



Professional pedagogies of parenting that build resilience through partnership with families at risk: a cultural-historical approach

Journal:	<i>Pedagogy, Culture and Society</i>
Manuscript ID	RPCS-2015-0077.R3
Manuscript Type:	Original Manuscript
Keywords:	resilience, pedagogy, professional expertise, mediation, cultural-historical, spontaneous and scientific concepts

SCHOLARONE™
Manuscripts

Professional pedagogies of parenting that build resilience through partnership with families at-risk: a cultural-historical approach

Abstract

The importance of pedagogic practices in addressing major social problems is increasingly acknowledged. This is especially so in areas of work not traditionally understood in pedagogic terms, such as services building resilience in vulnerable families with young children. Here and in similar contexts, policy mandates for change in relationships between professionals and clients have challenged conventional notions of professional expertise, intensifying and expanding the pedagogic dimension of such work. This paper examines professional-parent interactions, adopting a cultural-historical approach focused on mediation, everyday and scientific concepts, and the space of reasons. Analysis reveals four distinct activities: locating and orienting change, creating new meaning for change, change through joint live action, and planning for change. Each involves different objects and ways in which professional expertise is brought to bear in pedagogic work. It is argued resilience-building works by helping parents learn to interpret and act in their worlds differently, using cultural tools from professional experience made available through pedagogic work. The paper provides new insights into the importance of professional expertise in these practices at a time when this is in question.

Keywords

cultural-historical; parenting; resilience; pedagogy; professional expertise; mediation; spontaneous and scientific concepts

Introduction

This paper takes a cultural-historical approach to explore how resilience is built in vulnerable families through pedagogic work. It explores forms of pedagogy that counter risks posed to young children in families where circumstances hinder parents' ability to provide the care that they would like. Evidence that the early years have significant, long-lasting impacts on child development and wellbeing is strong (Maggi et al 2010). Early intervention services that buffer against problems before they become embedded and harder to alleviate are seen as a social and economic imperative (Kilburn and Karoly 2008). Less well understood is how such services function as partnerships between professionals and families through pedagogies that build resilience, rather than professionals solving problems on families' behalf. This paper answers the questions: (i) How can pedagogic processes build resilience in vulnerable families engaging in professional services for parents where those services have adopted a partnership approach? And (ii) What is the role of professional expertise in these processes? This extends a body of research that understands professional-parent interactions as pedagogic in nature, and addresses challenges that professionals have reported in using their expertise within partnership models

There are numerous intersections between pedagogy and parenting, including professional services such as those under examination here, and the media. Critiques focus on the way in which the 'ideal' parent can be constructed through advice-giving, sanctioning certain practices, and pathologising of others. One approach has been to analyse 'public pedagogy' in terms of how a 'knowledgeable parent' is fashioned discursively and how people adopt particular positions in relation to broader media discourses around parenting (eg. Aarsand 2014a). Despite common notions that parenting is private and beyond education and public domains, governmentality analysis can reveal how institutionally and culturally sanctioned ways of parenting are legitimised, how the public enters the

1 private through techniques of the self (Aarsand 2014b). Aarsand (2011) analysed a Swedish
2 television program in which a professional therapist worked with parents experiencing difficulties.
3 She argues that this therapeutic encounter constructs deficient parenting, reprimands parents who
4 symbolically ‘plead guilty’ and are thus positioned simultaneously as learning subjects and as
5 ‘villains’. A pedagogic contract is formed in which the therapist is the knower and the parent the
6 one who lacks knowledge. The present paper explores practices that have adopted a partnership
7 approach to working with parents in an attempt to avoid some of these troubling aspects.
8 Partnership does not mean a symmetrical relationship, but promotes negotiation and respect of
9 parents’ knowledge as important to the process, taking a strengths-based approach that avoids
10 negative judgement of parents.
11
12

13
14 State-sponsored parenting programs can reproduce notions of good and bad parenting that are
15 classed and gendered, and may (inadvertently) reinforce a sense of failure and blame in parents who
16 fail to conform to particular socially prescribed notions of success (Widding 2015). Ramaekers and
17 Vandezande (2013) echo Dahlstedt and Fejes (2014) in showing how parenting programs can
18 present a problematic idealised construct of parent as independent problem solver, while
19 professionalised discourses of parenting can marginalise or alienate parents (Ramaekers and Suissa
20 2011). Counselling and psychotherapeutic literature addresses questions of parenting support from a
21 different theoretical basis, often around notions of parent-child attachment (eg. Harrison 2007). The
22 point of departure for this paper lies in its analysis of work performed by nurses in terms of
23 pedagogy, specifically developing a cultural-historical account that links this work to resilience-
24 building in families.
25
26

27 This paper focuses on professional services in Australia that support families experiencing
28 challenges associated with parenting young children. These services have not traditionally been
29 conceived on pedagogic terms, but have been framed within health-based discourses of nursing,
30 psychology and social work. However, recent studies have cast new light on such services, framing
31 successful interactions between professionals and parents as helping parents learn, coming to see
32 themselves differently, as agents of positive change. This is founded upon parents interpreting and
33 responding differently to their children’s behaviours, and becoming able to anticipate and cope with
34 challenges they face in the longer term. The emergence of partnership as a preferred approach to
35 child and family services has profound implications for how we understand the nature and role of
36 professional expertise in such work (Author 2014, 2015, 2016a,b).
37
38
39
40

41 **Parenting support and pedagogy in the existing literature**

42
43 Parent-child interactions are hugely influential on child development (Leseman and Sijssling 1996),
44 yet many parents experience challenges with children’s sleep, feeding and other behaviours. These
45 can become acute or chronic, and link with other challenges, becoming much harder to address.
46 Parental exhaustion, anxiety and depression can leave parents with a sense of failure, unable to be
47 the caregivers they need to be (Ermisch 2008). Therefore, how parents interpret and respond to their
48 children’s behaviours, such as those around sleeping and feeding, is linked to conditions that favour
49 or undermine family wellbeing and child development. Moreover, the lasting effects of parent-
50 children interactions in the early years have a broader social significance.
51
52

53 Recently the political discourses surrounding family support services have changed, shifting from a
54 focus on disadvantage to a focus on risk (Edwards and Apostolov 2007). Partnership models are
55 aligned with this shift to ‘at-risk’ approaches. These models are strengths based, emphasise
56 resilience-building, and have been implemented in continental Europe, the UK, North America, and
57 Australasia (see Day and Harris 2013; Keatinge, Fowler and Briggs 2008; Wright and Leahey 2009).
58
59
60

1 Focusing on professional-client relationships, shared power and decision-making, partnership
2 models contrast with historically prevalent 'expert' models in which the professional solves
3 problems on behalf of families through direct intervention or instruction (Hook 2006). Acting on
4 parents' behalf does little to challenge parents' unhelpful beliefs that they are failing, which
5 undermines agency and resilience. Furthermore, parents are less likely to follow professional advice
6 if they do not feel properly listened to (Davis and Fallowfield, 1991). Partnership models do not
7 promote symmetrical relationships. Rather they recognise the importance of professional expertise
8 alongside parents' knowledge and values.
9

10
11 Partnership work places high relational demands on professionals (A Edwards 2009, 2010).
12 However recent studies show that professionals can find it hard to judge when and how to use their
13 expertise for fear of reverting to an expert-led approach (Fowler et al. 2012; Harris et al. 2014;
14 Author 2016a,b). In other words, partnership may lead professionals to hold back, focusing on the
15 relationship rather than using their expertise to facilitate positive change – a process that often
16 involves challenging parents, or questioning ideas such as 'I'm a failure as a parent' (Day and
17 Harris 2013). 'Getting stuck in the relationship', and being unsure how to 'go beyond being nice'
18 risk compromising the purpose of these services for parents – building confidence and resilience
19 (Fowler et al. 2012). Hence the adoption of partnership models has significant, but inadequately
20 understood, implications for the role of professional expertise and the nature of pedagogy in this
21 kind of work. This paper shows how cultural-historical concepts can address this problem.
22
23

24
25 The conceptual precedent for viewing parent support services in pedagogic terms is established.
26 What is lacking is a detailed understanding of how such pedagogy operates. Fowler and Lee (2007)
27 argue that ideas of knowledge transferring from professional to parent are inadequate. Instead, they
28 suggest that a pedagogic approach is more appropriate, in which knowledge from both the
29 professional and parent is brought to bear, and through which new knowledge may emerge. Lee et
30 al. (2012) take this approach a step further, applying practice theory to highlight pedagogy as
31 emergent rather than pre-planned. Author (2014, 2016b) continues the practice theoretical line,
32 drawing on Schatzki (2010) and Gherardi (2012) in an ethnographic study of a residential parenting
33 service. In this work, a clear case is made for professional expertise as underpinning many aspects
34 of pedagogic work, rather than being sidelined or weakened in partnership. This pedagogy is
35 described in terms of sequences in which professionals respond to particular parent and child
36 actions, attributing agency to parents through re-interpreting the meaning and impact of their
37 actions. Author (2015, 2016b) makes a basic connection to Vygotskian (1978, 1986) concepts such
38 as the zone of proximal development. Presenting challenge to parents is crucial, but challenge and
39 the supports provided need to be carefully attuned to each family's particular strengths and
40 vulnerabilities.
41
42

43
44 Where cultural-historical approaches have been used in this context, the focus has tended to be on
45 professional learning, rather than pedagogy as it applies to parents themselves. Meyer and Lees
46 (2013) investigate pedagogic features that support interprofessional collaboration in children's
47 services. The focus on professional learning and inter-agency work is also key in Edwards et al.'s
48 (2009) study. Author (2016a) considers how teams of professionals work collectively in response to
49 changing understandings of each family. Cultural-historical approaches are well established as a
50 basis for understanding learning and pedagogy in settings directly relevant to those of concern here.
51 This paper extends this work by applying it to interactions between professionals and clients.
52
53

54 In this context, the concept of mediation remains overlooked, as do linked Vygotskian ideas of
55 everyday (spontaneous) and scientific concepts. These concepts speak directly to the dilemmas
56 relating to the nature and role of professional expertise in partnership work described above. Also
57 missing from previous accounts are more recent developments in cultural-historical theorising.
58
59
60

1
2 Derry's (2014) revisionist reading of Vygotsky and work on the space of reasons seems highly
3 relevant but has not yet been tested. This paper addresses these gaps.
4

5 6 **Cultural-historical framing** 7

8 Cultural-historical perspectives have roots in the work of Vygotsky and have made a significant
9 contribution to understandings of learning and pedagogy (see Avis 2009). In this tradition learning
10 can be understood as a social process that leads individuals to change the ways they interpret and
11 act in the world through increasingly informed use of cultural tools (Edwards 2005)¹. These tools
12 include language, concepts and artefacts. In this paper, pedagogy is viewed as a process that enables
13 parents to interpret a child's behaviours in informed ways and to respond to differently to those
14 behaviours. 'Development' is linked to learning, and involves changes in the relationship between a
15 person and elements of social practices, such as parenting. This link is crucial to understanding
16 resilience. Taking a cultural-historical approach, Edwards (2007) conceives resilience not in terms
17 of properties of individuals, but in terms of the capacity to (re)configure everyday practices such as
18 parenting so that people can function and access relevant resources or opportunities (Edwards and
19 Apostolov 2007; Edwards 2007). In this view, resilience involves reciprocity between the social and
20 individual (eg. a parenting service and a parent), and it is not associated simply with independence.
21 To understand learning and the development of resilience, this paper follow's Vygotsky's concern
22 with the dialectic relationship between individuals and the social situations of their development
23 (Edwards 2016). Here, the individual is the parent client, and the social situation of development
24 involves interactions with a parenting service professional.
25
26
27

28 Central to Vygotskian approaches is both a focus on activity and the idea of a mediated relationship
29 between a subject and the object she or he is working on (Arnseth 2008). Mediating tools and signs
30 enable people to control their behaviour, and because these are socially derived, thinking,
31 interpreting and acting are seen to be culturally and historically constituted. Mediation refers to the
32 idea that we do not act directly on a problem. Activity is instead mediated by physical tools and
33 intangible cultural artefacts such as concepts, and in particular, language (Wertsch 2007; Vygotsky,
34 1978, 1986). When activity is mediated by appropriate tools or signs, attention shifts from the
35 problem to the nature of the solution. This is key to understanding how agency can be learned and
36 resilience can be developed. Mediating artefacts are introduced *socially* – in this case – by the
37 professional. Mediation also has the effect of reverse action: when a person, for example a mother,
38 uses particular tools or ideas to work on a problem, those tools or ideas work back on her. Cultural-
39 historical approaches look at tools as means of constructing and responding to the present in ways
40 which shape the future (S Edwards 2010, 262).
41
42
43

44 Linked to the notion of mediation are everyday (spontaneous) and scientific (non-spontaneous)
45 concepts (Vygotsky, 1986). The former are particular, directly tied to a phenomenon, and originate
46 in an individual's response to something concrete. In contrast, scientific concepts are general,
47 abstract, part of a system of related ideas, and are first encountered socially. As a system of
48 relations, scientific concepts can include categories but also complementary ideas that address
49 different aspects of a phenomenon. The point here is not that scientific concepts are 'good' and
50 everyday concepts 'bad'. Indeed, the analysis below reveals how fluid movement between the two
51 is crucial, and that parents' learning arises out of the dialectic between them.
52
53

54 A third concept deployed in the analysis below is that of the space of reasons. Derry (2007, 2014)
55 offers a distinctive, contemporary reading of Vygotsky that addresses critiques of
56 representationalism in his work. She argues that in Vygotsky the power of concepts comes not from
57 their *referential* value (correspondence between sign and reality) but their *inferential* value – the
58
59
60

1 reasoning associated with them. Derry suggests that learning involves induction into a 'space of
2 reasons' in which the concepts at the heart of what is being learned function. Conceptual reasoning
3 consists in understanding why a concept applies (incidence), and what follows from it (implication).
4 In a space of reasons it is legitimate to solicit rationales (asking why) and to make reasoning
5 explicit (explaining why).
6
7

8 9 **Empirical approach**

10 A qualitative methodology was adopted, centred on observation of professionals at work. The
11 flavour of ethnography is close to that described by Hindmarsh and Pilnick (2007) – focusing on
12 particular contained moments of practice (meetings between professionals and parents), rather than
13 de Laine's (1997) framing of ethnography in terms of cultural experiences and practices. Fifty-two
14 interactions between professionals and families were observed. These took place in home visiting
15 (also referred to as outreach) and day stay services in Sydney, Australia. Three different
16 organisations were involved: Karitane, Tresillian, and Northern Sydney Local Health District, and
17 fieldwork conducted in multiple sites within each organisation. Sixteen female nurses were
18 involved, and their interactions with 43 families observed (multiple visits with the same family
19 were tracked where possible). All were secondary services, provided for families where one or
20 more forms of risk had been identified through referral pathways from community doctors or early
21 childhood nurses.
22
23

24 Analysis followed Srivastava and Author (2009) iterative approach, bringing emergent ideas into
25 conversation with existing theoretical concepts. MacQueen et al.'s (1998) approach to team-based
26 codebook development was used to refine and validate grounded outcomes of analysis by
27 articulating lay and technical definitions, and criteria for inclusion and exclusion, such that authors
28 could code data independently. Differences were resolved through negotiation and subsequent
29 refinement of concepts. The findings reported below apply across the whole dataset, but are
30 illustrated with reference to one interaction during a day stay between nurse Catherine, Ariella, and
31 her daughter Lila. This was chosen as the concepts emerging from the analysis are clearly visible in
32 this example, and it is reflective of the overall findings (Tables 1 and 2). Locating all empirical
33 references within a single interaction also serves the need to show interconnection and progression
34 between different aspects of the particular instance – something that would be lost by presenting
35 examples from across the dataset. The level of detail this permits also provides a basis for
36 'naturalistic generalization' (Gomm et al. 2000) in which readers judge relevance based on
37 understanding of their own context in relation to that of the study. Analysis of patterns across
38 interactions, professionals and services is beyond the scope of the present paper.
39
40
41
42
43
44

45 **General findings**

46 The scientific concepts that came into play in each interaction indicate specific features of
47 professional expertise that resource pedagogic work. They were grouped into three overarching
48 categories that spanned all instances – children, how children learn, and parent wellbeing. Other
49 major categories were found where parents expressed goals in relation to sleep behaviours – the
50 most common focus in the interactions observed – breastfeeding and solid food intake. Table 1
51 presents the three overarching categories, plus the two relating to sleep-focused work (the focus of
52 Catherine's work with, Ariella and Lila).
53
54

55
56 INSERT TABLE 1 HERE
57
58
59
60

1
2 Table 1 shows forms of professional expertise that mediated parents' learning: their changed
3 interpretations of and actions towards their children. Group 1 involves a particular way of
4 understanding children, including various ways to relate them to one another in terms of patterns in
5 behaviour (categories of infants), ideas that they are both similar to and different from adults in
6 particular ways, and concepts related to attachment (secure base and separation). The notion of
7 empathising or taking the child's point of view is a key part of this set of related ideas. Group 2 is a
8 system of related concepts concerning how children learn – through practice, consistency and
9 parents being predictable. The third relates to parent wellbeing, comprising ideas of taking on
10 challenge when they are able, and ensuring their own needs are met.
11

12
13 Table 1 also presents two sets of concepts relating specifically to sleep and settling. The first of
14 these conceptualises (Group 4) the process of falling asleep (settling), with an orientation towards
15 how a child experiences this. The second (Group 5) brings a range of parent actions that encourage
16 or facilitate sleep into a system of relations, including linked ideas of time in and away from the
17 room where the child is, concepts of success, and varying levels of intervention.
18

19
20 The ideas presented in Table 1 provide important explanatory power for tracing how significant
21 outcomes were accomplished. As such they contribute new insights into issues concerning the role
22 of expertise in partnership work, and specifically, intensified pedagogic roles in professional
23 practices guided by principles of partnership.
24

25
26 The second set of findings concern different ways in which the professionals and parents worked
27 together. This sets the outcomes presented in Table 1 within the context of modes of interaction,
28 conceived as *partnership activities*. These are theoretically inflected, linked to mediation, scientific
29 concepts and the space of reasons. All 52 visits were analysed, and the analysis resolved around the
30 four partnership activities is presented in Table 2 below. Three of the activities were evident in all
31 52 interactions; the third was absent from some because there was no live guided action, for
32 example if a baby was asleep for the duration of a visit. Each will be further explained and
33 illustrated with reference to Catherine's work with Ariella and Lila. This empirical example also
34 connects with the scientific concepts presented in Table 1.
35

36 INSERT TABLE 2 HERE
37

38
39 The example below comes from observation of a day stay service. The visit by a mother and child,
40 from 9am until shortly after midday, was observed in full. Catherine, a child and family nurse, met
41 Ariella and her daughter Lila (16 months old). The family was referred as 'at-risk' because of sleep
42 and settling issues that were causing maternal exhaustion, and because of previous mental health
43 issues. Lila is Ariella's second child, but her first with her current partner. Her son was born 20
44 years ago and now lives with her ex-husband, who was verbally, physically and sexually abusive.
45 Ariella and her current partner have also recently taken over care of his 9 year old daughter, Rosie.
46 Ariella has a history of depression, and screening during the visit revealed recent thoughts of self
47 harm combined with a clinically significant level of anxiety, because of which Ariella felt unable to
48 return to work.
49

50 51 *Locating and orienting change* 52

53
54 This activity involves the professional asking questions of the parent in order to understand what
55 matters to the parent, and the factors that have a bearing on the problem(s) she is experiencing. The
56 object here is focused on the family: retrospectively (their history), currently (present problems,
57 stressors), and prospectively (desired change). The excerpts below capture key parts of the
58 unfolding discussion.
59
60

- 1
2
3 C So why are you here?
4 A Help with sleeping
5 C It says here [referring to intake notes] night waking. Tell me about the nights then.
6 A Anything from no waking to every hour
7 C Do you rock her in arms?
8 A Yes
9

10 The focus then shifts to her partner and Rosie:

- 11
12 C Do you and your partner parent Rosie differently?
13 A Yes I'm more stern. He's a total softie and gives in to her.
14 C Are you more on the same page with Lila?
15 A Ish. He's not very involved with her. Doesn't know what to do with settling her... He says he can't
16 do nights or mornings. So I get no help at those times.
17 C Ah. This helps me to think about the strategies we might use.
18
19

20 She also asks about other support, finances, physical and mental health, and domestic violence.
21 Catherine mirrors back important features of what Ariella has told her.
22

- 23 C Thank you for all that. It helps me understand better and think about how best to support you. It's
24 important that I know dad's not helping much at night, that you get some help from grandma and
25 friends, and that you have pressure of work or no day care. Now onto her! In your words, can you
26 tell me why you are here?
27 A For help with sleep and settling
28 C What strategies have you been using, rocking?
29 A Patting and rocking
30

31 The discussion continues with Catherine exploring how Ariella experiences (spontaneously) Lila's
32 behaviour:
33

- 34 C What behaviour do you find challenging or hard?
35 A When she cries. Sometimes she head butts me and it hurts, but it's the cries.
36 C Do you experience anxiety when she cries?
37 A Yes
38 ...
39 C What are your goals now?
40 A Give me confidence in what I'm doing. I'd like her to self-settle and maybe get through the night.
41
42

43 The confirmation that Ariella is anxious when Lila cries suggests that her actions are a response to
44 anxiety rather than Lila's needs. Changing this becomes a key focus of the second and third
45 activities discussed. Importantly, when Catherine asks again why Ariella is here, the mother now
46 mentions a goal relating to herself.
47

48 *Creating meaning for change*

49
50 In this activity, the object shifts to an anticipated future, imagining actions, interpretations and
51 responses. This imagining is resourced by professional expertise, which connects explicitly back to
52 concrete information provided by the parent:
53
54

- 55 C Does she have any security toy or comforter?
56 A Nothing in particular.
57 C You could try tying one of your t-shirts into knots for her... I'm going to get you to think of
58 practice in the cot during the day as well.
59
60

Catherine introduces the comforter as a scientific concept (Table 1, Group 4), and then concretises it with the t-shirt. Then another scientific concept – *practice* – gets its first mention (Group 2). As Catherine continues, other important scientific concepts are introduced: sleep cycles, sleep needs, and children being like adults (Groups 1 and 4, Table 1):

C Most of their sleep at this age is light sleep. So with settling we go back to basics and think about what they need. First, has she had enough to eat? Second, is she comfortable and warm, because when she falls from light to deep sleep, she can get cold. Have you ever fallen asleep in the sun and then woken up cold?

A Yes

C That's the same for her, they are like a mini version of us! Then we think about a dry nappy and the environment, noise and light.

Catherine's next move is to expand on the meaning of these key scientific concepts, relationships between them, and the reasoning behind them. This involves translating the abstract idea of independent sleep associations (Group 4) into more concrete terms through the t-shirt, and connecting this with the idea of change as a learning process for Lila. Predictability is a key component in learning, which is achieved through consistency and practice (Group 2).

C I'm thinking about independent sleep associations, meaning things that help her but which aren't us. During the learning process she will still depend on us for help, we will go in and come out as she's calming. Babies love predictability. It's important for her to see you come and go. She needs to get used to the idea that you won't be there all the time when she's sleeping. That way when she wakes in the night she can self settle without needing you... That preparation for sleep ritual is very important. I have my own ritual still, we all do, and babies are no different. That preparation, there are no rules, you might try something, but what's important is to try to do the same thing day and night. It gives them practice.

Shortly after this, Lila begins to show some tired signs, and as they anticipate settling her, Catherine reinforces these key ideas and their relationships, now connecting them with parent actions in settling (Group 5):

C It is all about learning and practice. Don't get disillusioned if she doesn't respond straight away. See it as practice just like you learning to ride a bike. Use the pram as your alternative, as plan B.

Rather than seeking to get Lila to sleep independently, the aim is to get practice. In the following passage, Catherine talks through the approach to settling connecting concepts about parent actions (Group 5) with those relating to the child's experience (Group 4):

C When she understands you'll come when she needs you, when she can predict your behaviour, she'll learn. Being consistent and persistent. It's not saying it's okay to leave her to cry desperately... You're the sleep messenger. Verbal directions, be soothing. You can try first through the door, "Shush, lie down, time for sleep"... She'll protest. How we respond will influence her. She can be left. It's not destroying that wonderful attachment. She's older now. You saw she likes to explore on her own sometimes. She can understand that she can get you back in, you're not leaving her, but you are supporting her to make those independent sleep associations and taper the dependent ones... if you stay that gives her a confused message. "Night night, love you" then leave. Maybe go and get a glass of water, pop to the loo. Something short that brings you back. Expect her to cry. Try to add

1 words to what she's saying "Mum come back!", some are angry or confused... Start with
 2 low intervention and build to more. If you start with everything, you've nowhere to go. She
 3 might go quiet or she might rev up... How long to stay in? If she's looking at you, reaching
 4 out, and she's used to being held, then being in the room might actually rev her up. Ask
 5 yourself, is she calming? Am I helping her? There's always the alternative if she doesn't
 6 respond. Okay she's had some good practice, now I'll use the pram. Don't be disillusioned,
 7 she's had that practice.
 8
 9

10 A new intermediary focus is presented to Ariella: How long to stay in? This question shifts from a
 11 focus on the child as the problem to the mother as the nature of the solution. At this point, Catherine
 12 leaves open the question of how Lila will respond to Ariella's presence.
 13

14 *Change through joint live action*
 15

16 In this activity, the focus is directly on the child, here and now. A tired or hungry child presents
 17 demands that require immediate attention and constitute an object of joint activity. The professional
 18 prompts, supports, and guides the parent, offering interpretations and commentary informed by
 19 professional expertise and what is known about the parents' home context. Lila shows tired signs.
 20 Catherine guides Ariella's actions, and interprets what both mother and child are doing through
 21 scientific concepts, bringing their (inter)actions into in a space of reasons. Ariella offers a gentle
 22 wind-down, and then places Lila in the cot. Catherine beckons her out.
 23
 24
 25

26 C She'll cry anyway if you leave when she's awake, so let's give her some practice now. Why
 27 don't you drink your tea? As expected she's crying a bit. It's inevitable. When you left I
 28 saw she reached out for you, so I suggest spending a short time when you go back in
 29 because staying might fuel her distress. She's expecting a cuddle but you're not giving one.
 30 We're looking for gaps in her cries – ah like that! She's tired. I hear a confused "where have
 31 you gone?" cry. [listens] Ah that's anger – did you hear that "rrrr!"... If you're okay, open
 32 the door and shush her. Either she'll ramp up or calm down. Ah, another gap! That's why
 33 we don't go in too soon. Again, more gaps. Now's not the time to go in. When you're at
 34 home do something so she gets this chance, get some water, pop to the loo. She's crying
 35 now, but not distressed, she's winding down a bit. [C opens door] Shush. Lie down. Time
 36 for sleep. [Now to Ariella] It's important she knows someone is around, so we never leave it
 37 too long. Can you hear she's worse now, she's saying "How dare you!"
 38
 39

40 What Ariella is doing right now is labelled as practice and thus connected to how children learn
 41 (Group 2). The tea becomes a concrete instance of the concept of distraction (Group 5), connected
 42 with the *parent's* quandary of time in the nursery (Group 5). Catherine models the practice of
 43 labelling cries with words (Group 1). Lila's cries escalate when they go in, so Catherine leads
 44 Ariella back out again.
 45
 46

47 C Now we know that she falls into the category of when being in the room is distressing her.
 48 See, ah, quiet again. When we come out she's starting to wind down. But when we go in she
 49 gets angry because you're not doing what she wants... Ah there's an angry cry, can you hear
 50 "rrrr!". She was grabbing at you, so it's like you being there is dangling a carrot for her.
 51 Now she's quiet again... so she is learning a new skill with your support.
 52
 53

54 Through concepts about children, and taking Lila's point of view (Group1), Catherine that Lila falls
 55 into a particular category of infants. Such empathetic stance-taking imbues Ariella's bodily
 56 presence with a conceptual significance. Lila's cries subside and she falls asleep.
 57
 58
 59
 60

Planning for change

Here the focus changes from the immediate problem of the child towards the conditions that make it possible for parents to implement new strategies, to be consistent and give their children the opportunities to practice that they need. Parent wellbeing comes into sharper focus here, and the object takes on a 'meta' quality in that what is now worked on are issues that have a bearing many of the other issues being discussed.

A If I do it for 30 minutes, then what?

C You'll always have another chance to try the same again next time, more practice. It's more important to be consistent next time, if you can, than to keep going for a long period. You can pick her up, use the pram, whatever works, after she's had a bit of practice with the new strategies...

Catherine deflects Ariella's attachment to timing, emphasising consistency instead, drawing on concepts of Lila's learning (Group 2) and a practice-centred notion of success (Group 5). After this, Catherine explores Ariella's wellbeing and her capacity to be consistent. She mentions Ariella's responses to the depression screening in relation to her husband's pressure on her to work:

A It's so hard. I feel not worth enough. He says 'you're not working', I feel, I can't give any more.

She then explains how her husband had pushed for the baby (Lila), but with her son reaching adulthood, she had been "ready for a bit of me time". She told Catherine how her husband takes her welfare money. Catherine draws attention to Ariella's disclosure of recent thoughts of self-harm, and the mother replies, "I feel I'm not good enough, that she [Lila] doesn't need me". Catherine challenges this by pointing out the attachment they had observed earlier, adding:

C You have needs as well. It's not all about her. We care about your mental health and the stresses you're experiencing. With the settling, if there's a lot on for you, it might not be a good time to try the new strategies.

This connects all the work done on settling with a significant caveat: only when Ariella is emotionally and physically capable (Group 3), because this is crucial to her being able to set up opportunities for Lila to practice and being consistent. Ariella asks for a referral to the residential service, and agrees to consider making an appointment for counselling. Lila then wakes, and Ariella puts her in the pram for the walk home.

Catherine telephoned Ariella the next day. Ariella reported using the new techniques "spending more time out of the room", showing that concepts from Group 5 now mediate her action. Lila had gone down easily, and had only woken once during the night. Her husband agreed to the residential service. Another week later, Catherine telephoned again. Lila can now self-settle and sleeps in the cot during the day. She can also re-settle after waking at night, sometimes by herself, and sometimes with brief comfort settling. Ariella feels she may not need the residential service, because she now knows what to do to get Lila to sleep, and to care for herself. At that time she had some job interviews lined up, and three days later Catherine picks up a voicemail saying she has got a job.

Discussion

1 The four activities are analytical tools that help to unpack distinctive features of pedagogies of
2 resilience and the involvement of professional expertise as they unfold through partnership work.
3 While each can be associated with a different object of activity, they are all also folded into a
4 broader object of developing resilience in families at risk. Rather than going through each again in
5 turn, the following discussion is structured in terms of the cultural-historical concepts outlined
6 previously – mediation, everyday and scientific concepts, and the space of reasons – to explain
7 parents' learning and development and the professional pedagogy that facilitates it.
8
9

10 *Everyday and scientific concepts*

11
12 Both everyday and scientific concepts play a crucial role in partnership between professionals and
13 parents. The idea of asking parents what brings them to a service that explores aspects of context is
14 not new. However, what proved significant in our analysis was that professionals were able to make
15 parents' spontaneous concepts explicit. What made this possible was a willingness to begin from
16 and dwell in the concrete – in the example described previously, Catherine encouraged Ariella to
17 describe her actions in settling. This exploration surfaced one of the key insights that emerged
18 through the Locating and Orienting Change activity: that Ariella's getting upset by Lila's crying
19 was a response to her own anxiety when trying to settle Lila, rather than to Lila's cues (that she
20 needed reassurance to practice self-settling).
21
22

23
24 Everyday or spontaneous concepts were important for another reason, too. They cleared a path
25 towards new, scientific (in a Vygotskian sense) ways of thinking about the problem, and back down
26 again into the concrete realm of children's behaviours and parents' responses to them. In the
27 example, Ariella's account of patting and rocking, and her desire for Lila to self-settle provide the
28 basis for an ascent to scientific concepts of parental presence, sleep cycles, and independent sleep
29 associations. Following a path from the everyday to the scientific enables professional expertise to
30 be introduced in a way that is sensitive to and has immediate connection with what matters to
31 parents. It also makes visible the parents' contribution to the interaction, based on what they reveal
32 about their experiences. The complementary descent, back into the realm of the everyday, is crucial.
33 This connects abstract professional ideas with concrete objects or suggested actions. For example,
34 the idea of independent sleep associations is given concrete meaning in the form of a parent's T-
35 shirt tied in a knot, while parent as sleep messenger is reconstituted in terms of their physical
36 presence and actions such as shushing. These processes of ascent and descent between everyday
37 and scientific concepts characterise the second and third activities. In *creating new meaning for*
38 *change*, the whole discussion anticipates future actions, while in *joint live action* the descent from
39 scientific concepts comes down to actual actions.
40
41
42

43 It is worth pausing briefly to consider the nature of the scientific concepts that were prevalent in the
44 data, across all 52 interactions. Crucial to their function is their location within a social system of
45 relations – as Table 1 shows, at multiple levels: within sub-concepts such as categories of infants,
46 within the main groups, and between the groups. Of particular note is Group 2: by framing changes
47 in behaviours relating to settling, feeding and so on in terms of children's learning, these
48 professionals were constituting parents as educators of their children (Ramaekers and Suissa 2011).
49 This connects with themes around pedagogical subjectivity in parenthood (Aarsand 2014b). This is
50 part of the important shift towards building resilience: this positions parents as agents of change
51 who can help their children, rather than passive or helpless, with children who are 'broken' or 'need
52 fixing' (phrases several parents used initially). The related scientific concepts of practice,
53 consistency and predictability provide tools that enable parents to step into this role as facilitator of
54 their child's learning. This leads to the concept of mediation.
55
56

57 *Mediation*

1
2
3 A Vygotskian notion of mediation helps to understand why these scientific concepts are so
4 powerful in their function as key tools of pedagogy and resilience-building. Parents' learning about
5 these concepts, as areas of new knowledge, is part of the process – as with sleep cycles or
6 independent sleep associations. As mediating tools, these concepts are more than just an object of
7 learning, they change the relationship between the parent and the problem they are working on,
8 such as helping a child learn to self-settle.
9

10
11 First, scientific concepts as mediating tools change parents' focus of attention from the problem to
12 the nature of the solution. On a general level, this could be described as a shift from 'what is wrong
13 with my child?' or 'what am I doing wrong?' to 'what can I do to encourage particular child
14 behaviours', and ultimately 'what can I do to arrange aspects of my world in order to be able to
15 support my child in learning new sleep or feeding behaviours?'. In the case of Ariella, one example
16 of this related to Catherine's labelling of Lila's cries with words. These gave new meaning to the
17 child's cries, and provided the basis for a different set of responses by the mother. Instead of being
18 led by her own anxiety as a uniform response to all her daughter's cries, Ariella learns to
19 distinguish confusion, protest, and anger in Lila. These changed interpretations inform a new
20 repertoire of responses (shushing, judging how long to spend in the nursery, distracting herself with
21 a cup of tea etc.). This can be understood as an instance of 'informed mediation' (Derry 2014) in
22 which professionals as pedagogues help parents connect their own sense-making with meanings
23 that are culturally valued and validated (in this case in particular canons of professional expertise).
24 Learning in this sense is not (just) a move to greater abstraction, but rather movement between
25 different levels of abstraction (Derry 2014). It is not necessarily about dismissing or replacing
26 parents' initial responses and ways of understanding, but rather placing them amid systems of ideas
27 through which new meanings might arise.
28
29

30
31 Second, when scientific concepts act as mediating tools in this way, they also *work back* on the
32 parent. This is key to understanding how such learning contributes to resilience-building. Not only
33 do the new strategies help parents overcome particular obstacles to wellbeing (in the case of Ariella,
34 chronic lack of sleep), but the whole process undermines unhelpful interpretations parents have of
35 themselves as passive, dependent, helpless, and failing their children. Instead the new, mediated
36 activity benefits from reverse action. In Ariella's case, the new mediating tools (practice, pram as
37 Plan B, consistency, cries as having meaning etc.) had reverse action in that they alleviated her
38 anxiety around Lila's crying. Not only did that anxiety no longer provide the spontaneous basis for
39 responding to her daughter, but it was itself eroded as a result of new forms of mediated action.
40 The fourth activity, *Planning for change* involves a crucial form of mediation that goes a step
41 further. It is largely centred around getting parents to consider what they can do to arrange aspects
42 of their world in order to be able to support their child in learning new sleep or feeding behaviours.
43 Here, professionals lead a discussion about when it would make sense to give children the
44 opportunity to practice, what might compromise parents' ability to be consistent, and how to tackle
45 the challenge of leading change while also preserving their wellbeing. In Ariella's case this
46 involved considering how to set a time limit on settling, and elevating her own self-care in her
47 priorities. In Vygotskian terms, there is a shift here from parents' learning (new interpretations of
48 and actions in the world), to development – reconfiguring one's relationship to different elements of
49 practices, such as settling or child-rearing. Thus this fourth activity is crucial in effective resilience-
50 building, which on cultural-historical terms involves a capacity to (re)configure everyday practices
51 in order to enhance one's ability to function, set goals, and implement actions towards them (as
52 discussed above; Edwards 2005).
53
54
55
56

57 *The space of reasons*
58
59
60

1
2
3 While the concept of mediation goes a long way to explain the mechanics of this kind of pedagogy
4 and learning, the idea of the space of reasons (Derry 2007, 2014) adds valuable analytical purchase.
5 Scientific concepts function within a system of relations, and as such inform professionals'
6 judgements as to why something might count as a particular incidence (eg. a category of infant and
7 why it applies), its implication (eg. why a particular action such as spending a short amount of time
8 in the nursery might be deemed appropriate), or why a particular effect might be anticipated (eg. a
9 child escalating or calming). This potential is lost if parents simply see the concepts as chunks of
10 knowledge. Rather, to work as powerful mediators of new activity, they have to bring parents into a
11 different space of reasoning. This is not a straightforward accomplishment, particularly considering
12 that parents typically enter into such interactions with everyday or spontaneous interpretations that,
13 to them, fit and explain their world. Hence the importance of professionals not only making
14 particular concepts available to parents, but also making their *reasoning* explicit. This is achieved
15 by giving reasons and setting up conditions that encourage parents to ask for reasons. In the
16 example, Catherine explained why she thought independent sleep associations and adopting the
17 same approach day and night would be helpful. She also offered 'live' interpretation of Lila's cries
18 as a vehicle to make explicit her rationale for suggesting short periods of time in the nursery. In
19 each case, subsidiary scientific concepts were used as tools to make this reasoning clear, again
20 confirming the importance of their location with a system of related ideas. In the interactions we
21 observed, it was through entry into particular spaces of reasons that parents became able to relate
22 scientific concepts to one another, and to descend from these to the concrete demands of parenting
23 and their responses to those demands. In Derry's terms, interaction with the professional has created
24 a learning environment where everyday understandings are referenced to robust (scientific)
25 concepts.
26
27
28

29
30 The space of reasons has a second, related, function. When parents enter a space of reasons in
31 which scientific concepts are in play, new dilemmas arise. Rather than being the problematic,
32 sticking points that characterised parents' previous experiences (why won't my child sleep?), these
33 enrol parents in judgement and decision making that confirms them as agents of change. In
34 Ariella's case, this involved asking 'how do I decide when to stay in the nursery or wait outside?'.
35 Setting this up as something for the parent to consider when she is at home pulls her into forms of
36 reasoning in which scientific concepts can take on their full power as mediating tools. Furthermore,
37 through entry into a new space of reasons, parents become able to anticipate problematic behaviours
38 and their responses to them. Catherine helped Ariella prepare for Lila being unsettled, reconstruing
39 the pram from an object of failure to a helpful 'plan B', which sets her up for success. Such
40 anticipation is in stark contrast to the responsive mode associated with use of spontaneous or
41 everyday concepts. This emerging capacity to anticipate, based on informed use of scientific
42 concepts through particular modes of reasoning is another way in which newly mediated activity
43 acts back on parents.
44
45

46 **Conclusion**

47
48 In this paper we have identified the scientific concepts professionals deploy to work in partnership
49 with parents of young children at risk. We have presented a novel conceptual understanding of this
50 partnership work, comprising four distinct but related activities: locating and orienting change,
51 creating new meaning for change, joint live action, and planning for change. This offers something
52 new and valuable to understandings of partnership, which has previously been described in terms of
53 helper qualities and skills, and different stages of a helping process (Davis and Harris 2013). The
54 activities show how partnership involves fluid and reflexive forms of collaboration and dialogical
55 learning between professionals and clients. They also provide a conceptual basis for specifying the
56 strong role of professional expertise in partnership work, when previous studies show professionals
57
58
59
60

1 experiencing ambiguity on this point. The cultural-historical approach is central to this distinctive
2 specification of the role of expertise in services for families with children at-risk.
3
4

5 The bases for distinguishing the activities from one another point to important features of
6 partnership work that have previously been overlooked. Thus, rather than presenting them as
7 exclusive features of professional practice, we suggest instead they are most useful as conceptual
8 tools themselves, casting valuable light on the pedagogic nature of partnership work. Each activity
9 orients around particular objects, including retrospective understandings of a family, anticipated
10 futures, children's immediate demands, and prospective arranging for sustained change. These all
11 resource the overarching problem of building resilience in families by helping parents learn.
12 Understood on cultural-historical terms, this learning involves changed interpretations of and
13 actions in the world made possible through informed use of cultural tools. The focus on scientific
14 concepts revealed the importance of professional expertise as a cultural tool that becomes available
15 to parents through pedagogic work of the professional. This paper showed how professional
16 expertise underpins significant changes for parents through processes of mediation, which are
17 themselves resourced by engaging parents in novel forms of reasoning (another cultural tool).
18
19

20 The conceptualisation presented here deflects the problem of how to wield professional expertise
21 without undermining the principles of partnership. By following a path from parents' everyday
22 experiences and understandings, professionals can respectfully introduce different ideas and
23 rationales that then transform parents' interpretations of children and their responses to them.
24 Rather than weakening the role of expertise, partnership understood this way strengthens it, as it is
25 not only specialist concepts that are important, but the modes of reasoning associated with them.
26 We take a clear stance on the importance of professional expertise, a response to studies showing
27 how the ability to meet vulnerable parents' needs for change is compromised when professionals
28 retreat from using their expertise (eg. Fowler et al. 2012).
29
30

31 Our analysis makes explicit links between parents' learning and resilience, construing services
32 traditionally viewed in terms of health discourses as pedagogic in nature. Resilience arises out of a
33 dialectic relationship between the individual and social environment (in this case the parent and
34 interactions with the professional around a child), between the person and practices of parenting,
35 between everyday and scientific concepts, and between concrete actions and abstract interpretations.
36 The social environment provided by home visiting and day stay services brings with it a wide range
37 of cultural tools in the form of professional expertise. However it requires pedagogic work to make
38 these available to parents in ways that sensitively follow a path from what matters to parents and
39 their everyday experiences, and such that relevant concepts take on a mediating function through an
40 appropriate space of reasons. When this happens, not only do parents learn, but they become able to
41 organise arrange features of their environment with the intention of effecting positive change.
42
43
44

45 Professional expertise as providing a set of cultural tools that parents learn to use to in their own
46 contexts is key. Stetsenko and Arievidt (2004) explain that such tools are crucial to how people
47 transform and create their environments, but through this, transform their lives. This strikes at the
48 heart of a Vygotskian approach and the idea of being able to take control over the conditions that
49 affect one's development. And it is in this way, we argue, that the pedagogic work associated with
50 the four activities we have described, can build resilience in families at risk. Rather than being
51 passive or defeated in the face of challenges, parents are guided to focus on demands they can meet
52 (such as giving their child opportunities to practice, being consistent etc.), and in turn are
53 constituted as resilient agents of change.
54
55

56 The notion of resilience here does not value independence and construe the need for support as a
57 weakness. The cultural-historical approach sees resilience and the learning that leads to it as
58
59
60

1
2 originating in social relationships. Furthermore, help-seeking can be a key feature of resilience: a
3 means to shape the conditions that affect how one functions and learns in the world. Thus we argue
4 such processes are not constructing idealised notions of parents who cope without the need for help
5 or intervention. Parenting culture that asserts that 'good' parents are those that become
6 'independent problem solvers' has been contested as geared towards state cost savings (Ramaekers
7 and Vandezande 2013). This is echoed in Dahlsted and Feje's (2014) critique of the ways in which
8 parents become constituted as subjects who (must) 'become their own coaches'. Our view of
9 resilience does involve a capacity to take shape conditions that affect the family, but does not hold
10 that this is an isolated property of independent parents. The processes we have described constitute
11 a means through which parents can be supported without being 'ruled out of their own parenting'
12 and marginalised as spectators of their situation (Ramaekers and Suissa 2011, p. 210). Instead they
13 are actively enrolled into shaping their own family life.
14
15

16 Partnership models in parenting services do not assume symmetry between parents and
17 professionals. A 'genuine' partnership would always involve difference in responsibility (Author
18 2014), power (Fowler 2000), and the knowledge bases that can be brought to bear. The idea of
19 partnership is to deploy professional expertise in a way that is responsive and sensitive to what
20 matters to parents. One might question on whose terms changes such as those described in the
21 example above are accomplished. From our cultural-historical perspective, we argue that by
22 following a path from parents' concrete experiences in matters of importance to them, professionals
23 can support and promote change on an agenda that emerges through interaction with parents and
24 their children.
25
26

27 This analysis does not negate the need for further critical scrutiny. Questions of power, surveillance
28 and resistance have been explored in connection with partnership parenting practices through
29 discourse analysis (Fowler 2000; Fowler and Lee 2004). Broader debates about parenting and
30 'public pedagogy' have been resourced by fruitful analyses of discourse, stance-taking,
31 governmentality, and techniques of the self (Dahlstedt and Fejes 2014; Ramaekers and Vandezande
32 2013; Ramaekers and Suissa 2011; Aarsand 2014a,b). These are well-equipped to problematize the
33 constructions of ideal parenting in policy and the media. Some have rightly called into question
34 approaches whereby parents are positioned as the 'villains' or where pedagogic 'contracts'
35 construct the professional as the (only) knower (Aarsand 2011). We join this conversation from a
36 different perspective, providing an account that preserves a strong role for professional expertise
37 without this collapsing into either an oversimplified transfer model, or an 'expert-led' approach.
38
39

40 Through analysis of interactions between professionals and parents, this paper provides a cultural-
41 historical view of resilience-building. This theorises professionals' work with parents as pedagogic
42 in nature, and provides an explicit understanding of how specialist expertise can be effectively
43 mobilised, at a time when professionals report some difficulty in doing this. The novel set of four
44 partnership activities inflects each with existing cultural-historical notions of everyday and
45 scientific concepts, mediation, and the space of reasons. The mechanisms of pedagogy and learning,
46 and the interplay between professional expertise and resilience building elucidated here may be of
47 use to researchers and professionals in other contexts. As conceptual tools for understanding
48 resilience arising from a dialectic between individual and social, person and practice, they have
49 potential for wider application, with inevitable adaptation as they are put to work in other settings.
50
51
52

53 Endnotes

54 ¹ There are other approaches that focus on learning at a systemic level. These are generally associated with cultural-
55 historical activity theory (CHAT). The term 'cultural-historical' is used here to indicate theorisations that follow a
56 Vygotskian line but which are not located at this systemic level.
57
58
59
60

References

[Author references removed for anonymity]

- Arnseth, H. C. 2008. "Activity Theory and Situated Learning Theory: Contrasting Views of Educational Practice." *Pedagogy, Culture & Society* 16 (3): 289-302.
- Aarsand, L. 2011. "Parents, Expertise and Identity Work: The Media Conceptualised as a Lifelong Learning Practice." *Pedagogy, Culture & Society* 19 (3): 435-455.
- Aarsand, L. 2014a. "The Knowledgeable Parenting Style: Stance Takings and Subject Positions in Media Encounters." *International journal of lifelong education*, 33(5): 625-640.
- Aarsand, L. 2014b. "Parental Self-Work: Governing Enactments in Family Life." *European Journal for Research on the Education and Learning of Adults* 5 (1): 67-80.
- Dahlstedt, M. and Fejes, A. 2014. "Family Makeover: Coaching, Confession and Parental Responsibilisation." *Pedagogy, Culture & Society* 22 (2): 169-188.
- Day, C. and Harris, L. 2013. "The Family Partnership Model: Evidence-Based Effective Partnerships." *Journal of Health Visiting* 1 (1): 54-59.
- Derry, J. 2007. "Epistemology and Conceptual Resources for the Development of Learning Technologies." *Journal of Computer Assisted Learning* 23 503-510.
- Derry, J. 2014. "Abstract Rationality in Education: From Vygotsky to Brandom." In *Knowledge, Expertise and the Professions*, edited by M. Young and J. Muller, 33-46. Abingdon: Routledge.
- Edwards, A. 2005. "Let's Get Beyond Community and Practice: The Many Meanings of Learning by Participating." *The Curriculum Journal* 16 (1): 49-65.
- Edwards, A. 2007. "Working Collaboratively to Build Resilience: A Chat Approach." *Social Policy & Society* 6 (2): 255-264.
- Edwards, A. 2009. "Relational Agency in Collaborations for the Well-Being of Children and Young People." *Journal of Children's Services* 4 (1): 33-43.
- Edwards, A. 2010. *Being an Expert Practitioner: The Relational Turn in Expertise*. Dordrecht: Springer.
- Edwards, A. 2016. "A Cultural-Historical Approach to Practice: Working within and across Practices." In *Practice Theory and Education: Diffractive Readings in Professional Practice*, edited by J. Lynch, J. Rowlands, T. Gale and A. Skourdombis, London: Routledge.
- Edwards, A. and Apostolov, A. 2007. "A Cultural-Historical Interpretation of Resilience: The Implications for Practice." *Critical Social Studies* 9 (1): 70-84.
- Edwards, A., Daniels, H., Gallagher, T., Leadbetter, J. and Warmington, P. 2009. *Improving Inter-Professional Collaborations: Multi-Agency Working for Children's Wellbeing*. London: Routledge.
- Ermisch, J. 2008. "Origins of Social Immobility and Inequality: Parenting and Early Child Development." *National Institute Economic Review* 205 62-71.
- Fowler C. 2000. "Producing the New Mother: Surveillance, Normalisation and Maternal Learning." PhD Thesis, University of Technology Sydney.
- Fowler C. & Lee, A. 2004. "Re-Writing Motherhood: Researching Women's Experiences of Learning to Mother for the First Time", *Australian Journal of Advanced Nursing* 22 (2): 39-44.
- Fowler, C. and Lee, A. 2007. "Knowing How to Know: Questioning 'Knowledge Transfer' as a Model for Knowing and Learning in Health." *Studies in Continuing Education* 29 (2): 181-193.
- Gherardi, S. 2012. *How to Conduct a Practice-Based Study*. Cheltenham: Edward Elgar.
- Gomm, R., Hammersley, M. and Foster, P. 2000. "Case Study and Generalisation." In *Case Study Method*, edited by R. Gomm, M. Hammersley and P. Foster, 98-115. London: Sage.
- Harris, L., Wood, L. and Day, C. 2014. *An Ethnographic Study into the Family Partnership Model: Implementation and Sustainability*. London: Centre for Parent and Child Support / South

- 1 London and Maudsley NHS Foundation Trust.
- 2
- 3 Harrison, I. 2007. "Working in Partnership with Parents Using an Attachment Model: Some Tips
- 4 for Clinicians Working with Parents and Infants." *The Journal of the Child and Family Health*
- 5 *Nurses Association (NSW) Inc.* 18 (2): 2-5.
- 6 Hindmarsh, J. and Pilnick, A. 2007. "Knowing Bodies at Work: Embodiment and Ephemeral
- 7 Teamwork in Anaesthesia." *Organization Studies* 28 (9): 1395-1416.
- 8 Hook, M. L. 2006. "Partnering with Patients - a Concept Ready for Action." *Journal of Advanced*
- 9 *Nursing* 56 (2): 133-143.
- 10 Keatinge, D., Fowler, C. and Briggs, C. 2008. "Evaluating the Family Partnership Model (Fpm)
- 11 Program and Implementation in Practice in New South Wales, Australia." *Australian Journal*
- 12 *of Advanced Nursing* 25 (2): 28-35.
- 13 Kilburn, M. and Karoly, L. 2008. *The Economics of Early Childhood Policy*. Santa Monica: RAND
- 14 Corporation.
- 15 de Laine, M. 1997. *Ethnography: Theory and Applications in Health Research*. London: MacLennan
- 16 & Petty.
- 17 Lee, A., Dunston, R. and Fowler, C. 2012. "Seeing Is Believing: An Embodied Pedagogy of 'Doing
- 18 Partnership' in Child and Family Health." In *Practice, Learning and Change: Practice-Theory*
- 19 *Perspectives on Professional Learning*, edited by P. Hager, A. Lee and A. Reich, 267-276.
- 20 Dordrecht: Springer.
- 21 Leseman, P. P. M. and Sijtsling, F. F. 1996. "Cooperation and Instruction in Practical Problem-
- 22 Solving. Differences in Interaction Styles of Mother-Child Dyads as Related to Socio-
- 23 Economic Background and Cognitive Development." *Learning and Instruction* 6 (4): 307-323.
- 24 Maggi, S., Irwin, L., Siddiqi, A. and Hertzman, C. 2010. "The Social Determinants of Early Child
- 25 Development: An Overview." *Journal of Paediatrics and Child Health* 46 (11): 627-635.
- 26 Meyer, E. and Lees, A. 2013. "Learning to Collaborate: An Application of Activity Theory to
- 27 Interprofessional Learning across Children's Services." *Social Work Education* 32 (5): 662-
- 28 684.
- 29 Ramaekers, S. and Suissa, J. 2011. "Parents as 'Educators': Languages of Education, Pedagogy and
- 30 'Parenting'." *Ethics and Education* 6 (2): 197-212.
- 31 Ramaekers, S. and Vandezande, A. 2013. "'Parents Need to Become Independent Problem
- 32 Solvers': A Critical Reading of the Current Parenting Culture through the Case of Triple P."
- 33 *Ethics and Education* 8 (1): 77-88.
- 34 Schatzki, T. R. 2010. *The Timespace of Human Activity: On Performance, Society, and History as*
- 35 *Indeterminate Teleological Events*. Lanham, MD: Lexington.
- 36 Stetsenko, A. and Arieviditch, I. 2004. "The Self in Cultural-Historical Activity Theory: Reclaiming
- 37 the Unity of Social and Individual Dimensions of Human Development." *Theory and*
- 38 *Psychology* 14 (4): 475-503.
- 39 Srivastava, P. and Author, N. 2009. "A Practical Iterative Framework for Qualitative Data
- 40 Analysis." *International Journal of Qualitative Methods* 8 (1): 76-84.
- 41 Vygotsky, L. 1986. *Thought and Language*. Cambridge, MA: MIT Press.
- 42 Vygotsky, L. S. 1978. *Mind in Society: The Development of Higher Psychological Processes*.
- 43 Cambridge, MA: Harvard University Press.
- 44 Wertsch, J. 2007. "Mediation." In *The Cambridge Companion to Vygotsky*, edited by H. Daniels, M.
- 45 Cole and J. Wertsch, 178-192. Cambridge: Cambridge University Press.
- 46 Widding, U. 2015. "Parenting Ideals and (Un)Troubled Parent Positions." *Pedagogy, Culture &*
- 47 *Society* 23 (1): 45-64.
- 48 Wright, L. M. and Leahey, M. 2009. *Nurses and Families: A Guide to Family Assessment and*
- 49 *Intervention*. Philadelphia: F A Davis.
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60

Professional pedagogies of parenting that build resilience through partnership with families at-risk: a cultural-historical approach

Table 1 Scientific concepts in use in pedagogies of resilience

Group	Concepts relate to...	Detail
1	<i>Children</i>	<i>Technical and metaphorical understandings of children</i>
	Sleep cycles	Light and deep sleep, 30-45 minute periodicity
	Children as like adults	'They' are like 'us' in some important respects
	Children as unlike adults	Age-specific developmental milestones and characteristics
	Taking child's perspective	Attaching words to cries, empathising
	Categories of infants	Similarities between this infant and others
	Secure base and separation	Parent-child attachment; sleep can be a form of separation
2	<i>How children learn</i>	<i>Framing change as a process of learning for the child</i>
	Practice	Children need practice in order to learn
	Consistency	Parents repeating the same actions when settling
	Predictability	Something that infants love, can anticipate parents' actions
3	<i>Parent wellbeing</i>	<i>Deflects attention from the child towards the adult</i>
	When you feel up to it	Only work on change when emotionally, physically capable
	Meeting your own needs	Addressing low esteem, anxiety; foregrounding self-care
4	<i>Settling</i>	<i>How children fall asleep</i>
	Independent sleep associations	Sleep aids that help Lila (re)settle without parental contact, including comforters (see 1b)
	Comforters, security toys	Parent's T-shirt tied in knots
	Sleep needs	Pre-requisites for sleep (hunger, nappy, environment, etc)
	Parent as sleep messenger	Parent actions that signal sleep and avoid wakeful engagement with child
5	<i>Parent actions in settling</i>	<i>What parents do to help children fall asleep</i>
	Approaches to settling	Comfort settling, parental presence
	Time in the nursery	Non clock-based ways to judge when to stay by the child
	Time away from the nursery	Occupation or distraction techniques
	Levels of intervention	Shushing at the door (low) to pick up for a cuddle (high)
	Plan B	Pram not a failure but self-care and sleep mechanism
	What success looks like	Value practice rather than the outcome; setting parents up for success

Professional pedagogies of parenting that build resilience through partnership with families at-risk: a cultural-historical approach

Table 2 Four partnership activities

Activity	Description	Object of activity	Key Vygotskian concepts
Locating and orienting change	Professional asks questions to explore what matters to the parent, how the parent constructs the problem, and relevant contextual features	Retrospective understanding: what has been happening, with what effects on family wellbeing; prospective in terms of desired change	Focus on parent's spontaneous response to child Professional (scientific) concepts guide what to ask, what might be significant
Creating new meaning for change	Professional re-interprets the problem, and discusses potential ways of addressing it the reframed problem	Anticipated future action – immediate joint action, and/or subsequent parent actions	Concrete account provides pathway of ascent to abstract system of relations Reframing of problem achieved by locating it in conceptual system of relations Induct parents into scientifically mediated forms of reasoning Hypothetical descent by linking of scientific concepts to particular actions, artefacts
Change through joint live action	Professional guides and supports parent in activity directly relating to particular problem (eg. settling a child)	Immediate embodied action with a child (eg. settling, breastfeeding)	Descent from abstract space of reasons to concrete actions with this child right now Ascent from these actions to space of reasons through commentary
Planning for change	Professional explores ways to create conditions in which parents will be able to follow through on new practices at home	Meta-level object focused on creating conditions to enable sustained change	Planning different actions through new, mediated space of reasons