient. Practitioners must be alert and considered in their use and application of the Model; confident and consistent in their practice and use of FPM concepts; and resilient and knowledgeable of their personal strengths in partnership work. Author 2 et al (2015) also show how effective professionals must be able to build and maintain purposeful partnership, while also having the reflective capacity needed to identify and manage dilemmas that arise in FPM practice. These are taken up below and connect with the challenge of using expertise effectively within the context of a partnership relationship.

Evidence of challenges experienced in partnership practice

Challenges have been documented in studies of services working with different partnership models, including FPM. Some of these focus on the client. Hitzler and Messmer (2010) found that client participation in decisions in child welfare services is affected by a number of complications, including reluctance to participate – a finding echoed by Coyne (2007). The evaluation of the UK's Children's Fund (Author 3) found that the most socially disadvantaged families found partnership the most difficult. These families do not start from a rich, strong and comfortable base in terms of work with professionals. They may be suspicious of services, perhaps due to negative experiences in the past. Some clients can 'keep the peace', avoiding questioning professional knowledge and authority (Wilson 2001). This can make it difficult for practitioners to get to the root of what matters to clients, to engage in mind-expanding together, and for both parties to be able to ask "why?" questions. This can prevent practitioners and clients entering a productive 'space of reasons' – a point that is addressed in our conclusions.

Studies of FPM in practice have revealed a number of challenges experienced by practitioners (Fowler et al 2012; Harris & Author 2 2013; Rossiter et al 2011; Author 1 et al 2013). Table 1 summarises these.

Table 1 General dilemmas of FPM practice

<i>Practice can become...</i>	<i>Detail</i>
Doubtful	Professional experiences uncertainty, is hesitant, lacks confidence, especially around use of specialist expertise
Reactive	Impulsive, instinctive and unconsidered responses
Laissez-faire	Practices are ever-changing, unpredictable, improvised
Selective	Focus on parts rather than the whole, perhaps working only on more tractable goals, or on dyadic relationships (eg. mother-child) without attending to wider family context
Fixed	Practice is rigid and inflexible, as are the concepts being worked with
Frozen	Practice is stuck or trapped in past experience, or in a particular stage of the helping process

These may help to explain why improvements to outcomes are neither uniform nor universal. There is an urgent need for new responses to such challenges to be developed, something that this paper addresses at a conceptual level. Getting stuck in the relationship refers to situations where practitioners invest heavily in building an open, trusting and empathic relationship with clients, but fail to move past this. A clinical supervisor in Fowler et al's (2012) study commented:

To me all the emphasis is on the engagement and I have a thing about 'being nice'. I just think that it's fun to be nice, but if you are ineffective 'being nice' is worthless. You have to be more than

1 nice...if the person has to grow they have to grow. (p. 3310).

2
3
4 Author 2 et al (2015) argue that partnership requires practitioners to be able to use and balance five
5 kinds of roles: supportive (sustain, encourage, care), connective ('hit it off' and get along),
6 facilitative (make possible, enable), influential (have a bearing on, inspire, change), and purposeful
7 (being focused, determined, persistent). The first two of these can come to outweigh the latter three
8 when clients are vulnerable. Such hesitation on the part of the professional is reinforced by
9 misunderstandings that making suggestions or challenging clients based on core expertise
10 undermines partnership by reverting to an expert-led approach. Harris et al (2014) found evidence
11 of a similar problem. When the relationship is seen as fragile, practitioners can feel that moving on
12 to challenge parents poses a threat to the relationship, and potentially lead to the client disengaging.
13 However getting stuck like this can prove more detrimental if clients see no signs of positive
14 change. Concerned for client wellbeing, looking for signs of strength but also vulnerability,
15 practitioners can at times reach a conclusion that a client is not ready for change. This avoidance
16 can take the form of prolonged 'being nice', or can lead practitioners to take over responsibility for
17 change. While this can deliver welcome short-term outcomes, it undermines the need to build
18 resilience in families. Indeed it can confirm clients' sense of failure and dependency.
19

20
21 We will focus on three specific dilemmas that map onto the more general ones listed in Table 1, and
22 which also speak to the client-focused challenges mentioned previously:

- 23 1. Influencing and challenging parents without risking the partnership can arise when both the
24 relationship and the capacity or *readiness for change* are construed as fragile, and when
25 practitioners get stuck, hesitating to go 'beyond being nice'.
- 26 2. *Maintaining focus, purpose and momentum* while still being parent led can be hard to
27 accomplish, as the latter does not automatically guarantee against a laissez-faire approach,
28 and can be fuel a reactive rather than purposive way of working.
- 29 3. *Using practitioner expertise* (ie. core specialist knowledge) while working in partnership
30 can be difficult, and practitioners can be concerned that a strong role for their expertise can
31 cause practices to become 'fixed', potentially fuelling doubt or hesitation as to its function
32 in the partnership.
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37 **Testing the concepts through an empirical example**

38 In this section the concepts of relational expertise, common knowledge and relational agency will
39 be put to work with reference to an empirical example. The focus is on how the concepts help
40 address the dilemmas listed above, and in the forms of expertise involved, thus linking to the two
41 overarching questions. The example comes from an extensive qualitative study of a residential
42 service for families experiencing challenges with children under four years of age (Author 1 refs).
43 This particular service in Sydney (Australia) specialises in complex cases where multiple
44 vulnerabilities have been identified through a referral process (usually through a GP or community
45 nurse). At the time of study, all staff working on the Residential Unit at Karitane had completed
46 FPM Foundation training. Up to ten families arrive on Monday each week for a five-day stay,
47 supported by a multi-professional team in which nursing, social work, medical, and child care
48 professions are represented. All names used are aliases.
49
50

51
52 Carly and Mark's daughter Lizzie was 6 months old at the time of their stay on the Unit. Carly's 2-
53 year-old son Adam (born of a prior relationship) was with them, having previously been placed in
54 foster care due to domestic violence involving his biological father. Early on, the couple said they
55 wanted help developing a routine for Lizzie. On Monday night a nurse was with Carly when she
56 was bottle-feeding Lizzie, and noticed that the liquid was very hot. The nurse suggested she check
57 the temperature of the bottle, at which point Carly said 'I can't do this at night'. During the day on
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1
2 Tuesday, Carly told a nurse that she wanted to encourage Mark to help make up feeding bottles, and
3 get more involved with settling both children: she feels like she parents alone. Later on, a nurse
4 learns that Mark is unable to read or write.

5
6 Overnight, a practitioner witnessed Mark's behaving aggressively towards Adam. Carly then
7 explained that Mark has hit Adam on the head at home, and that she is quite worried about Mark
8 settling Adam, although she really wants him to be more actively involved in caring for him. The
9 task of including Mark in caring for both children now involved taking his illiteracy into account, as
10 well as caution concerning the possibility of aggression. Mark refused initial suggestions to help
11 prepare bottles for feeding Lizzie.
12

13
14 However, the following day, a nurse worked with Mark by putting special markings on the bottle
15 that he could use to prepare them appropriately. After this, Mark was more open to working with
16 staff, and began to show interest in being guided by Lizzie's cues rather than his own meal times or
17 cigarette urges. Nurses encouraged him to consider the two children's perspective. Later in the
18 week, Mark was observed praising Adam in play, and their relationship appeared in stark contrast to
19 the mutual pushing away of the previous days¹. Meanwhile, nurses had been actively supporting
20 Carly in settling and resettling Lizzie through the night, and by the end of their stay, Carly was
21 managing this with confidence, and often without breastfeeding.
22

23 24 *Overcoming dilemmas in partnership practice*

25
26 The account above reveals a number of important aspects of partnership practice if we apply our
27 Vygotskian conceptual approach. When viewed as collaborative knowledge work, the mind-
28 expanding nature of the process becomes visible, and traces of diverse, mutually augmenting forms
29 of expertise become apparent. The three key practice dilemmas (readiness for change, maintaining
30 focus, using expertise) surfaced in this work. Carly's 'giving up' at night could easily have been
31 interpreted as signalling Carly wasn't ready for change. Mark's refusal to engage could have been
32 understood in the same way, and his illiteracy could have created a barrier to the professionals'
33 ability to confidently put their specialist expertise to use, given how easily he might have been
34 intimidated or embarrassed. The experience of the first days and nights made it difficult for
35 professionals to maintain focus, purpose and momentum, with setbacks, and complicating issues
36 arising.
37
38

39
40 However, none of these dilemmas took a stranglehold of the partnership practices. Instead, we see
41 agile 'living practice'. We will now use the three relational concepts to unpick the collaborative
42 knowledge work accomplished, and to explain how this enabled these professionals to maintain
43 effective partnership despite challenging circumstances.
44

45
46 Lizzie's routine was initially nominated as a focus. Common knowledge emerged on the second day,
47 after which understanding Carly's desire for Mark to be more included became a crucial 'tool' (in
48 the Vygotskian sense) that changed the practitioners' understanding of the problem, and their
49 responses to it. They did not view Carly as 'not ready for change' and invest in 'being nice' after
50 her walking out in the night, but rather re-aligned their work with the idea of involving Mark. The
51 dynamic nature of common knowledge was evident, as an initial sense that Mark was not motivated
52 to be involved (with Adam in particular) was replaced with an understanding that his illiteracy
53 could be a barrier both to his involvement and his engagement with the practitioners.
54

55
56 ¹ In accordance with Australian child protection law, because knowledge had come to light
57 suggesting one or both children might be at risk of harm, a report was made to the Department of
58 Family and Community Services.
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2
3 The practitioners did not shy away from presenting challenge – the first night’s resettling, asking
4 Mark if he’d join in preparing the bottle. This did not break trust between them and the family,
5 rather, over time, it nurtured the relationship, as is evident from disclosures that emerge throughout
6 the week. We suggest that these professionals’ relational expertise provided a basis for this
7 presentation of challenge to two parents who were highly vulnerable and where the risk of
8 disengagement or loss of trust was high. The partnership created conditions under which parents
9 were able to disclose sensitive information, and also in which they were able to decline or refuse
10 without this causing any breakdown or closing off future opportunities. Rather than doubting Carly
11 and Mark’s readiness for change, these practitioners sought to better understand what matters and
12 the reasons for their disengagement, using relational expertise to maintain the dynamic qualities of
13 common knowledge.
14
15

16 The work with Carly and Mark suffered neither from rigid fixation on a single, immediate goal, nor
17 a collapse into an unfocused laissez-faire approach. Rather the effect of the practitioners’ relational
18 expertise was a productive partnership in which the focus could change, but ensuring that activity
19 always remained purposeful. This work cannot adequately be understood as expert-led intervention
20 based on stable specialist expertise. The parents and practitioners did knowledge work, together,
21 finding out what matters, exploring strengths and (temporary) boundaries, and in the process
22 creating new understandings of each other, of their relationship and what it affords, and what
23 effective, resilience-building strategies might be. The practitioners’ skills *as learners* are revealed,
24 and without this capacity, the trajectory of work with Carly and Mark would have been rigidly fixed
25 and unlikely to have addressed what matters to the parents.
26
27

28 What of the dilemma of specialist expertise? There appeared to be little hesitation among these
29 professionals in putting their expertise to use, despite the challenging circumstances. We argue that
30 alongside relational expertise, and skills as learners, specialist expertise played a crucial role in the
31 outcomes for Carly and Mark. This was not a question simply of the parents acquiring professional
32 concepts, but rather, professional concepts resourcing joint interpretation of the problem and
33 opening up possibilities for responses to it.
34
35

36 The practitioners presented Carly and Mark with resources and tools which changed the parents’
37 understanding of the problem, and thus their actions in response to it. The idea of considering
38 experiences from the child’s point of view functioned in this way, particularly for Mark, whose
39 understanding of and response to the children changed dramatically. The use of marks on the bottle
40 shows agile improvisation in how professional expertise relating to feeding and child development
41 was brought into joint work with Mark, the result of which was a transformation in his agency in
42 terms of being able to participate differently in caring for the younger child. The marks on the bottle
43 influenced Mark’s ability to see a way forward and to act towards it.
44
45

46 The mind-expanding work is not just a transfer of knowledge from client to practitioner, but
47 involves new knowledge emerging out of collaborative knowledge work *done together*. The
48 practitioners aligned their actions with their emerging understanding of what was most important to
49 Carly and Mark, and of the things that might constrain the parents’ ability to act, recognise their
50 own capacity, or their comfort and ability to join in collaborative work. In this way, relational
51 agency was crucial both to securing outcomes (building resilience), and to avoiding the dilemma of
52 professional expertise.
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55 Discussion

56
57 At this point we return to the two main questions posed at the outset of the article.
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2
3 *What are the forms of expertise required in practices that effectively build resilience through*
4 *partnership?*
5

6 The picture of the practitioner presented in this article is not weakened through the idea of
7 partnership, relinquishing her or his agency and expertise. Rather it is enhanced, requiring multiple
8 forms of expertise. These are not just in additive relation to one another, but resource each other so
9 that an augmented, shared, context-bound expertise emerges.
10

11 In this view, the quality of professional work is not determined wholly by what the professional
12 brings to work with a particular client. A simple notion of helper qualities and skills focuses on
13 what precedes practitioner-client interactions. A collaborative knowledge work view focuses on
14 what emerges through them. Of course, prior capacity is important, but the alternative presented in
15 this paper is not about the mind that enters the process, but the minds (plural) that *become* during
16 and through it. This is what is meant by reciprocal learning where collaborative work on a complex
17 problem is mind-expanding for both practitioner and client.
18
19

20 Seeing partnerships as, potentially at least, collaborative knowledge work, we argue that such
21 relationships set out to refashion and share conceptual tools. This has implications for professional
22 expertise. It points to the crucial capacity for this sharing and refashioning, and ability to adapt
23 actions and responses to parents in light of their expanded understandings. Models such as the FPM
24 encourage the relational expertise exhibited in these processes through emphasising exchange and
25 mutual influence between professionals and between professionals and clients. In contrast, expert
26 models are (implicitly) more focused on the professional acting according to core specialist
27 expertise that does not change through the interaction. The concepts simply transfer as they are,
28 from professional to parent. In the expert model, specialist expertise crosses the boundary from
29 professional to client while remaining intact. In our conceptualisation of partnership, ideas cross in
30 both directions and are changed in the process. It is this mutually, dynamism and emergence that
31 enables partnership to constitute a productive relational basis.
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35 The expert practitioner in our view is not just one who has acquired relevant knowledge and is good
36 at discerning what aspects of their core specialist expertise are relevant, using high-level
37 communicative skills to share this knowledge with clients. Instead it is a practitioner who is good at
38 learning about, from and with clients. It is a practitioner whose expertise is worked as it is put to
39 work. There is no shying away from bringing core expertise to bear, and expertise is held openly,
40 making it subject to contextual adaptation. This practitioner does not follow procedures or rely
41 solely on an evidence base to guide them in what to do (next) with a particular client. She or he can
42 improvise and has an enhanced capacity to work in agile and responsive ways, aligning core
43 expertise and relational expertise with a changing understanding of what matters to a client and
44 what appears to be working for them as a response to a complex problem.
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47 Therefore effective practitioners of partnership must also be able to create and maintain conditions
48 under which both the posing and response to the question "Why?" is made possible. These
49 conditions allow the motives, the *what matters*, for both client and professional to be made explicit.
50 This approach directly opposes the experience of being a client that Wilson (2001) documents,
51 where there is a felt pressure to keep the peace and avoid questioning others' knowledge or
52 authority. The conditions are needed to enable a practitioner to ask a "why?" question of a client.
53 This sends a message that the client's experiences and perspectives are taken seriously, inviting
54 them to say more, rather than moving on according to the practitioner's agenda. Doing so can help
55 both parties build new common knowledge consisting of what matters for both of them. Being
56 asked "why?" can also prompt a mind-expanding experience, by moving from concrete experience
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2 to a more reflective and exploratory way of thinking. In the language of the FPM, this could be
3 termed a spontaneous change in which the practitioner role centres on creating conditions for it by
4 establishing a space where asking why and responding to why questions to reveal motives is
5 recognised as valuable.
6

7 *How can some of the challenges practitioners experience when working in partnership be*
8 *addressed?*
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10 The concepts of relational expertise, common knowledge, and relational agency provide tools that
11 can help practitioners manage the dilemmas associated with client readiness for changing,
12 maintaining focus and purpose, and using specialist expertise. They ensure an emphasis on what
13 matters deeply to families as a route to developing their agentic resilience, while revealing that
14 practitioner learning in the course of practice enables crucial agility and responsiveness. The
15 direction for this in the work with Carly and Mark came from understanding what matters, and the
16 conditions made possible by relational expertise. The partnership unfolds not as a process of
17 bringing different kinds of knowledge together (like a jig-saw), but as a mind-expanding process of
18 collaboratively creating new knowledge that has a bearing on a complex problem in which both
19 parties are invested and where client knowledge and intentions also counts.
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23 By using the relational concepts as a way of understanding what is involved in a successful
24 partnership, the article has arrived at a novel description of what it means to be an effective
25 practitioner working in partnership with clients. This practitioner is a good learner, not merely
26 putting pre-existing expertise into practice. She or he can improvise, and is agile in both the
27 development and use of knowledge through transactional knowledge work with clients. In this
28 collaborative knowledge work she or he seeks to understand what matters to clients, becomes
29 explicit about what matters to her – a professional who is trying to help, develops relationships in
30 which asking and explaining “why” is legitimate, and aligns her or his responses to emerging
31 understandings.
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34 The collaborative knowledge work view holds on tightly to what matters to clients, keeps valuable
35 outcomes such as resilience in constant focus, and helps to avoid avoidance of challenge that is
36 crucial in bringing about change. In fact, in effective partnership work, the practitioner is never
37 focusing on just one ‘problem’. A basic notion of goal-direction might imply that the practitioner
38 focuses on the goal, suggesting strategies that might progress towards it, guiding their
39 implementation and evaluation. In collaborative knowledge work, the practitioner constantly
40 grapples with three linked problems: What matters to the client and how can I come to know this
41 (common knowledge)? What does my relationship with the client permit in terms of creating a
42 space of reasons and allowing for challenge, and how can the relationship be nurtured through work
43 of exploring reasons and taking on challenge (relational expertise)? How are our minds expanding
44 together, and how can I align my actions as a practitioner with what matters to the client (relational
45 agency)?
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49 **Conclusion**

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51 We have framed partnership between professionals and clients as a form of collaborative
52 knowledge work in which both parties learn from one another. This reciprocal learning can be
53 understood through three concepts of relational expertise, common knowledge, and relational
54 agency. They constitute a single conceptual framework, but each highlights different features of
55 what effective partnership practice and the expertise involved might look like.
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2 The present paper has examined how these concepts inform the knowledge work that occurs when
3 families are strengthened and enabled to take control over their own lives. This involves
4 recognising the histories in family practices, and moving forward to a jointly produced and co-
5 owned revised version of future practice. One might therefore expect to see a sequence in which
6 common knowledge, which recognises histories and motives, is overtly built in ways that respect
7 the knowledge that families bring to the encounter. At the same time practitioners don't hold back
8 what matters for them in the context of a professional-client relationship, for example helping to
9 build their independent functioning and resilience. Common knowledge becomes a jointly held and
10 mutually respected resource, which mediates future interactions while possible solutions are tested
11 and evaluated using relational agency and ultimately a refreshed version of future practice is created.
12 The effort in partnership is to build, develop, extend and review common knowledge to ensure that
13 it is dynamic and actively used to inform the helping process. This engages and maintains
14 professional and parent commitment to and belief in the process, and the outcomes of it. The
15 dynamic presence of common knowledge facilitates and encourages the use of relational agency
16 because parents feel motivated. This motivation comes from parents feeling that the work they are
17 doing with the professional belongs to them, reflects what matters to them, and is thus meaningful.
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21 Our approach to the relational aspects of professional work with families recognises the importance
22 of distinctive professional expertise. However we argue that the relational aspects of work need to
23 be made explicit in order to offer alternatives to the kind of professional caring that can lead to
24 dependency, rather than the clients' agentic control over their own trajectories. We have clarified,
25 conceptually, the expertise involved in building and working through relationships that can enhance
26 the agency of family members.
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29 This conceptual framework has important implications for practice and research. Firstly, we submit
30 that common knowledge, relational expertise and relational agency have direct manifestation in
31 practice. The practitioner who reflects upon and engages in her practice as collaborative knowledge
32 work, keeping these in play, is well-equipped to manage the dilemmas presented by clients
33 appearing unready for change, the need to maintain focus, purpose and momentum in complex
34 work that is often characterised by setbacks or distractions, and the need for specialist expertise to
35 be brought actively and productively to bear upon problems while at the same time building
36 resilience in families. Thus, at one level, in the 'heat' of practice, bringing these ideas into explicit
37 attention can help professionals direct their expertise and deploy it powerfully without undermining
38 partnership. As in the example discussed above, this can operate both for individuals working with
39 clients, but also in situations where professionals come together to discuss complex cases, as in case
40 conferences. Furthermore, these concepts provide a fertile focus for reflective practice. This could
41 be on an individual basis, or within the context of clinical supervision. We suggest they could offer
42 useful diagnostic and formative functions. In diagnostic mode, they can help professionals specify
43 why work with particular clients might be providing difficult, in doing so pointing to different
44 possible solutions. In formative mode they could be used to map professional expertise and provide
45 a basis for targeted support that is grounded both in immediate clinical practice and a strong
46 conceptual foundation.
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50 In terms of research, these concepts open up a number of potentially fruitful lines of enquiry. While
51 the benefits of partnership approaches, and gains associated with implementing specific models
52 such as the FPM, are well document, questions remain about variability in these outcomes. The
53 concepts presented in this paper provide researchers with tools to pinpoint what occurs when
54 partnerships are most successful, and to contrast this with cases where outcomes are not as desired,
55 or where the dilemmas arising in partnership practice take hold and become obstacles to effective
56 work. While the concepts have been developed through, and tested in, a range of practice contexts,
57 this work is unfinished. Important work remains to be done exploring what relational expertise,
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1 common knowledge and relational agency look like in different services, linking these to different
 2 kinds of client problems and service pressures such as heavy caseloads. Not enough is yet known
 3 about the conditions that facilitate or constrain the deployment of the kinds of expertise discussed in
 4 this paper. What are the mechanics through which they are learned and put into practice?
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7 Understanding effective partnership as collaborative knowledge work involving reciprocal learning
 8 between practitioner and client has a number of advantages. It helps to explain why partnership
 9 works. It promotes an enhanced notion of practitioner expertise. It provides a clear platform for
 10 understanding how context-bound, unique knowledge arises in order to meet particular clients'
 11 needs while building resilience and reducing dependency.
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