

**COMPANIONABLE LEARNING**

**THE DEVELOPMENT OF RESILIENT WELLBEING**

**FROM BIRTH TO THREE**

ROSEMARY ROBERTS

A thesis submitted in partial fulfilment  
of the University's requirements  
for the Degree of Doctor of Philosophy

APRIL 2007

University of Worcester in association with  
Coventry University

## Abstract

What *is* wellbeing, and how does it develop? What situations and experiences in the first three years help to build resilient wellbeing in adolescence and young adulthood? This mixed-method research study investigated the development of resilient wellbeing from birth to three. A review of the literature established that children's very early environments and relationships make a lasting impact on their long-term development. The review generated an 'a priori' set of constructs as the components of wellbeing.

Three studies were undertaken, with three main objectives: to put to the test the 'a priori' constructs, and in the process to elaborate them; to identify situations and experiences from birth to three which facilitated the development of the foundations of wellbeing; and to identify implications for research, policy and practice in relation to the wellbeing of the youngest children and their families. Study 1 was a survey in which one hundred mothers of children under five were interviewed; Study 2 involved nine case study families over a period of twelve months, collecting video and audio data; and Study 3 was a series of focus group seminars in which researchers, policy makers, managers and practitioners were consulted.

The 'companionable' approach taken in the research was found to be a fruitful process, with the 'voices' of the babies and very young children being an important aspect of the video data. The proposed conceptual model was found to be a robust framework within which to explore the development of resilient wellbeing. Among the situations and experiences that were found to be fundamentally important in the development of individual wellbeing were companionable learning, or 'diagogy'; and companionable play. Wellbeing was found to be not only individual but also collective, in families and in communities.

I declare that the work in this dissertation is my own, except where otherwise stated. It has not been previously submitted to any other university or institution of higher education, in total or in part, for the award of a degree.

## Acknowledgements

It is with the warmest thanks and gratitude that I acknowledge the support I have received from the following people: my Director of Studies Professor Christine Pascal, who has supported me wonderfully throughout, and from whom I have learned more than I can say; Professor Philip Gammage, whose wisdom and encouragement have been a constant source of strength and reassurance; Michael O'Regan of the Hamilton Trust, for his interest and most generous financial support that made the research possible; Dr Niall Anderson, for his statistical analyses and for the loan of the video camera; Marc Thomas and Jim Tustian, for technical support with computer and film editing respectively – especially at the eleventh hour; the members of the Development Group, for keeping my feet on the ground and giving me a great deal of extremely helpful advice; the children and companions in the nine families, for their collaboration and tolerance; David Warr, for his perception and patience as a 'naïve reader', and for his many hours of formatting expertise that transformed the thesis; Colleen Warr, for exercising her meticulous proof-reading skills and for her companionable support; and my granddaughter Sadie, who, although not included in this research, allowed me to reflect on my thinking in the context of our companionship.

# CONTENTS

---

## *Volume 1*

Contents	iv
List of Tables	ix
List of Figures	x
List of Appendices	xi
Glossary	xii
<b>PART 1 BACKGROUND AND LITERATURE</b>	<b>1</b>
<i>Chapters 1 to 4</i>	
<b>PART 2 METHODOLOGY AND METHODS</b>	<b>115</b>
<i>Chapters 5 and 6</i>	
<b>PART 3 DATA COLLECTION, ANALYSES AND FINDINGS</b>	<b>195</b>
<i>Chapters 7 and 8</i>	
<b>PART 4 HEADLINES AND IMPLICATIONS</b>	<b>272</b>
<i>Chapters 9 and 10</i>	
<i>References</i>	<b>300</b>

---

## *Volume 2*

<b>APPENDICES</b>	<b>1</b>
<b>FAMILY STORIES</b>	<b>120</b>

<b>PART 1</b>	<b>BACKGROUND AND LITERATURE</b>	<b>1</b>
<b>CHAPTER 1</b>	<b><i>Finding the garden: professional starting points</i></b>	<b>1</b>
1.1	Finding the focus	1
1.2	Influences of my previous work	5
1.3	My own reading and writing	8
1.4	My values and beliefs at the start of the study	11
<b>CHAPTER 2</b>	<b><i>The surrounding landscape: literature review methods and research context</i></b>	<b>14</b>
2.1	My literature review methods	14
2.2	What is the UK early years background?	17
2.3	What does recent research on child development from birth to three tell us?	18
2.4	What is current UK policy for early childhood?	34
2.5	What is the recent research on policy implementation?	40
2.6	What perspectives can be gained from this background review?	45
<b>CHAPTER 3</b>	<b><i>What grows well? Recurring themes</i></b>	<b>48</b>
3.1	Wellbeing	48
3.2	Resilience	57
3.3	Early relationships	66
3.4	The ecology of early childhood: social, economic and cultural contexts of 'community'	69
<b>CHAPTER 4</b>	<b><i>What kind of garden? A conceptual framework and research questions</i></b>	<b>77</b>
4.1	A topology of wellbeing	78
4.2	The physical contexts of wellbeing	81
	<i>4.2.1 The construct of the 'physical world' as context, p. 82.</i>	
4.3	Companionable learning - the processes of wellbeing	85
	<i>4.3.1 Companionable learning, p. 85; 4.3.2 The construct of 'communication' as process, p. 91.</i>	
4.4	The states of wellbeing	94
	<i>4.4.1 The construct of 'belonging and boundaries', p. 95; 4.4.2 The construct of 'agency', p. 98.</i>	
4.5	Research reviews relating to wellbeing	103
4.6	Models of wellbeing	106
	<i>4.6.1 A conceptual model of wellbeing, p. 106; 4.6.2 A practical model of wellbeing, p. 107; 4.6.3 Foregrounding and back-grounding the constructs, p. 108.</i>	
4.7	Research questions	111
4.8	Summary of Part 1	114

<b>PART 2</b>	<b>METHODOLOGY AND METHODS</b>	<b>115</b>
<b>CHAPTER 5</b>	<b><i>Garden design and action plan: methodology</i></b>	<b>116</b>
<b>5.1</b>	<b>The paradigm question</b>	<b>116</b>
<b>5.2</b>	<b>Ten ethical principles</b>	<b>120</b>
	<i>5.2.1 Mutual confidence, p. 121; 5.2.2 The participants' standpoint, p. 121; 5.2.3 Properly informed consent, p. 122; 5.2.4 Avoiding deception, p. 122; 5.2.5 Assessing the need for debriefing, p. 123; 5.2.6 Participants' right to withdraw, p. 124; 5.2.7 Maintaining confidentiality, p. 124; 5.2.8 Protection of participants, p. 125; 5.2.9 Safeguarding privacy, p. 126; 5.2.10 Discerning whether to offer advice, p. 126.</i>	
<b>5.3</b>	<b>Research design</b>	<b>128</b>
	<i>5.3.1 Grounded theory, p. 129; 5.3.2 Three questions, three studies, p. 130; 5.3.3 Objective 1: developing and testing the proposed conceptual framework, p. 131; 5.3.4 Objective 2: relating the conceptual framework to observable processes, contexts and influences of 'companionable learning', p. 132; 5.3.5 Objective 3: exploring implications for research, policy and practice, p. 134.</i>	
<b>5.4</b>	<b>Operational strategies</b>	<b>138</b>
	<i>5.4.1 A collaborative approach, p. 138; 5.4.2 A positive approach, p. 142; 5.4.3 The Development Group, p. 144; 5.4.4 Extensive piloting, p. 146; 5.4.5 Careful recruitment, p. 147; 5.4.6 Use of video, p. 149.</i>	
<b>5.5</b>	<b>Rigour</b>	<b>156</b>
	<i>5.5.1 Study 1, p. 159; 5.5.2 Study 2, p. 161; 5.5.3 Study 3, p. 166.</i>	
<b>CHAPTER 6</b>	<b><i>Digging and clearing: methods</i></b>	<b>168</b>
<b>6.1</b>	<b>Study 1: survey of 100 mothers</b>	<b>168</b>
	<i>6.1.1 Rationale and development of Study 1: survey of mothers, p. 169; 6.1.2 General Health Questionnaire 12, p. 172; 6.1.3 Further Study 1 piloting, p. 172; 6.1.4 The final structured interview, p. 173; 6.1.5 Recruitment, p. 175.</i>	
<b>6.2</b>	<b>Study 2: case study families</b>	<b>177</b>
	<i>6.2.1 Study 2 rationale, p. 177; 6.2.2 Study 2 participants and data, p. 179; 6.2.3 Recruiting the families, p. 180; 6.2.4 Preparations for data collection, p. 189.</i>	
<b>6.3</b>	<b>Study 3: Focus group seminars</b>	<b>190</b>
	<i>6.3.1 Rationale for Study 3, p. 190; 6.3.2 Methods, p. 191; 6.3.3 Recruitment, p. 192; 6.3.4 Focus Group seminars outline, p. 193.</i>	
<b>6.4</b>	<b>Summary of Part 2</b>	<b>194</b>

## **PART 3 DATA COLLECTION, ANALYSES AND FINDINGS 195**

<b>Chapter 7</b>	<b>What's growing? The three studies</b>	<b>196</b>
<b>7.1</b>	<b>Study 1</b>	<b>196</b>
	<i>7.1.1 Study 1 data collection, p. 196; 7.1.2 Demographic information about the 100 mothers, p. 198; 7.1.3 The balance of the wellbeing constructs chosen by 100 mothers, p. 204; 7.1.4 Analysis and findings of the 100 mothers' priority items for their own wellbeing, p. 206; 7.1.5 Mothers' additional items, p. 208; 7.1.6 Investigation of correlations between mental health and childhood scores, p. 210; 7.1.7 Investigation of correlations between mental health scores and construct scores, p. 211; 7.1.8 Correlations between mothers' education and their construct priorities, p. 211.</i>	
<b>7.2</b>	<b>Study 2</b>	<b>212</b>
	<i>7.2.1 Data collection, p. 212; 7.2.2 Analysis of the Study 2 data, p. 213; 7.2.3 The coding framework, p. 214; 7.2.4 The Family Stories, p. 218; 7.2.5 Comparing wellbeing constructs in child observations, and in adult interviews, p. 219; 7.2.6 Companionable learning in families, coded to constructs, p. 221; 7.2.7 Wellbeing perspectives, p. 222; 7.2.8 Families' priorities in relation to their physical environment, p. 224; 7.2.9 Family Meeting discussions, p. 225.</i>	
<b>7.3</b>	<b>Study 3</b>	<b>227</b>
	<i>7.3.1 Analysis, p. 227; 7.3.2 Study 3 findings, p. 227.</i>	
<b>7.4</b>	<b>Innovative methods that facilitated this investigation</b>	<b>231</b>
	<i>7.4.1 Using triangulation in a small piece of research, p. 231; 7.4.2 Operational strategies, p. 233; 7.4.3 Using the video camera, p. 237; 7.4.4 Clip logs, p. 239; 7.4.5 The concept of 'non-dit' in analysis, p. 240.</i>	
<b>7.5</b>	<b>Summary of Chapter 7</b>	<b>240</b>
<b>Chapter 8</b>	<b>Harvest Festival contributions: findings relating to the research questions</b>	<b>244</b>
<b>8.1</b>	<b>What would constitute a robust conceptual framework for resilient wellbeing?</b>	<b>246</b>
	<i>8.1.1 All four constructs were important, to children and companions, p. 247; 8.1.2 Agency and communication were central constructs for the babies and very young children, p. 247; 8.1.3 Children's and companions' different construct priorities, p. 249; 8.1.4 Caring as an element of the 'agency' construct, p. 249; 8.1.5 The relevance of the Framework to mothers, p. 250; 8.1.6 Elaborated construct codes, p. 252; 8.1.7 Study 3 issues in relation to the Framework, p. 252.</i>	
<b>8.2</b>	<b>What observable situations and experiences influence the development of resilient wellbeing from birth to three years?</b>	<b>253</b>
	<i>8.2.1 Companionable attention, p. 254; 8.2.2 Companionable book sharing, p. 256; 8.2.3 Play is the central mechanism for agency, p. 257; 8.2.4 Agency: intention and effort, p. 259; 8.2.5 Managing the need for both agency and belonging-and-boundaries, p. 261; 8.2.6 Best moments together – 'anchored' companions, p. 262; 8.2.7 Agency and motor control, p. 264; 8.2.8 The importance of routines, p. 264; 8.2.9 Siblings, p. 266; 8.2.10 Mothers' depletion in the first year, p. 268.</i>	
<b>8.3</b>	<b>Summary of Chapter 8</b>	<b>270</b>



**PART 4 HEADLINES AND IMPLICATIONS 272**

**CHAPTER 9: The pick of the bunch: ‘headline’ findings 273**

**9.1 The wellbeing model 273**

*9.1.1 Four interdependent constructs, p. 273; 9.1.2 Integrating belonging and boundaries, p. 274; 9.1.3 Differing construct priorities, p. 274; 9.1.4 Tensions between ‘agency’ and ‘belonging-and-boundaries’, p. 275.*

**9.2 ‘Companionable learning’ ... or ‘diagogy’ 276**

*9.2.1 Babies’ and young children’s wellbeing depends on companionable attention, p. 278; 9.2.2 Companionable play is how children’s agency develops: their sense of self, learning, and influencing, p. 280; 9.2.3 ‘Diagogy’ is most satisfying when child and companion are ‘anchored’ with each other, p. 281; 9.2.4 Companions and their children need personal time and space, as well as companionship, p. 283; 9.2.5 Companionable ‘apprenticeship’ in frequent ‘real life’ situations helps resilient wellbeing to develop, p. 284; 9.2.6 Children need to develop a sense of collective wellbeing in their families, and local communities: collective agency, belonging-and-boundaries, communication and physical wellbeing, p. 286; 9.2.7 The wellbeing of UK citizens from birth to three is liable to be affected, directly or indirectly, by the whole range of local and national UK government policies, p. 288.*

**9.3 ‘Companionable’ research was a fruitful process 289**

**CHAPTER 10: What Next? Implications 291**

**10.1 Implications for policy 291**

**10.2 Implications for early years training 284**

*10.2.1 Awareness of wellbeing as a holistic model of child development, p.292; 10.2.2 A theory of ‘diagogy’ in professional development, p.293.*

**10.3 Implications for practitioners 293**

*10.3.1 The practice of ‘diagogy’ with babies and young children, p. 293; 10.3.2 Children’s need for personal time and space, p. 293; 10.3.3 Provision of ‘apprenticeship’ experiences, p.294; 10.3.4 Observation codes for wellbeing, p. 294.*

**10.4 Implications for research 295**

*10.4.1 Research into men’s wellbeing, p. 295; 10.4.2 Research into adolescents’ and young adults’ wellbeing, p.295; 10.4.3 ‘Companionable’ methodology, p.296.*

**10.5 Implications for my own work 296**

*10.5.1 Additional ‘articles of faith’, p. 297; 10.5.2 Dissemination, p. 297; 10.5.3 Further research, p. 297.*

**10.6 Return to the landscape 298**

## TABLES

1.1	Textual influences	10
1.2	My 'Articles of faith'	12
1.3	Old thinking and new thinking	21
1.4	Key messages from brain research	22
1.5	Laevers et al.'s wellbeing and involvement indicators	52
1.6	UNESCO Report elements of wellbeing	56
1.7	Three sources of resilience	63
1.8	Evidence to support the wellbeing constructs	104
1.9	Examples of Foregrounding	110
2.1	Relevance of studies to research questions	130
2.2	Methodological terms	158
2.3	Data collected in Study 2	162
2.4	Study 1 categorised items	174
2.5	Study 2 participants and data	180
2.6	Study 2 families	185
2.7	Benefits claimed by Study 2 families	187
2.8	Study 3 Focus Groups	192
3.1	Average age of mother by birth order in England and Wales	197
3.2	Fertility rates by age of mother at childbirth in UK	200
3.3a	100 mothers' choice of items in the ' <i>Most Important</i> ' category	207
3.3b	100 mothers' ' <i>Most important</i> ' choices by constructs	208
3.4	Additional wellbeing items coded to constructs	209
3.5	Elaborated construct codes with attributes or processes	216
3.6	Frequent companionable learning issues in families	222
3.7	Wellbeing perspectives by 'actors' and by constructs	223
3.8	Physical environment priorities for families with young children	224
3.9	Summary of main issues raised at the Family Meetings	226
3.10	Researchers' perspectives	228
3.11	Managers' and policy makers' perspectives	229
3.12	Practitioners' perspectives	230
3.13	Triangulating Study 1 and Study 2	232
3.14	Location codes for Study 2	245
3.15	Children's and companions' best moments with each other	263
4.1	My additional 'articles of faith'	297

## FIGURES

1.1	A topology of wellbeing	81
1.2	Constructs and ECM outcomes	105
1.3	Circles of wellbeing	107
1.4	‘Companionable Learning’: a practical framework	108
2.1	‘Companionable Learning’: research design	137
2.2	Mothers’ ethnicity, 1 - 30	176
2.3	Mothers’ ethnicity, 1 – 100	176
3.1	100 mothers’ ethnicity	197
3.2	100 mothers’ ages	199
3.3	100 mothers’ school leaving ages	201
3.4	100 mothers’ education	201
3.5	100 mothers’ housing	203
3.6	Averaged proportions of total scores for constructs in 100 mothers	206
3.7	All child observations coded to constructs	220
3.8	All companions’ interviews coded to constructs	220
4.1	Companionable learning/diagogy: practical findings	278

## APPENDICES

### PART 2

Appendix 2.1	Study 1 questionnaire	1
Appendix 2.2	General Health Questionnaire 12	5
Appendix 2.3	Further Study 1 piloting	9
Appendix 2.4	Wellbeing items for Study 1	16
Appendix 2.5	Study 1 interview procedure	18
Appendix 2.6	Study 2 leaflet text and permission form	20
Appendix 2.7	Procedures for Study 2 visits	23
Appendix 2.8	Visit 1 schedule	29
Appendix 2.9	Visit 2 schedule	35
Appendix 2.10	Visit 3 schedule	46
Appendix 2.11	Visit 4 schedule	54
Appendix 2.12	Wellbeing explanation	57
Appendix 2.13	Oxfordshire Local Authority permission letter	58
Appendix 2.14	Seminar presentation	59

### PART 3

Appendix 3.1	Statistical checking procedures	65
Appendix 3.2	Mothers' choices for their own wellbeing in Study 1	68
Appendix 3.3	Investigation of correlations between mental health scores and construct scores	77
Appendix 3.4	Mothers' education and construct priorities	78
Appendix 3.5	Exit questionnaires	81
Appendix 3.6	Ideas for analysis of Study 2	82
Appendix 3.7	Clip log examples	84
Appendix 3.8	Examples of child observation notes	87
Appendix 3.9	Study 2 coding frame	89
Appendix 3.10	Working papers for coding constructs and families	94
Appendix 3.11	Wellbeing perspectives	99
Appendix 3.12	Families' physical environment issues	104
Appendix 3.13	Family Meetings issues	107
Appendix 3.14	Study 3 coding frame	109
Appendix 3.15	Study 3 findings, grouped by question and seminar	110
Appendix 3.16	Ethical principles as strategies	116

## GLOSSARY

Definitions refer to meanings of these terms as they are used in the context of this research. They include the elements of the 'agency' construct (Table 3.5).

---

- Achievement (including understanding)** Having a sense of "I did it!"
- Affect** Emotion
- Agency** Feeling that you can make a difference to your own life, and to the lives of other people.
- Alphanumeric** A collective term used to identify letters of the Latin alphabet and Arabic digits.
- Androgogy** The art or science of teaching and learning of adults (see pedagogy and diagogogy)
- Attachment theory** A theory that describes and explains enduring patterns of relationships from birth to death; an affectional tie that binds people together over time. In this study the focus is on attachment in the earliest years
- Axial** Along the same line as an axis (coaxial) or centre line
- Bioecological theory** The dynamic, developmental relations between an active individual and his or her complex, integrated and changing ecology
- Caring for others** Actively empathizing with others
- Cognitive science** The interdisciplinary study of the cognitive processes underlying the acquisition and use of knowledge.
- Confidence** Positive self reliance
- Construct** A structural component
- Cortisol** A hormone produced by the adrenal cortex that is involved in the response to stress; it increases blood pressure, blood sugar levels, may cause infertility in women, and suppresses the immune system.
- Curiosity** The disposition to wonder 'what', 'why' and 'how'
- Diagogogy** Learning by child and companion together
- Dichotomies** A division into two strongly contrasted groups or classes
- Discriminant function analysis** Used to determine which variables discriminate between two or more naturally occurring groups
- Dispositions** Habits of mind, tendencies to respond to situations in certain ways. Curiosity is a disposition.
- Ecology** The observation of behaviour in natural settings; the study of people and institutions, in relation to the environment
- Emancipation** Freedom from restraint
- Empirical** Knowing only by experience
- Empowerment** A sense of purpose in action

- Environmentally mediated risks** Intervention of environmental factors in risks
- Epidemiology** The study of factors affecting the health and illness of populations
- Epistemology** The branch of philosophy that studies the nature and scope of knowledge and belief.
- External generalisability** The characteristic of research findings that allow them to be applied to other situations and other populations
- Hermeneutics** The interpretation of texts
- Imaging research** The investigative use of imaging techniques, e.g. scanning procedures
- Inclusion** Including minority groups in the main stream
- Internal locus of control** An active belief in your own personal power and agency
- Intersubjectivity** The development of active 'self-and-other' awareness in infancy
- Iterative** Repeating
- Learning dispositions** Situated learning strategies + motivation; attitudes to learning, e.g. exploring, experimenting, persisting, learning from mistakes
- Likert scale** a weighted scale which uses cumulative ratings concerning the degree of affect
- Making things happen** Making a difference to yourself and other people
- Neural plasticity** The ability of the brain to catch up or to recover
- Neuroscience** Scientific study of the nervous system
- Non-dit** When someone withholds what is in their mind
- Nurturant** Providing nurture
- Paradigm** The overall conception and way of working shared by workers within a particular discipline or research area
- Pedagogy** The art or science of teaching and learning of children (see androgogy and diagoggy)
- Personal time and space** Mental and physical freedom
- Phenomenology** A theoretical perspective advocating the study of direct experience taken at face value. It sees behaviour as determined by the phenomena of experience
- Play (free-flow)** An intrinsically motivated active process (solitary or companionable) about possible alternative worlds; a child's work
- Praxis** Activity engaged in by free people; informal, committed action
- Pride** Pleasure at doing well
- Resilience** The ability to recover from (or to resist being affected by) some shock, insult, or disturbance.

**Self esteem** Estimation of your own worth

**Self-efficacy** Solving your own problems, achieving success in your own pursuits

**Synapses** Interlacing or enveloping connections of nerve cells with other nerve cells; synapses allow the neurons of the central nervous system to form interconnected neural circuits

**Synaptic loss** Lost brain connections

**Synaptogenesis** The formation of new brain connections

**To pathologize** To interpret in terms of disease

**Triangulation** A research approach employing more than one perspective, theory, participant, method or analysis; this helps in getting a better 'fix' on the object of study

**Wellbeing** Feeling alright in yourself and with other people, and reasonably 'coping'; the extent to which your agency, belonging-and-boundaries, communication and physical health are in balance.

## **PART 1 BACKGROUND AND LITERATURE**

### ***CHAPTER 1 Finding the garden: professional starting points***

“I went to the woods because I wished to live deliberately, to front only the essentials of life, and see if I could not learn what it had to teach me, and not, when I came to die, discover that I had not lived”.

Thoreau, writing in 1854 (1996, p.59)

Undertaking this research has felt like acquiring a wonderful wild garden that I can explore and possibly – in small ways – begin to cultivate. In the surrounding landscape there are many, many other gardens, and gardeners, but this one is just for me and any companions who would like to join me. This first chapter is about the gardener herself, rather than the garden. It explains what brought me there, and my professional beliefs and values at the start of the investigation.

#### **1.1 Finding the focus**

Every morning they would come pouring through the nursery school door, bringing in the life of the streets outside, the arguments and the laughter; for adults the daily round of tasks, burdens and concerns; and for children the excitement of a new day. Mostly they were mothers with a three- or four-year-old, but sometimes there would be a dad, a granny or - more often - younger siblings who had to be dragged away after half an hour because “you’re not old enough yet ... one day!” One particular morning I remember a four-year-old girl proudly bringing her little brother to say hello. I knew they were having a hard time – their father was terminally ill, there was no money, and the mother was frantic with distress and worry; and even at first glance there was something about this very young child that concerned me. I could not make eye contact with him, and after a while he crawled away under a table and would not come out. However, children could not start at nursery until they were three, and his



older sister was getting on reasonably well, so there was nothing to be done but wait until he was old enough to join us.

About a year later he started at the nursery. By now his father had died, and not much else had changed. He never spoke; he had taken to climbing out of the window and running away down the street; and once had managed to set fire to his bed. For the next two years we did our very best to help him and to contain his difficulties, working with him and his mother in an effort to support them both. I believe that we made a great difference to his mother, and so perhaps to him too. But his progress was agonizingly slow, and I was left with a conviction that by now it was all too late – that what his mother had most needed was support in his first three years, during her husband's long illness.

From then on I looked carefully at the toddlers who came in the mornings in the wake of their older siblings, and often longed to be able to offer support from birth. I was reminded of a poster about contraception for teenagers that showed two young people with their backs to the camera, their hands behind their backs and their fingers crossed. Beneath the picture was written "there are nine methods of contraception, and this is not one of them". I felt I knew that there were, not nine but hundreds of ways of supporting parents with children from birth to three; and that looking the other way and crossing our fingers was not one of those ways either. I was convinced that, for many children, three years old was *very* late to start – a conviction that I shared with many of my colleagues, and which is now solidly supported by research findings and government policy. However barely a decade has passed since those days when the education system implied that - in relation to learning - children were born at three. Extraordinary progress has been made (see Chapter 2), while at the same time we are increasingly aware of the great complexities of child development at this vital stage, the challenges involved in supporting it, and the gaps in our knowledge. Not least among the challenges is the fact that, even after the recent expansion of day-care, most children between birth and three

years spend most of their time at home. The home context of early childhood is the one about which we know least, and about which the state is most uncertain as to its role.

Running alongside my growing conviction about the importance of the period from birth to three has been a life-long puzzle about the lives of adolescents and young adults, for whom life tends to be a roller-coaster. They are subject to extremely unsettling pressures and transitions, physically, emotionally and socially. There are likely to be plenty of bad times mixed in with the good, but most young people manage to survive the challenges of this period. Wellbeing comes and goes at this time, sliding around on the roller-coaster continuum ranging from peaks of high hope to troughs of total despair. Although it is challenging, most keep roughly on track and succeed in steering around the obvious pitfalls, hanging on in there while grappling for the balance they need. But for some, especially those most often at the despairing end of the continuum, things can go differently. Their school lives may become a catalogue of failure; some become mentally or physically ill; there may be drug addiction, alcohol abuse or crime; there may subsequently be unemployment, long-term addiction, imprisonment, family problems, homelessness.

Ways need to be found to reduce the significantly increasing numbers of adolescents and young people (and their families) who suffer in this way, at such a cost to themselves and to society. Increasingly 'wellbeing' is being used as a target for a wide range of programmes and interventions aimed at addressing this situation: reducing child poverty, improving support for families, strengthening communities, reducing social exclusion, improving health, raising education standards, and improving access to work (Pugh, 2005). But what exactly does 'having wellbeing' mean? What are the factors that help during this challenging time? What is it that most young people have, that enables them to keep on track? What is missing for the ones who tumble off the roller-coaster? It does appear that wellbeing - whatever wellbeing means - is stronger

and more resilient in some children and young people than in others. And policy documents imply (see Chapter 2) that health and wellbeing may be protective factors in relation to the negative outcomes mentioned above.

Gammage (2004) describes 'wellbeing' as 'a compendium term' (p.1). The dictionary definition of compendium is 'a shortening or abridgment' (Macdonald, 1977); but I think of a compendium as analogous to a suitcase containing many things. For some, this might imply an impeccably packed suitcase, everything neatly folded, labelled, possibly wrapped. This is likely to be the suitcase of the experienced person, and maybe one day will be appropriate to our more mature understanding of the term 'wellbeing'. For me, the metaphor in this wellbeing context raises an image of tangled garments hastily stuffed into a case, some bursting out. With the central place that it now occupies in policy documents, it seems important that the concept of wellbeing becomes clarified – metaphorically sorting out and tidying up the suitcase, folding the shirts together, putting pairs of socks in a bag, and stray items together in the lid pocket. This metaphorical process of tidying the wellbeing suitcase will be the first task of this research, and is described in Part 1. And because of my 'birth to three' focus described above, I will be using the filter of early childhood.

But what of the 'adolescents and young adults' question? Why are some people more resilient than others? I hypothesise, together with others in the psychological discipline such as Miller (1979) and Gerhardt (2004), that a person's situations and experiences from birth to three make an important impact on their subsequent life. Furthermore, with the evidence that a mother's probable past experiences and her current states of mind regarding attachment are powerfully correlated to her children's wellbeing (Charlwood & Steele, 2004), there is the intergenerational factor to consider. If wellbeing is thought to be a protective factor for adolescents and young adults, my interest is about how its foundations are laid in the earliest years. What does wellbeing look like,

and how does it develop in the earliest years? Which experiences make a difference, and why?

How might these elements – of birth to three wellbeing, and mothers', adolescents and young adults' wellbeing – be connected? In tidying up the wellbeing suitcase, *constructs* of wellbeing will need to be general ones: those that might apply throughout life. And although it cannot practically be in the remit of this study to *investigate* wellbeing throughout life, it will be well within the bounds of possibility to explore the concept and what it means both from the point of view of the youngest children, and from that of people who live with them. A hypothesis of wellbeing is needed that works both for young children and adults; one that can remain 'resilient' through the challenging transitions of later childhood and youth – a concept of *resilient wellbeing*.

## **1.2 Influences of my previous work**

Another major reason for the study was my previous professional experience. Originally a primary teacher in London with two years experience in the Notting Hill of the riots followed by five years in a progressive independent school not unlike A. S. Neill's Summerhill, about thirty years before the start of this study I took a 'family break' for ten years. On my return in the early '70s the education landscape had changed dramatically. Caught in the backlash of the permissive sixties with its informal and unstructured pedagogy and curriculum, the teaching profession was at the head of a long slide into the lack of trust in teachers and indeed in children themselves, epitomised by the national curriculum and inspection regimes that we have today.

During the intervening ten years there had been a revolution in the understanding and teaching of mathematics with young children, and in order to effect a 'refresher course' on my return to teaching I enrolled in a post-graduate course at Goldsmiths College London University in 'pre-school and primary mathematics'. Fortuitously this course took a philosophical, theoretical and

pedagogical position that built strongly on my own previous experience, using it as the basis on which to hang the rigorous early mathematics content; My dissertation was entitled 'Children acquire mathematical understanding by acts of discovery'. My subsequent interest in the role of agency in wellbeing has its roots in this work. Because of its focus on child development and pedagogy *together* with curriculum, the course offered a bridge over the education turbulence of the time on which all my subsequent work has been based. This bridge became underpinned by a period at the Froebel Institute in Roehampton, first as a student and then as a teacher.

Ten fascinating years as a nursery school teaching head served to convince me - among many other things - that even at age three there was for these young children already a torrent of water under the bridge. On their very first day at Nursery so much had already happened, and frequently I found myself operating on a 'damage-limitation' basis right from the start. By 1990 I had become passionately interested in child development from birth to three, and in the impact of the very earliest home experiences on later development.

While still a nursery head teacher I completed the Tavistock Clinic diploma in psychoanalytical observational studies. This experience transformed my understanding of the youngest children and their behaviour, and generated - particularly through the many hours of close observations - a permanent 'wonder' with what might be going on in their heads. I brought this double perspective, of education and of psychology, both to my MA on learning skills and self-concept at four years and to my work as director of a literacy project - Peers Early Education Partnership (PEEP) - in Oxford, the aim of which was to raise long-term educational attainment of children especially in disadvantaged areas. The project's objective was to work with all children from birth to five years in a particular geographical area, primarily for that area but also in order to develop a transferable model; and I rapidly realised how much I needed to learn about what goes on in families and communities. This need was

exacerbated by my involvement in setting up one of the trailblazer Sure Start programmes within the PEEP area. It was in this way that I incorporated into my educational and psychological perspectives a growing awareness of social policy and social research, so that these three disciplines became the foundations of this research.

Gradually it became evident that the development of a literacy programme *from birth*, working directly with parents and carers and with a focus on relationships (the programme was called 'Learning Together') had inadvertently generated a range of outcomes relating not only to early literacy but to more general well being, resilience, and inclusion (Roberts 2001, Evangelou and Sylva 2003). It was clear that although the main focus of the project was children's long-term literacy, additional outcomes and issues seemed to be emerging that were beyond the project's original brief. The basis behind all of these additional outcomes and issues appeared to be the fundamental strategy of the project, which was to work with parents and carers (*adult learning*) *about* their children – as opposed to working with children directly. This adult learning strategy appeared to be generating the following:

- An unexpectedly **high engagement rate** with the programme (86% of the estates population of children and their families after seven years).
- A realisation that in many ways the capabilities and achievements of both the youngest **children and their parents and carers have been grossly underestimated**, especially in disadvantaged areas.
- An impact on attachment and mental health.
- A mechanism for bridging divided communities.
- A structure that facilitated **service integration**.
- A strong foundation for home-school partnerships.
- A means of developing adult learning.

All these findings became part of the ethos of the project, and potentially matters for further investigation. PEEP's 'quality framework' in 2002 serves as one indication of my values and beliefs at this time. The framework incorporated

the following elements, many of which could, either literally or in spirit, be carried over into the work of this research.

- Explicit aims and objectives, shared with all concerned as the basis of work
- A focus on valuing diversity and on unconditional acceptance and self-esteem
- Flexible delivery of developmentally and culturally appropriate programmes
- Universal, voluntary and free access for families in PEEP areas
- A collaborative community programme working in partnership with parents and service providers
- A reflective learning organisation – children, parents/carers and staff – based on building positive learning dispositions, with self-evaluation strategies
- High quality staff managed on IIP principles, aiming for diversity and community recruitment
- High quality resources for families and for staff
- Systematic monitoring and information management underpinning development
- Effectiveness, efficiency, value for money.

### **1.3 My own reading and writing**

Another aspect of my experience that has made a powerful impact on my work with children and families, and subsequently on this research, is the writing that I have done – which may simply reveal the critical importance of a reflective approach. However, in every case it also required not only reflection and the acquisition of new knowledge, but also some form of reflective, *collaborative* process with colleagues. I had found that writing for my own study, for training use, and for publication generally, all exerted a range of influences on my thinking: theoretical, conceptual, epistemological and methodological.

In all cases, these influences are rooted in the lives and work of others, and although I have been profoundly influenced by a host of valued and loved

friends and colleagues with whom I have worked and debated, much of this support I accessed in texts. Table 1.1 below identifies them, giving the briefest view of the ideas, together with their source. The table represents ideas that I not only knew about and agreed with, but which had, more importantly, significantly influenced my previous work - from theory to practice. They are not necessarily the most well-known or generally influential aspects of the work of these writers; nor would both you the reader and I the writer necessarily allocate them to the same categories - it would depend on the use we had made of them. Indeed the categories themselves are not discreet. But the table does constitute a summary illustration of my professional values, beliefs and understandings at the start of this research, and the insights from others on which they are based.



Table 1.1: Textual influences

<b>Aspects of textual influence</b>	<b>Referenced ideas that have influenced my thinking and practice</b>
Theoretical influences	Schemas (Athey, 1990) Attachment (Bowlby, 1969) Learning dispositions (Carr, 2001) 'Beyond' Piaget; language, thinking and starting school (Donaldson, 1978) Centrality of play (Froebel, 1906) Piaget's assimilation and accommodation (Bruce, 1991) Instrumental and relational understanding (Skemp, 1979) Zone of proximal development (Vygotsky, 1978)
Conceptual influences	Prospective not retrospective view of children (Athey, 1990) The 'good enough' parent (Bettelheim, 1987) 'Acts of discovery' (Bruner, 1962) The nature of education (Dewey, 1897) Learning dispositions (Katz, 1995) The Village College of Henry Morris (Ree, 1984) Unconditional positive regard (Rogers, 1961) 'Think it possible that you may be mistaken' (Religious Society of Friends, 1995) Transitional objects; a 'holding environment; the baby as a person (Winnicott, 1964) Playing and creativity (Winnicott, 1971)
Epistemological influences	Sibling relationships (Dunn, 1993) Family Literacy (Hannon, 1995) Young children's needs: warm human relationships; real and active experiences; security; opportunity for self-assertion and independence, play with other children (Isaacs, 1954) Starting school; the child in the family in the community (Jackson, 1979) Re-thinking early brain development (Shore, 1997)
Methodological influences	Infant observation (Bick, 1963) Accessible writing on psychology (Hudson, 1975) Popper's scientific method of empirical falsifiability (Magee, 1973) Listening to children (Paley, 1992) 'Praxis makes perfect' (Siraj-Blatchford, 1994)

All the references in Table 1.1 above date from well before the start of this research in 2002, some of them from the middle of the twentieth century and earlier. I would argue strongly that however 'dated', the vital texts on which my vision and practice had been based before I began the research should be retained in my consciousness, and made explicit in my references. This is especially the case with texts that are still important to me now. Without them, I would lose touch with the landscape of my earlier working life, and would be professionally weakened by becoming subject not only to the current pressures of government, but also to the powerful but now unconscious influences that my previous landscape inevitably exerts. Whatever I believe, I will not retain my professional stature if I fall off the shoulders of the giants who have laid the foundations of my work ... and nor will my work be effectively visible to the reader.

#### **1.4 My values and beliefs at the start of the study**

These texts, and my experiences, have taught me two fundamental things: that working with children from birth to three means considering the needs of adults as well as children; and that to do this work well involves 'praxis', i.e. informed, committed action. John Dewey's splendid Pedagogic Creed (Dewey, 1897) led me to articulate my own 'articles of faith' about young children as derived from these texts and experiences (see Table 1.2 below).

Table 1.2: My 'articles of faith'

1	That children's very early experiences are the foundations of later development
2	That from birth, children's companionable relationships with key people, especially parents, are the most important factors in their development
3	That in their relationships young children need to experience security, consistency, continuity, acceptance, warmth, responsiveness and respect
4	That young children need to join actively in the real world around them
5	That children need time to play – with other people, and on their own
6	That children's self-concept and learning dispositions profoundly affect their development and their behaviour
7	That babies and young children learn all the time from the people around them – more from what these people do than from what they say
8	That in their struggle for independence, babies and young children need to experience 'yes' very frequently; and 'no' infrequently but consistently
9	That situations, experiences and relationships <i>in the home</i> make the most impact on children's development

These were my values and beliefs in relation to children at the start of the research. While some of the ideas in Table 1.1 will reappear later in this thesis as they are used and developed in the research, these 'articles of faith' will be used as a starting point to appreciate and critique the texts identified below. At the end of the research – after new reading and new research experiences - will

they remain the same, or will I have added more articles, or even changed my mind about some of them? Will the research result in a different 'creed'? These questions will be discussed in Part 4.

This then was my position at the start of a study in which I was extraordinarily fortunate to be able to work with a group of people who, to a great extent, shared my values and beliefs; and to have a Director of Studies who supported me in pursuing them. I had identified some areas that I wanted to explore, which included the themes of early childhood and families, wellbeing and resilience.

## **CHAPTER 2 *The surrounding landscape: literature review methods and research context***

“Try to remember where you are”

Roberts (1996)

Chapter 2 opens with an account of my literature review methods – the maps I use. The rest of the chapter is structured around a series of questions that provide foci for my review of the context of this research. What is the UK early years background to this study? What does recent research on child development from birth to three tell us? What is current UK policy for early childhood? What is the recent research on policy implementation? What conclusions can be drawn from this background review? In addressing these questions I map out the landscape in which I locate my research.

### **2.1 My literature review methods**

Although a great deal of this review was done at the start of the research, it was continued throughout the whole period, until the time of writing towards the end. However, in spite of the iterative processes of piloting and of the grounded theory case studies at the heart of this research, there was a linear aspect to the stages of the research; and the first (and on-going) task was to review the literature. There were many rich veins to explore in a literature review on the themes of early childhood and families, with strands of wellbeing, resilience and companionship. The challenges and opportunities involved in this review stemmed mainly from the complexity of these strands of subject matter, and the ways in which they interrelate. As I have shown in the previous chapter, firstly I decided at the outset that the study would focus on children from birth to three; and - because most babies and young children between these ages spend most

of their time in the home - this necessitated locating the study mainly in, or about, the home and the family.

Secondly, my earlier work with children and families had given me a particular curiosity about the impact of the youngest children's *relationships* on their general development. And thirdly, the opportunity to look at children and families in a more holistic and long-term way than had previously been possible for me, together with the emphasis on wellbeing in policy documents, resulted in a focus on the wellbeing of children and families in the broadest sense.

Consequently the review drew mainly on social science literature from the disciplines of education, developmental psychology and sociology. It was carried out in stages. At the start of the research I collected together the main texts that had brought me to the position described above, gradually adding to them over the period of the study by drawing on ideas and suggestions from colleagues in the various disciplines, from library and journal searches, bibliographies, reference lists and postgraduate course reading lists. For three years I explored these sources, gradually focusing on particular fields as the research itself began to proceed. I also explored the methodology literature in relation to the research design.

In addition to the research community at CREC in Birmingham and the facilities at the University of Worcester, living in the city of Oxford with its two universities gave me a rich range of opportunities to attend seminars, discuss with colleagues and explore libraries. These opportunities proved an important source of recent and current research and thinking; and this was especially useful in the fields with which I was less familiar, in particular, the rolling programmes of seminars at Barnett House, Oxford University's Department of Social Policy and Social Work.

On completion of the data collection, all the material and notes that had been gathered in this way were organised around themes relating to the research title. These were child development, birth to three, families, UK policy and research, wellbeing, resilience and relationships. These key words were used in the literature searches carried out in library data bases, in particular ERIC and ASSIA. E-journals were also explored. Certain criteria were applied to these searches: was the material recent, relevant, epistemological (from appropriate sources/disciplines), and accessible?

Over the period of the research a large quantity of material was gathered in this way. Also included was material that did not meet the 'recent' criteria, but which had been seminal in relation to this research. Finally, other comprehensive recent and relevant literature reviews, for instance for Birth to Three Matters (David et al, 2003) were used to identify further relevant texts that had either been missed or which needed particular emphasis.

Having decided that the opening themes of the research would include early childhood and families, wellbeing and resilience (see Chapter 1, Section 1.1 above), the first task was to review the literature in order to examine recent findings in early child development; to identify current UK policy for early childhood in relation to the themes; and to investigate recent research on policy implementation. The purpose of this part of the review was to explore relevant issues and knowledge gaps in order to sharpen the focus for the research.

Chapters 3 and 4 explore that focus in the literature, in order to move forward to a better conceptual understanding of 'resilient wellbeing', and its possible foundations in the family context. The purpose here was to generate a proposed framework for wellbeing that could then be put to the test in the investigation. These chapters generate a set of research questions that form the basis of the studies to follow.

## 2.2 What is the UK early years background?

At the start of this research in 2003, awareness of the importance of the first three years of life had been rising dramatically. A government-funded report entitled “An Equal Start: improving support during pregnancy and the first 12 months” (Harker & Kendall, 2003) opened with these words:

“Few people would challenge the notion that society should aspire to an equal start for every child. But our commitment to equality at this stage of life is superficial unless we confront some of the difficult issues that arise ..... Firstly, even though they are of equal worth, children are not born equal ..... Secondly, the natural instinct of parents to do the best for their children can also perpetrate inequality, given the unequal opportunities that are also open to parents ..... And thirdly, a commitment to equality requires us to question the role of the State in influencing opportunities during the early months of life ..... If we are serious about giving children an equal start in life we cannot overlook the significance of parenting”. (p.i)

Various factors had fed this awareness. These included the on-going debate about the policy and practice implications of studies on the early development of the brain; the UK government’s commitment to families with the youngest children as evidenced by investment in the Sure Start programmes; and the House of Commons Education Select Committee’s Early Years Review, which revised its original brief to include children from birth to eight years, rather than three to eight years. As a result of the Committee’s recommendation a new framework was developed to support all service providers of children’s learning and care, called ‘Birth to Three Matters’ (DfES, 2003a). Increasingly there had been a focus on the related factors of ‘relationships’ and ‘resilience’ in the thinking about the development of children’s long term wellbeing.

However in spite of all this activity, and greatly increased knowledge about so-called “resilient” children, there had not yet been a revision of basic service provision to support *all* parents and carers with the youngest children at home, especially in the crucial first eighteen months. The above report mentions the profound impact that the parent-child relationship has on an infant’s



development, “an area in which the State has chosen to tread carefully, reluctant to interfere in the private realm of family life other than in the most desperate circumstances” (p. 62), and states:

“Given that as many as one in three first time parents report feeling unprepared for parenthood, with middle class parents, those on low incomes and single parents all equally ill-prepared (Home Start 2000), the value of providing universal support during this period is clear” (Harker & Kendall, 2003, p. 50).

A contributing factor to the current absence of information and support for parents and carers may have been partly this continuing high degree of uncertainty about *what* information and support could or should be offered to *all* parents and carers, especially in view of the rich cultural diversity of families in the UK. There was also the dilemma, highlighted in Harker and Kendall’s 2003 report, of where such a role would fit within the spectrum of service provision that existed. Greater clarity and action on these questions was urgently needed.

Thus in 2002, when I began to think about this research, one of the major reasons for the study was the policy situation in the UK in relation to the youngest children and their families.

### **2.3 What does recent research on child development from birth to three tell us?**

In her Fulbright Lecture (2000), Meade wrote:

There is a convergence of findings from neuroscience, cognitive science, development psychology and early childhood education research. Generally, there is agreement that enriched environments such as are found in high quality early childhood settings facilitate the adaptive changes to children’s brains. The enrichment of social relationships – of adult-child interactions – is especially important, remembering of course that the brain is malleable and the changes in response to relationship experience can be both positive and negative for the child. (Meade, 2000)

Meade suggested that brain research does validate and explain many observational/clinical findings, and that imaging research is showing where, when and what is unusual in brain functioning in people with learning and behavioural disorders. While emphasising that behavioural neuroscience is still in its infancy, here is a summary of some tentative conclusions that she draws from research about appropriate early experiences for brain development:

- The quality of interpersonal relationships, i.e. adult-child interactions, is very important. An adult tuning into and responding to the child's mental state allows his or her brain to develop a capacity to balance emotions and thinking skills.
- Experiences for young children need to address their need for stimulation of all the senses and the associated brain regions. Multi-modal activity – involving the senses, motor skills and thinking – is important.
- Play addresses the brain's need for multi-sensory, multi-modal experiences. Animal studies suggest that the play needs to include social, complex and challenging experiences.
- Provision for the development of implicit memories is likely to be more fruitful than direct instruction, as the brain circuits for explicit memories do not mature until the age of three or four years. Implicit memories are built by diverse exposures to an array of inputs in naturalistic settings.

The authors of 'How Babies Think' (Gopnik et al 1999) in a compelling opening paragraph, describe a newborn baby through the lens of our new perspective:

“Walk upstairs, open the door gently, and look in the crib. What do you see? Most of us see a picture of innocence and helplessness, a clean slate. But, in fact, what we see in the crib is the greatest mind that has ever existed, the most powerful learning machine in the universe. The tiny fingers and mouth are exploration devices that probe the alien world around them with more precision than any Mars rover. The crumpled ears take a buzz of incomprehensible noise and flawlessly turn it into meaningful language. The wide eyes that sometimes seem to peer into your very soul actually do just that, deciphering your deepest feelings. The downy head surrounds a brain that is forming millions of new connections every day. That, at least, is what thirty years of scientific research have told us” (p.1).

Certainly our perception of how children develop has shifted in important ways. Table 1.3 below (Shore, 1997, p. 18) offers a fascinating glimpse into how our understanding of young children’s development has changed as a result of approximately three decades of research.

Table 1.3: Old thinking and new thinking (Shore, 1997)

OLD THINKING	NEW THINKING
How a brain develops depends on the <b>genes</b> you are born with	How a brain develops depends on the complex <b>interplay</b> between the <b>genes</b> you are born with and the <b>experiences</b> you have
The <b>experiences</b> you have before age three have a <b>limited impact</b> on later development	Early <b>experiences</b> have a <b>decisive impact</b> on the architecture of the brain, and on the nature and extent of adult capacities
A <b>secure relationship</b> with a primary caregiver creates a favourable <b>context</b> for early development and learning	Early interactions don't just create a context; they directly affect the way the brain is "wired"
Brain development is <b>linear</b> : the brain's capacity to learn and change grows steadily as an infant progresses towards childhood	Brain development is <b>non-linear</b> : there are prime times for developing different kinds of knowledge and skills
A toddler's brain is much <b>less active</b> than the brain of a college student.	By the time children reach age three, their brains are <b>twice as active</b> as those of adults. Activity drops during adolescence.

Another more recent summary of the key messages of brain research can be seen in the Professional Use Review of UK Research. This is based on the

BERA Academic Review 'Early Years Research: Pedagogy, Curriculum and Adult Roles, Training and Professionalism' (David, 2003, p. 5). The messages are reassuringly similar:

Table 1.4: Key messages from brain research (David, 2003)

	Key messages about brain research
1	Experience – everything that goes on around the infant and young child – changes the brain
2	Babies and young children have powerful learning capacities
3	Everything the baby and young child sees, hears, touches and smells, influences the developing network of connections among brain cells (neurons)
4	Babies participate in 'building' their own brains
5	Other people play a critical role in brain development – secure early attachments impact positively on brain development and positive, emotionally charged interactions within secure relationships foster babies' learning and brain development. Social interaction and active styles of learning are key factors.
6	Rich experiences in particular areas of learning are also associated with growth in associated brain regions ... [note] the potential importance of children making connections between areas of learning and of having experience through exploration and experimentation, as well as through collaboration and relationships with others.

In 2000 The National Research Council and the Institute of Medicine in the US published a report of a two-and-a-half-year project the purpose of which was to evaluate and integrate the current science of early childhood development. This report was called 'From Neurons to Neighbourhoods' (Shonkoff & Phillips, 2000), and its core themes resonated with the messages above. Foremost among them were that all children are born wired for feelings and ready to learn; and that early relationships matter and nurturing relationships are essential. The report concludes with two reflections that are relevant to this particular research: firstly, the importance of a *shared* agenda for childhood and for children's futures. The report takes an ecological perspective in matching needs and capabilities, a perspective that I will return to later, and which became a key structural element in the eventual proposed wellbeing framework.

Secondly, the divisive issue of the value of neuroscience findings to early childhood education practice is addressed. Beginning as a rational exploration of possible implications, since the advent of Bruer's critical position (Bruer, 1999) this has developed into a heated debate. In conclusion the report states:

"Finally, there is a compelling need for more constructive dialogue between those who support massive public investments in early childhood services and those who question their cost and ask whether they really make a difference. Both perspectives have merit. Advocates of earlier and more intervention have an obligation to measure their impacts and costs. Sceptics, in turn, must acknowledge the massive scientific evidence that early childhood development is influenced by the environments in which children live"

(Shonkoff & Phillips, 2000, p. 415).

One could argue that the authors of such a report, which does indeed recommend massive public investments, *would* say that. Three years later a paper from the UK again addressed this issue (Hannon, 2003). Writing on the implications of developmental neuroscience for early childhood intervention and

education, Hannon pointed out that developmental neuroscience does not of course focus specifically on early childhood, but encompasses clinical and non-clinical human studies and animal studies, at the molecular, cellular, chemical, genetic, physiological, behavioural and cognitive levels. Nevertheless, Hannon argued that this research is “characterized by systematic attempts to link our understanding of brain development to a psychological understanding of development and learning (p.58)”. In order to identify implications (if any) for practice or policy, he examined five areas of particular interest: prenatal development; synaptogenesis and synaptic loss; sensitive periods; effects of environmental complexity; and neural plasticity. Making the important point that “Findings from developmental neuroscience are fascinating for anyone concerned with early childhood interventions and education, but ‘fascinating’ is not the same as having implications”(p.60) he concluded that “developmental neuroscience findings are generally confirmatory of current thinking in early childhood intervention and education” (p.62). They do not so much provide implications for changing existing practices, as reassurance for maintaining them.

The year 1972 saw the start of a longitudinal study of the health, development and well-being of a large sample of young New Zealanders. This was an epidemiological study of a birth cohort. Members were studied at birth (1972-3), followed up and assessed at the age of three, then every two years until the age of fifteen, then at age 18 (1990-91) and 21 (1993-94) (Silva & Stanton, 1996). Called The Dunedin Study, it was extremely wide-ranging, collecting data on a plethora of questions relating to such aspects as health and development in the early years, continuity and change in intellectual performance, dental health, mental health, delinquency, alcohol use, sexual behaviour, and families and parenting. The study was a genuine cross section of the population of Dunedin, and has lost very few members of the sample. An unusual feature of the study is its multidisciplinary focus, and it is this that makes it relevant to this discussion. The principle investigators came from a wide range of key

disciplines concerned with issues of health and human development; and the study is generating an increasing number of reports which make unique contributions to our knowledge about the impact of early situations and experiences on later development.

The work of Caspi has also focused on this theme of early development and later outcomes. He used the Dunedin Study to make the first empirical test of continuities in personality in the cohort, from age 3 to 21, asking whether behavioural differences among children in the first three years of life are linked to specific adult psychiatric disorders (Caspi et al., 1996). He found that this was indeed the case, although the effect sizes were small. In a later paper entitled 'The Child Is Father of the Man: Personality Continuities From Childhood to Adulthood' (Caspi, 2000) he describes the temperament groups into which the children were classified at age three, and shows that under-controlled three year-olds grew up to be impulsive, unreliable and anti-social, and had more conflicts with members of their social networks and in their work. Inhibited three year-olds were more likely to be unassertive and depressed and had fewer sources of social support. He stated that early appearing temperamental differences have a pervasive influence on life-course development. These findings from this very extensive and rigorous study provide foundations upon which this research can be built.

But what of the long running nature-nurture debate? We learn from the 'new thinking' described above that how a brain develops depends on the complex interplay between the genes you are born with and the experiences you have. Rutter, writing about the influence of genes on human behaviour (Rutter, 2006), argues that much of the controversy around behavioural genetics has been because of the hype associated with it. Acknowledging that there has been a real problem with the overstatements and exaggerations of genetic evangelists, his book examines the extent to which there is "real substance in genetic influences on behaviour" (p.15). In answer to the question "How much is nature



and how much is nurture?”, he states that in spite of concerns and criticisms of the ‘twin’ and ‘adoptee’ research, the findings are impressively robust. He concludes that “there are substantial genetic *and* environmental effects on almost all types of behaviour and all forms of psychopathology or mental disorder” (p.60).

Writing about environmentally mediated risks, the ecological perspective of development appears again as he writes:

“What the rigorous research has shown already is that there are environmentally mediated risks that apply within the normal range, as well as at extremes; that they involve family-wide, as well as child-specific, influences; that the influences extend beyond the family to include peer groups, school, and community” (p.114).

Making it clear that the old-fashioned split between disorders that are largely genetic and disorders that are largely environmental has become outmoded, he shows that genetic influences operate to varying degrees with virtually all behaviours. Much of this book is about the causation of disorder - although he says that “there is no clear-cut qualitative distinction between normal psychological variations and clinically significant mental disorders” (p.222). But does the book have relevance for a study on health and wellbeing?

The answer has to be ‘yes’. This book shifted my previously over-simplified perceptions as a practitioner. I have always taken the stance that, even if much of what I see in children is genetically determined, that is the part about which I can do nothing; and so I would focus my attention on the remainder of the picture – the part that is subject to environmental influences – on which my intervention might make an impact. I have hitherto found this to be helpful both ethically and practically, as it enables me to avoid the trap of holding lower expectations of children in families that are struggling in some way. I need to take more account here of something that seems significant. Rutter is absolutely clear that the general subdivision of either traits or disorders into

those that are environmental in origin and those that are genetic makes little sense, and consequently argues that

“genetic influences operate to varying degrees with virtually all behaviours. This applies to disorders but it also applies to psychological traits operating as dimensions within the general population” (p.221).

However I do not believe this means that nothing can be done about this combination of genetic and environmental influences – in fact it seems to me that to integrate the two makes them both more mutable.

Although behavioural genetics is concerned with genetic and environmental influences on all psychological characteristics and mental disorders, Rutter acknowledges that controversies have particularly concentrated on claims regarding the heritability of IQ. While estimates put heritability of IQ at about fifty percent, Rutter is more concerned with the importance that is attributed to the possession of high IQ. Referring to what he terms “the holy grail of identifying the genes for intelligence”, he argues that

“many human qualities other than IQ are vitally important in successful human adaption. We are social animals, as well as thinking, talking animals, and success in a broad sense is much influenced by skills in social relationships, as well as by general intelligence” (p.9).

My shift in perception means that while I believe that the *base-line* potential for each child at birth is significantly affected by genetic influence, now I also need at the same time to be more aware of the continuing gene-environment interplay. In other words, the impact of genes is ever-present, rather than confined to the base-line at birth. At every home-visit and on every piece of video footage, I need to remember that I am looking at the constant *interplay* between genes and environment.

Interplay of a different kind is a defining concept in the work of Trevarthen – that of the interplay between mother and baby. Trevarthen’s work is particularly

relevant to this study, focusing as it does on infant intersubjectivity – the development of active ‘self-and-other’ awareness in infancy. Trevarthen shows that the natural sociability of infants serves to motivate ‘companionship’, eliciting the intuitive parenting that is evident in so very many observations of mothers and infants (Trevarthen & Aitken, 2001). In this paper he highlights the importance of what he calls ‘mutual self-other-consciousness’ in developing children’s cooperative intelligence for cultural learning and language (p.3). This idea of ‘intersubjectivity’ is a key concept in Stern’s work (1985), and is prominent in Crockenberg and Leerkes’ account of infant development in the home (Crockenberg & Leerkes, 2000).

These ideas owe much to Bowlby’s work on attachment (Bowlby, 1969), which has been described as a theory of personality development in the context of close relationship (Howe, 1999). Attachment theory (Rutter, 1995) has been the cornerstone of the key person approach, described in ‘Birth to Three Matters’ (Abbott & Langston, 2005, DfES, 2003a) as “essential to young children’s wellbeing” (p.5). However, Trevarthen argues that attachment theory as it stands “fails to grasp the importance of motives for relationships between offspring and their parents that serve shared discovery of new ways of behaving”. He goes on to say:

“A good human mother is more than a protector of the human infant from fear, and more than a known and secure “base” from which the infant may explore and gain experience. She, like others whom the infant may know and like, is a friend and playmate.” (Trevarthen, 2005 p. 56).

The theme of companionship continues to be a dominant feature in his work, and is prominent in this research. I return to discussions on companionship later.

Although focusing mainly on the findings of neuroscience, Meade described a *convergence* of these findings with cognitive science, development psychology and early childhood education research. Many recent books have taken these findings as their starting point, incorporating them into findings from behavioural and social sciences; and now I want to mention three which have become well-

known to a wider readership than the academic community. These books offer particular insights or relevance to this research.

Firstly 'The Social Baby' by Murray and Andrews (2000), which is primarily a book for parents and carers. The main thrust of this book is about helping parents appreciate their baby's early capacities, and especially their social responses. Although Murray is an academic, this book is very far from an academic text. Full of photographs and with comparatively little text, it none-the-less promotes the very same model of child development that has been reflected in the publications mentioned above. My reason for referring to it here is that it offers a picture of baby development that is, while entirely consistent in theory, unmistakably placed within the context of the home rather than giving a clinical perspective, or even a day-care perspective. Almost all babies and most young children spend almost all of their lives in the home, and in view of the emphasis on social relationships in child development outlined above, paying attention to the present-day home context seems to me to be of prime importance.

Secondly, 'The Cradle of Thought: Exploring the Origins of Thinking' (Hobson, 2002), in which Hobson offers a theory of human development with the perspectives of Trevarthen and Murray at its centre. The book begins with an arresting explanation of the problem as he sees it:

"Ever since the seventeenth century, when Aristotle's distinction between knowledge and desire was elaborated into a threefold division of mental activity involving cognition (thought), cocation (the will) and affect (feelings) we have had a terrible time trying to piece Humpty Dumpty together again" (p.xiii).

Hobson is concerned with the vital connection between language and thought; as was Vygotsky who examined the way in which what happens between people becomes an intellectual process within an individual's mind (Vygotsky, 1978). This is very different from the Piagetian perspective of the child as an individual learner (Piaget, 1959), with whom adults and other children act as

catalysts in a child's play rather than being central to the process. Hobson writes of "an intimate connection between three developmental achievements: the child's growing awareness that she is aware, her knowledge that she is self among other selves, and her capacity for symbolic and imaginative thought" (p.274). He concludes that the essential fabric of 'the cradle of thought', is *engagement* with others, a concept that is central to this research.

Thirdly, Gerhardt (2004) brings together the current perspectives in this review of child development. About how the 'social brain' is shaped and when an individual's emotional style and emotional resources are established (p.3), it re-examines the integration of scientific developments with psychoanalytic thinking that was begun by Bowlby with Ainsworth (Bretherton, 1992) and continued by Stern (Geisler, 2003, Stern, 1985), Trevarthen (2002) and many others. Gerhardt argues that "our rationality, which science from its inception prized so highly, is built on emotion and cannot exist without it" (p.5) and continues: "Both our physiological systems and our mental systems are developed in relationship with other people – and this happens most intensely and leaves its biggest mark in infancy. We live in a social world ... "(p.10). Because this is an exploration about the youngest children in the home – in pregnancy and the first two years of life – it is highly relevant to this research, confirming the collaborative, multi-dimensional aspects of the study. This perspective differs radically from what Gerhardt terms the dominant linear rationalist paradigm. For me, its importance lies in the requirement to consider simultaneously a range of perspectives: those of the child, the family and the community; and of the various strands of development all of which are operating together at any time. "Rather than being 'admirably single-minded', perhaps what is needed is a new virtue for our time: multi-mindedness." (Roberts, 2006, p. xv).

Another possibly relevant aspect of Gerhardt's book (2004) is the chapter entitled 'Corrosive Cortisol' (pp. 56-84), about the extreme end of emotional regulation, managing stress. While stress is familiar territory for adults, it is less associated with babies and young children in general, and more usually to be found featuring in discussions about the impact of post-natal depression on babies, or perhaps the result of traumas of various kinds. However there is an increasing body of research in this field (Dettling et al., 1999). Here Gerhardt deals with this previously medical concept in relation to day-care and education, explaining the complexities of high and low cortisol levels, and the ease with which they can now be measured taking a simple saliva sample. Results suggest that dangerous levels are associated with long periods in day-care, particularly in younger children and children with more immature social skills. How might this be relevant to my research? I suggest that in exploring the concept of wellbeing I will need to be aware also of 'non-wellbeing' and what that means. While the measurement of cortisol levels has no part in this study, perhaps the implications of this research in relation to stress levels in babies and young children may be relevant.

Returning to Meade, I find her asking – and addressing - the very same question that has been occupying me: what is the role of play for brain development? (Meade, 2001, p. 22). I have always been passionately interested in what might be going on in very young children's heads, and many years of observing babies and very young children leaves me in no doubt that something tremendously important is happening when they play – vastly more important than when they are doing our bidding. Meade suggests that brain research 'contains considerable implications for the role of play in early childhood education' (p.22), for the following reasons:

- All types of development are practised in play, affording appropriate experience for most or possibly all of the regions of the brain.
- Play appears to have a relationship with the blooming of the synapses. Perhaps play, where children are using all modalities, is particularly conducive to synaptic growth.

- Research suggests that play where children's interest and motivation are optimal may be generating positive processes.
- In play, emotion, thought and action are in harmony – the brain is in balance.
- Play seems to be important for laying down implicit memories of skills, dispositions and schemas.
- Implicit memory formation can relate to dispositions.
- Play in a complex environment affords children many opportunities to satisfy their need for novelty preferences

A frequent and fundamental observation both before and during this research has been the evident power and importance of play for young children. It is satisfying, fascinating and currently relevant to find this perspective tied so firmly to what neuroscience is telling us.

Finally, how does the 2003 literature review for 'Birth to Three Matters' (David et al, 2003), about supporting children in their earliest years, relate to this research? Its '*people* (my emphasis) under three' perspective is wholly relevant, moving away from the unfortunate 'born at three' implication of traditional early years education in England, and confirming this study's birth-to-three focus. Naturally for the most part it covers the same ground, with conclusions relating to parents and the children themselves that are of particular interest. In particular,

“parents need time to be with their babies and young children, to help them learn and develop, and sufficient finances to enjoy them” (p.140); and “children need loving, responsible key persons around them ... to live in a society which is informed about their development and learning, and which is involved in their amazing abilities” (p.142).

However, in relation to this review there is an important point to be made. The purpose of the 'Birth to Three Matters' review was to support the development of a framework for *working* with children in their earliest years, e.g. in daycare and children's centres, and it does a superb job in doing that. But at no point

was it the intention of the DfES to produce a framework that at the same time offered direct support for parents and children at home. Consequently its perspective is quite rightly day-care focused. The purpose of this research, however, is to pick up on the last point above – “a society which is informed about their development and learning, and which is involved in their amazing abilities” (p.142) – and ultimately looks for ways in which appropriate information could be offered to families *as well* as practitioners, and for ways to support parents’ involvement in their children’s amazing abilities.

A recent book about children’s needs (Waldfogel, 2006) also looks at the latest research, very largely but not entirely from the day care perspective. In reality it is a book about the wellbeing of the children of working parents in the United States. In this careful analysis of social science research, Waldfogel concludes that there are key messages: that

“children would tend to do better if they had a parent at home at least part-time in the first year of life ... and that the quality of parental care and the type and quality of child care that the child receives are also very important ... maternal sensitivity is the most important predictor of child social and emotional development” (p.62).

However, in spite of emphasising the importance of the first three years, she concludes: “Although the early years are important, the current, more balanced view is that both the early and later years matter” (p.20). Indeed, in ‘The Learning Brain: Lessons for Education’ (2005) Blakemore and Frith had looked at what is known now about the developing brain, and examined implications for the wider sweep of education policy and practice. This book takes in a range of issues that are relevant both to primary and secondary schools (for instance the resilience of the brain beyond the age of three, numeracy and literacy, the brain in adolescence, learning and remembering). In contrast to the view that birth to three is the most influential period of the developing brain, this book also emphasises the brain’s plasticity; and in relation both to the environment in the first three years and to nutrition, the authors point out that “in both cases ... too



little is damaging, but we know very little about the effects of too much” (p.186). In summary they argue that “learning is not limited to childhood ..... learning can be lifelong”.

Interestingly though, in spite of the work on the social nature of cognition described above, Waldfogel (2006) does not include cognition in her list of the effects of maternal sensitivity; and the following paragraph under the heading ‘Implications for Policy’ reads “With this evidence in mind, we can now turn to consider what should be done to better meet the needs of infants and toddlers when parents work?”(p.62). Although Waldfogel states that a majority of parents now work (p.196), this does not mean that the majority of children spend the majority of their time in day-care. Here is another instance of the iceberg analogy, where the tip of the iceberg that we see is made up of day-care hours, while the critical mass below the water represents hours at home. My additional question would be ‘and what should be done better to meet the needs of infants and toddlers at home?’

#### **2.4 What is current UK policy for early childhood?**

UK policy for early childhood brings to mind programmes such as Sure Start ([www.surestart.gov.uk](http://www.surestart.gov.uk)), Children’s Centres (National Audit Office, 2006), and Neighbourhood Nurseries (Smith et al, 2007). However, behind these focused aspects are some fundamental driving forces which it is important to acknowledge. While the social policy context is undoubtedly one of these, the relationship between education and social policy has become both increasingly uncertain and increasingly relevant because of the economic, cultural and social transformation of post-industrial societies. Issues of poverty and its impact on child health are dismayingly relevant, with 34% of children in the UK in poverty in 1995/6, the highest in all the countries of the European Union. As Spencer (2000) argues, “Social policy decisions have a major impact on poverty and child health ..... there is a strong case for child-centred policies which aim to

give all children an equal start in life – the long-term benefits of such policies are likely to far outweigh the short-term costs.” (Spencer, 2000, pp.302-303).

Concerns about citizenship, benefit dependency and social exclusion are rife, and matters for on-going debate. In relation to parenting, Halsey and Young point out that “What governments can do is to foster the social conditions that maximize the chances of committed parenting” (Halsey et al., 1997, p. 786). It will be important in this study to take these wider considerations into account: to look for holistic models, policies and provision that are appropriate for a holistic view of the world, the children and families who inhabit it, and the services that they are offered.

Since the election of a Labour government in 1997 there has been a revolution in Early Years policy, with investment of resources at an unprecedented level to achieve fundamental change. This has been a huge and in many ways a daunting agenda, generating a debate about whether this is leading to a transformation of services, or simply an expansion of services.

The next phase of development in the government’s ten year strategy laid out in ‘Choice for Parents, the best start for children: making it happen’ (Treasury, 2004) will bring a universal roll-out from Children’s Centre ‘pilot projects’ to meet the government’s objective of a Children’s Centre in every community by 2010. This means universal provision of fully integrated education, health and welfare services, certainly a transforming agenda. Centres are expected to play a central role in improving outcomes for all children; in reducing inequalities in outcomes between the most disadvantaged and the most advantaged; and local authorities are piloting a range of support mechanisms and performance indicators.

Alongside these developments there has been a range of guidance for early childhood services, some relating to overarching policy and some specifically for early childhood including birth to three. Many factors and studies have influenced these documents, and here it is possible to mention only the key publications relating to children from birth to three and their families.

The OECD thematic review of early childhood education and care has been one such influence. The first report (OECD, 2001) concerned access to services, identifying eight key elements likely to promote equitable access to quality early care and education; while the second (OECD, 2006) has built on these elements to highlight ten policy option areas for consideration by governments and early childhood education and care stakeholders. Three of these areas are evidently of central relevance to this research, relating to the child's social context, to wellbeing and learning, and to family and community involvement:

- To attend to the social context of early childhood development
- To place well-being, early development and learning at the core of ECEC work, while respecting the child's agency and natural learning strategies. Children's wellbeing and learning are core goals of early childhood services.
- *To encourage family and community involvement in early childhood services.* Families play a central nurturing and educational role in their children's lives, particularly in the early childhood period. They should be assisted by early childhood centres and staff to support their children's development and learning.

In the UK in 2003, the government published the Green Paper 'Every Child Matters' (DfES, 2003b); and in 2004 the Children Act, based on 'Every Child Matters', was published (HMSO 2004). The purpose of the Act was to create clear accountability for children's services, to enable better joint working and to secure a better focus on safeguarding children. Since then the five outcomes for children first described in Every Child Matters have formed the basis of all work to extend services for children and families; as follows:

- **Being healthy:** enjoying good physical and mental health and living a healthy lifestyle
- **Staying safe:** being protected from harm and neglect and growing up able to look after themselves
- **Enjoying and achieving:** getting the most out of life and developing broad skills for adulthood
- **Making a positive contribution:** to the community and to society and not engaging in anti-social or offending behaviour
- **Economic wellbeing:** overcoming socio-economic disadvantage to achieve their full potential in life.

(DfES 2003b, p.14)

These five outcomes constitute an important element of the context of this research, and in exploring possible implications it will be important to identify ways in which it relates to these outcomes (see Chapter 8). Children's Centres are seen as the crucial mechanism for delivering the 'Every Child Matters' agenda for the youngest children and their families; using a 'hub and spokes' model, each Centre is envisaged as the hub in the wheel of services.

The year 2003 also saw the publication of 'Birth to Three Matters: a framework to support children in their earliest years' (DfES, 2003a). To be used in the context of the National Standards for Under 8s Day Care and Childminding (SureStart, 2003), 'Birth to Three Matters' was primarily for practitioners working with the youngest children.

The first four principles underpinning 'Birth to Three Matters', effectively picking up on the findings of its literature review, emphasised the importance of young children's relationships:

- Parents and families are central to the well-being of the child
- Relationships with other people (both adults and children) are of crucial importance in a child's life
- A relationship with a key person at home and in the setting is essential to young children's well-being

- Babies and young children are social beings; they are competent learners from birth.

(DfES 2003a, pp.4-5)

'Birth to Three Matters' was based on a wide-ranging yet transparent and accessible literature review, together with a very thorough, careful consultation process with a great many stakeholders. It also owed much to two previous documents: New Zealand's equivalent document Te Whariki (New Zealand Ministry of Education, 1996) ; and Quality in Diversity in Early Learning (Early Childhood Education Forum, 1998) both of which had moved away from the linear model proscribed in the Foundation Stage guidance (QCA, 2000), adopting a more holistic approach. 'Birth to Three Matters' was warmly welcomed by early childhood professionals and widely circulated, generating a wave of training in good practice. However by 2006 it had been incorporated into the consultation document The Early Years Foundation Stage, a proposed single quality framework for services to children from birth to five (DfES, 2006b). Although the underlying principles shown above were retained, this proposed framework represented a return to a linear model of development which was clearly at odds with the messages from research and with the holistic approach that had been so well received in the previous birth-to-threes framework, and which informs this research. This single framework is once again divided into six areas of learning, this time for children from birth.

Also in 2006 the Childcare Act was passed, in order to ensure the implementation of the government's ten year plan referred to above. The Act enshrines in law the legitimate expectation of affordable childcare for all three- and four-year-olds in England. The drivers for this twenty-first century policy development in the UK were twofold; and both were financial. Firstly, awareness of the importance of early intervention for later development had been gathering momentum, fed in the 1990s by 'Starting With Quality', the report of the Rumbold Committee (DfES, 1990); by the Start Right Report (Ball, 1994); and subsequently by a growing number of syntheses of research

focusing on child development in the early years (Blakemore, 2000, Gopnik et al., 1999, OECD, 2001, Shonkoff & Phillips, 2000). The *economic* benefits of early intervention shown by the High/Scope Perry Pre-School Study (Schweinhart & Weikart, 1994) was particularly influential; and in 2000 the Neighbourhood Nursery Initiative was launched, with the purpose of expanding childcare provision in the 20% most disadvantaged areas in England. In the UK in the same year, a paper entitled 'The Relative Economic Importance of Academic, Psychological and Behavioural Attributes Developed in Childhood' (Feinstein, 2000) was influential in the policy context that was soon to generate the most far-reaching policy of all: Sure Start.

Secondly, the labour government's social inclusion and social investment policy, and determination to lift families out of poverty, became linked not only with the need to raise family incomes through employment, but also with a strong national economy in which more women were employed in the workforce. Consequently the availability of quality childcare (or rather the lack of it) became a key issue. While this rationale for early day-care is clearly hugely important, it is concerning that early childhood education and care policy is driven by economic need, rather than the needs and the wellbeing of the children attending it. Hence there is a continuing tension both within families and in services for children and families, between the workforce perspective, and the developmental needs of the youngest children.

A further complexity lies in the fact that policy for birth to threes almost exclusively focuses on children from birth to three *in day-care*. But although good policy for day-care is of crucial importance, this does not address the fact that homes are the most powerful context for children's development, and parents and carers in the home are the most influential people in children's lives. This point is acknowledged in a policy-orientated paper 'Social Mobility, Life Chances and the Early Years' (Waldfogel, 2004). While the policies recommended include a focus on day-care (high-quality centre-based care for

two year olds, and a more integrated system of high-quality care and education for three to five year olds), there are also two linked recommendations relating to the needs of families at home. These are firstly to extend paid parental leave to 12 months; and secondly to offer a more flexible package of supports to families with children under the age of two or three.

While there is no doubt of the complexities involved, more policies are needed to facilitate practitioners in focusing appropriately on the power and diversity of children's and families' lives at home, as well as on their needs. As Waldfogel (2004) asks: "What further steps should be taken to enhance parenting support, given what we know from the research? Answering this question is difficult ....." (p.19). The Sure Start Children's Centres are charged with delivering the government's 'Every Child Matters' (DfES 2003b) agenda, to meet the needs of children and families. This is teetering on the edge of a negative, deficit model. A deliberate policy of identifying and celebrating the competence and diversity of the youngest children and their families would lay a better foundation for meeting inevitable accompanying needs. A deliberate policy to give children and families a voice is very evident in the Children and Adoption Act (HMSO 2006a). What we know of learning dispositions (see Chapter 4, Section 4.4.2) tells us that children and adults learn best when they have positive self-concept and feel confident in their achievements, a basis upon which they can safely acknowledge and address their needs.

## **2.5 What is the recent research on policy implementation?**

The previous section broadly examined current policy perspectives in the UK. This section looks at research related to those policies.

The Effective Provision of Pre-School Education (EPPE) (Sylva et al., 2004) is a long-term project to investigate the impact of pre-school education. The first phase of EPPE demonstrated the positive effects of high quality pre-school

provision on children's intellectual and social behavioural development, showing that pre-school can play an important part in combating social exclusion and promoting inclusion. Both quality and quantity of settings were found to make an impact. Interestingly for this research, EPPE points to the separate and significant influence of the home learning environment. The quality and quantity of pre-school, together with the home learning environment, can be seen as more susceptible to change through policy and practitioner initiatives than other child or family characteristics, such as socio-economic status.

Early stages of the evaluation of the Neighbourhood Nursery Initiative were reported in 2005, specifically examining firstly opening the nurseries, and secondly the parents' experiences. It was found that an expansion of childcare in disadvantaged areas had been achieved, that the integration of day-care and early education had improved, and that the profile and quality of day-care had improved. However in relation to take-up of childcare places, the gap is widening between the better and worse off families, with the cost of places acknowledged to be a barrier for the latter group. A telephone survey of parents using Neighbourhood Nurseries revealed that satisfaction with the quality of provision and facilities available was high; but that dissemination of information to parents on children's progress could be improved. The nurseries had enabled many parents either to start work or to increase their working hours. Clearly it is too soon to investigate for child outcomes.

The National Evaluation of Sure Start (NESS) began in April 2001 and ends in May 2007. It is based on a model which asks three questions:

- Do existing services change?
- Are delivered services improved?
- Do children and families benefit?



The third question is surely ultimately the most important, and the most elusive. 'Early Findings on the Impact of Sure Start Local Programmes on Child Development and Family Functioning' (SureStart, 2005) reports marginal improvements in family functioning and in child outcomes; but also diverse effects on distinct subpopulations. This aspect of both positive and adverse effects is a worrying finding, as those from relatively *less* disadvantaged households were found to have benefited at least in some ways, whereas those living in relatively *more* disadvantage seemed to have been adversely affected. However the authors point out that as the programmes "had been in existence for only three years when children/families were studied, and perhaps not even entirely "bedded" down and therefore not fully developed, further cautions against drawing too strong conclusions from the first phase of the Impact Study designed to provide early insight into the effects that SSLPs (Sure Start Local Programmes) might be having on children and families" (p.9).

In summary, research on current government policies for children and families shows that there has indeed been heavy investment, especially for low income families and in most disadvantaged neighbourhoods. It confirms that early education and childcare has been expanded for the most disadvantaged families and neighbourhoods, with a modest increase in take-up by these families. Specifically, positive messages from research are that:

- The Neighbourhood Nursery Initiative (NNI) has been well-targeted
- There are beginnings of some positive outcomes in Sure Start
- The Effective Provision of Pre-School Education (EPPE) has demonstrated the importance of quality, and of the home environment.

However the research has revealed some causes for anxiety:

- The expansion of services may have benefited the relatively better-off families & neighbourhoods
- The services may still be fragile in the most deprived areas
- The childcare market is thought not to work for those most in need.

This survey was confined to an examination of research relating to existing government policies and consequent programmes. I argue that the findings of other significant on-going studies (e.g. birth cohort studies such as the Avon Longitudinal Study of Parents and Children (ALSPAC) 'Children of the 90s'; and the 1970 British Cohort Study) have been incorporated into the formation of these policies.

Waldfogel concludes:

“What is needed is a set of studies that evaluate the impact of carefully designed interventions on desired outcomes. The evidence from an early literacy programme such as PEEP is encouraging and should be used to inform further experimentation” (Waldfogel, 2004, p. 19).

PEEP's 'Birth to School Study' (Evangelou et al., 2005) has shown that the 'Learning Together' program generated a range of positive outcomes. These included mothers' enhanced view of their parent / child interaction; and higher quality of the care-giving environment in the home. For children the outcomes included better vocabulary, phonological awareness of rhyme and alliteration, letter identification, and understanding of books and print and writing. Children also showed an advantage on 5 out of 7 possible subscales on the self esteem measure. PEEP is an indirect approach, in which the project works with mothers (in groups) about their interactions with their children (at home), rather than working directly with the children. This thesis, in describing an investigation of birth-to-3 wellbeing in the home, is also about establishing a greater understanding of children by working with parents and carers.

A vital theme to emerge from this review is the importance of an ecological approach. In a chapter entitled 'Policies in the UK to promote the wellbeing of children' Pugh writes that

“children and young people saw their family and friends as the most important influence on achieving good outcomes” and that “..... wellness or wellbeing is both an individual and a collective concept, something that is measured in terms of individual lives, but is very often delivered through families and communities. This ecological

approach, which grounds work with children and young people in their families, and within the community and the culture in which they are growing up has been central in informing the policies .....” (Pugh, 2005, p. 45).

This approach clearly draws on the work of Bronfenbrenner, who broke down some of the barriers between the social sciences of psychology, sociology and anthropology by suggesting that human development was better analysed in terms of systems, rather than by reference to linear variables. Writing of the dyad, or two person system, he suggests that “it appears that if one member of the pair undergoes a process of development, the other does also. Recognition of this relationship provides a key to understanding developmental changes not only in children but also in adults who serve as primary caregivers – mothers, fathers, grandparents, teachers, and so on” (Bronfenbrenner, 1979, p.5). This vital point will be discussed further in Chapter 8.

The work of Bronfenbrenner is again reflected in an important paper by Prilleltensky & Nelson (2000). Here the authors argue that “child wellness is predicated on the satisfaction of material, physical, affective, and psychological needs. Wellness is an ecological concept; a child’s wellbeing is determined by the level of parental, familial, communal, and social wellness” (p.87). Rogoff’s influential work (1990) also emphasises the vital role of family and community in children’s cognitive development, describing “an apprenticeship – it occurs through guided participation in social activity with companions who support and stretch children’s understanding of and skills in using the tools of culture” (p.vii). All the policy documents above mention or imply the importance of an ecological approach to thinking about children and families.

Pugh’s work on risk and resilience in early childhood also adopts an ecological approach, and is an important pointer to key issues. Writing on the wellbeing of children (Pugh, 2005) she notes the characteristics that have been found to be

particularly important in creating resilience in children. She does this by examining risk and protective factors in the child, in the family, and in the community. This work will be discussed further in the next chapter.

## **2.6 What perspectives can be gained from this background review?**

This review examined recent findings in early child development; identified current UK policy for early childhood in relation to the themes of early childhood and families, wellbeing and resilience; and investigated recent research associated with policy implementation. Its purpose was to explore relevant issues and knowledge gaps in order to sharpen the focus for this research. While there can be no doubt of the importance of the period from birth in terms of child development and consequently of policy - and in the main the research evidence is well represented by policy - I would argue that there are some important questions to be investigated. It is clear that the interplay of genes and environment is fundamental, and that the quality of interpersonal relationships makes a powerful impact on child outcomes. It is also clear that the ecological perspective first elaborated by Bronfenbrenner (1979) plays an increasingly central role in policy and research.

However the specific concept of resilience itself is largely absent from the policy literature – and yet long-term resilience for every child is clearly the main driver of ‘Every Child Matters’ (DfES 2003b). This concept, when applied to every child rather than focused on response to severe disadvantage or trauma, seems like an ‘elephant in the corner of the room’. It may sound like a contradiction in terms to write of resilience from birth to three; yet in the context of this study about the *foundations* of wellbeing, the idea that resilience becomes relevant as children grow up appears less and less tenable. A concept of ‘resilient wellbeing’ invites further investigation about the relationship between early experiences and later outcomes, for all children.

An unbalanced view of birth to three situations, experiences and development has emerged - described above using an 'iceberg analogy' – in which the literature focuses in the main on the minority of children in day-care or in centres. In spite of many references to the importance of families in children's development there is very little detail about how services might support the wellbeing of parents and children in the home. This is partly a political issue (related to debates about 'the nanny state') but in any case most programmes for parents recruit on the basis of current needs and problems. This does not deliver on the acknowledged importance of preventative work; and indicates that research based on positive preventative approaches with children, carried out in the home, may be of particular use.

A wider issue relates to the ways in which child development is conceived in categories. For early childhood practitioners these have most often been described in broad areas of physical, emotional, social and cognitive development. The Birth to Three Matters' framework published in 2003 (DfES, 2003a) moved away from a linear approach to child development while still retaining these areas broadly, but in the more flexible groupings of 'a strong child', 'a skilful communicator', 'a competent learner' and 'a healthy child'. Now with the advent of the single framework the linear model is resumed, together with a much more rigid structure based on six areas of learning. However, as Hobson points out, the division of mental activity – 'rents in the mind' is how he describes it (Hobson, 2002, p.xv) - does not help our understanding of the ways that children think and develop. For decades, those concerned with child development have searched for a model that brings together affect and cognition in a way that genuinely combines them. I believe that this search is vitally important, and that to contribute to it in even a small way would be to make a contribution to the wellbeing of children, families and practitioners.

Related to this issue is the perception of wellbeing itself. I suggest that this is seriously problematic at present, as for the most part it is represented as the

part of child development that is not about health – as in ‘health and wellbeing’ (DfES, 2003c). On examination this appears to be about social and emotional wellbeing (Buchanan and Hudson, 2000), begging the question of where cognition is to be located. The OECD model takes wellbeing, early development and learning as central, indicating that wellbeing is about the emotional and social aspects of children’s development. Meanwhile ‘Every Child Matters’ (DfES, 2003b) refers to children’s health, wellbeing and prosperity (p.14), where wellbeing would seem to be about ‘staying safe’, ‘enjoying and achieving’ (presumably including cognition, which otherwise would have been completely omitted) and ‘making a positive contribution’. It may be that a sense of wellbeing involves more significant aspects of cognition than merely measurable outcomes in a subset of ‘enjoying and achieving’. What *is* certain is that there is confusion about what is meant by wellbeing, and that more needs to be known about this, especially in relation to the earliest years. A more detailed examination of the concept of wellbeing follows in the next chapter.

The outcome of early reviews of the literature for this study generated a working title for this research: ‘Companionable learning: its influences on the development of resilient wellbeing from birth to three’. This title was retained throughout the investigations, and the review described above has served to confirm the vital importance of children’s close companions. The issues raised by the title, and confirmed by recurring themes in this chapter, now need further investigation; and in Chapter 3 this review focuses on these issues: the elements of wellbeing, resilience, and the youngest children’s relationships; together with an exploration of the meaning of the ‘companionable learning’ of the title, and the ecological context of the research. The aim is to use Chapter 3 as the basis for a conceptual framework that can underpin the three studies in this research.

## **CHAPTER 3**

### ***What grows well? Recurring themes***

“Children who are in a state of well-being are like ‘fish in water’.”

Laevers (2005)

A striking feature of most gardens is the way in which some plants persist and thrive, even in occasionally adverse circumstances. In this Chapter I examine four recurring themes in the literature on child development and policy for the youngest children and their families - the focus of Chapter 2. The four themes are wellbeing, resilience, attachment, and the ecology of childhood.

#### **3.1 Wellbeing**

On the day on which I began the first draft of this chapter, a surprise amendment to the Education and Inspections Bill (HMSO 2006b) was reported, requiring schools to promote the “wellbeing” of pupils, as well as their academic achievement. It was argued that children’s educational achievement is inextricably connected to the other *Every Child Matters* outcomes. This raising of the profile of a more holistic approach in education is surely welcome; although it provides no clarification as to what is actually meant by wellbeing. It was reported that

“the amendment uses the definition of wellbeing as outlined in the Children Act 2004, which includes the promotion of physical and mental health, and emotional wellbeing; protection from harm and neglect; education, training and recreation; the contribution made by [a child] to society; and social and economic wellbeing.” (Meghji, 2006, p.3).

It will be seen that these are simply a re-wording of the five outcomes in *Every Child Matters* and so the assumption is made that wellbeing equates with the outcomes. I suggest that this is problematic, for two reasons. Firstly the five

outcomes as they stand provide a clear picture of an ultimate vision for children and young people; but not either processes or outcomes that would be appropriate to the wellbeing of families and children in the earliest years. We remain unclear about the nature of wellbeing at this time: exactly what the concept means, what it looks like in real life - especially in the earliest years - and how it relates to later outcomes.

Secondly, this amendment to the Bill (HMSO, 2006b) highlights that education in schools is perceived merely as one factor in one of the five outcomes; while all the remainder fall under the general heading of 'wellbeing'. While it is encouraging to be urged to think about and provide for children in this way, it is concerning that yet again cognition and affect are perceived as separate issues (of course with physical health as a third and completely separate issue) especially in such an influential context.

This model is upheld by the Centre for Wellbeing at the New Economics Foundation in London, where wellbeing is described ([http://www.neweconomics.org/gen/hottopics\\_wellbeing.aspx](http://www.neweconomics.org/gen/hottopics_wellbeing.aspx)) as focusing on psychological dimensions but also incorporating environmental, social, and economic aspects. The focus on affect as the basis of wellbeing was put very clearly in a research report for the DfES (Weare & Gray, 2003) about children's emotional and social competence and wellbeing, in which the authors argue that it would be helpful if the DfES, LEAs and schools could work towards achieving greater commonality of terminology. To this end they suggest using the following two clusters of terms to cover both environmental and pedagogic aspects:

‘emotional and social wellbeing’

‘emotional and social competence’.

In addition, it recommends recognising and making links with work which uses parallel terms, in particular ‘emotional literacy’, ‘emotional intelligence’ and



mental health'. While these aspects are clearly an important *part* of wellbeing, I shall argue in Chapter 4 for the importance of integrating cognition into a new model of wellbeing. An important distinction, especially in the context of the youngest children and their families, is the concept of 'subjective wellbeing', which focuses on how individuals feel about their own wellbeing, rather than using an 'objective' measure in which a person's state is assessed by another.

This same point is made by Stewart-Brown (2000) in a discussion on the concept of wellbeing, in which she says that if well-being is more easily understood through subjective reflection than through observation of others, it is perhaps not surprising that the academic approach has proved difficult. She goes on to suggest that the two components of mental wellbeing, the cognitive and the affective, are primarily subjective states; but that the effect of their absence can be observed objectively in people's behaviour and communication.

Stewart-Brown's definition of social well-being is one that takes us around the circle yet again: "relationships between people which enhance, rather than damage, the well-being of individuals"; although she goes on to elaborate: "those which are mutually respectful, empathetic and genuine" (p.31). She quotes Steiner (1997) in suggesting that emotional well-being, on the other hand, rests on

"three elements of emotional literacy: the ability to understand personal emotions, the ability to listen to others and to empathise with their emotions, and the ability to express emotions productively" (p. 32).

This is a more integrating concept, drawing both on cognition (in its use of language) and on affect (aspects of empathy and understanding). Stewart-Brown concludes that she uses the term well-being to describe

"a holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm and caring, are combined and balanced" (p.32).

Laevers defines wellbeing in similar terms: enjoyment, relaxing and inner peace, vitality, openness, self-confidence, and being in touch with oneself (Laevers, 2005). Laevers' use of these terms presents wellbeing as an outcome, albeit with six variables for fulfilling basic needs: physical needs, the need for affection, warmth and tenderness, the need for safety, clarity and continuity, the need for recognition and affirmation, the need to experience oneself as capable, and the need for meaning and (moral) values.

In the search for quality indicators he argues that while attention has been paid to context variables and outcomes variables, the development of *process* variables has enabled important progress to be made, in particular in relation to wellbeing and involvement. He argues that

“Both are process variables in that they inform us about what is going on in the child while present in the setting ..... involvement refers to another quality of the process in the child: the involved person finds himself or herself in a particular state characterised by concentration, intense experience, intrinsic motivation, a flow of energy and a high level of satisfaction connected with the fulfilment of the exploratory drive.” (Laevers et al., 2005, p.6).

In a training pack for the observation of wellbeing and involvement, Laevers identifies indicators for developmental processes as follows (see Table 1.5).

Table 1.5: Laevers et al's wellbeing and involvement indicators

<b>WELLBEING</b>	<b>INVOLVEMENT</b>
When children:	When children are:
• Feel at ease	• Concentrated and focused
• Act spontaneously	• Interested, motivated, fascinated
• Are open to the world and accessible	• Mentally active
• Express inner rest and relaxation	• Fully experiencing sensations and meanings
• Show vitality and self confidence	• Enjoying the satisfaction of the exploratory drive
• Are in touch with their feelings and emotions	• Operating at the very limits of their capabilities
• Enjoy life	
we know that their mental health is secured.	we know that deep learning is taking place.

I would argue that there is considerable common ground between this description of wellbeing, and the outcomes that I observed in this research. However, I would also suggest that while Laevers et al's definition and many of their signals of wellbeing represent the processes of developing wellbeing (in the same way that 'companionable learning' does), the research in this study goes a step further in terms of *process*. Here, there has been an opportunity also to try to identify and examine the *processes, contexts and influences* of companionable learning, that lead to the state of wellbeing. I will discuss these findings in Chapters 7 and 8.

The crucial issue of causality is raised by Stewart-Brown (2000), where she argues that the way in which children are parented dictates their level of wellbeing; and that experiencing wellbeing in childhood means growing up to

feel well much of the time, and to have the emotional and social resources to respond to life events – in other words, childhood emotional well-being determines adult emotional well-being. Stewart-Brown's claim is evidence-based:

“The research evidence to support the well-being model ...is most convincing in demonstrating the impact that parenting can have ... on social wellbeing. In this area there are research studies which fulfil all the epidemiological criteria for demonstrating causality. The evidence for supporting the belief that parenting has an important impact on mental health in adulthood is also strong” (p.42).

However, calling for considerably more research of various kinds in this field, Stewart-Brown questions “the commitment of the research community and grant-giving bodies to entertain the possibility that children's emotional well-being could be this important for us all” (p.43).

The idea emerges that well-being is “something different from the absence of problems, something more than a lack of depression, something more than happiness. Into the model comes confidence, empathy, prosocial behaviour, creativity and a sense of achievement” (Buchanan and Hudson, 2000, p. 232). Buchanan points out that this ‘global’ sense of wellbeing incorporates many of the existing measures used to assess different components of wellbeing in children; for example scales to measure strengths/difficulties, self-esteem, self efficacy, locus of control, empathy. But she asserts that none of these scales appear to capture the essence of global emotional well-being. I would add that if this is the case, how much greater is the challenge to capture the essence of global wellbeing incorporating cognition as well as affect?

A term for such global wellbeing emerged from a report on discussions with Afghan families called ‘The Children of Kabul’ (Berry et al., 2003). This report explored three main topics: well-being goals for Afghan children; the threats children face in achieving well-being; and the coping resources children already have for dealing with their difficulties. In spite of the extraordinarily different political and cultural context, considerable overlap with previous themes is

evident. Children and their parents in Kabul agreed that they wanted more than mere physical survival, and that emotional and social development are important; and they agreed that children require both positive and supportive contexts, and positive and supportive relationships, to achieve well-being. The concept in Afghanistan for global wellbeing is called '*tarbia*'; and in a women's group discussion was explained thus:

"The difference between a child with good *tarbia* and a child with bad *tarbia* is like the difference between a complete house and a destroyed house. If a mother and father pay attention to a child's *tarbia*, the child will grow and develop into a useful person. If not, they will grow up useless and will be a disadvantage for their family and country – just like a destroyed and ravaged home" (p.8). This powerful analogy makes a most persuasive argument for the crucial importance of supporting wellbeing in the family. As the grandmothers said: "Tarbia is everything – the people who get on well with their life have good *tarbia* and the people who don't get on well with their life have bad *tarbia*, and all this comes from the family"; and the fathers confirmed: "If you give children good *tarbia* they will keep that until the end of their lives" (p.8).

Staying within the international context, an important body of work in relation wellbeing was the UNESCO report 'Foundations of Child Wellbeing' (Pollard & Davidson, 2001a). This report adopted the following formal definition of wellbeing to be sustained across the life course:

"Well-being is a state of successful performance throughout the life course, integrating physical, cognitive, and social-emotional function that results in productive activities deemed significant by one's cultural community, fulfilling social relationships, and the ability to transcend moderate psychosocial and environmental problems. Well-being also has a subjective dimension in the sense of satisfaction associated with fulfilling one's potential." (p.10)

This is much more satisfactory as a holistic description of wellbeing, also incorporating as it does the issue of *subjective* wellbeing mentioned above. It is certainly more informative than my own brief 'top-of-my-head' definition to parents and practitioners in my study who asked "Wellbeing? What do you mean?" to which I answered "I think wellbeing means feeling alright in yourself

and with other people, and reasonably ‘coping’”. (In Afghanistan I could simply have replied “Having good tarbia”). And of course people still said, “Yes, but what is it about?” Yet I did not ever use the UNESCO definition with other people - families and practitioners - feeling that I needed something more readily recognisable and accessible.

In the UNESCO Report, the foundational elements of well-being were operationally defined as follows:

Clusters of positive behaviours, skills, capacities, and/or characteristics that can

- Promote the health and adaptive functioning necessary for well-being
- Prevent or mitigate illness and dysfunction that would diminish well-being, and
- Be nurtured within the ecology of genetic and environmental influences. (p.11)

This drive ‘to promote, prevent and nurture’ becomes powerful in the context of the foundational elements of child well-being which are grouped into three areas: physical elements, social and emotional elements, and cognitive elements. But disappointingly, we are back where we began, with the fragmenting structure with which we are familiar rather than a new, integrated one. However the elements themselves are illuminating, as shown in Table 1.6 below:

Table 1.6: UNESCO Report elements of wellbeing (Pollard &amp; Davidson, 2001)

<b>Physical elements</b>	<b>Social and emotional elements</b>	<b>Cognitive elements</b>
Nutrition	Emotional development	Information processing and memory
Preventive health care	Emotional regulation	Curiosity, exploration and novelty-seeking
Physical activity	Coping	Mastery motivation and goal persistence
Physical safety and security	Autonomy	Thinking and intelligence
Reproductive health	Trust and attachment	Problem solving
Substance abuse prevention	Parent-child relationships	Language and literacy
	Sibling relationships	Moral development
	Peer relationships	Educational achievement
	Positive development of self	Creativity and talent
	Prosocial behaviour, empathy and sympathy	

Finally, moving away from this analytical approach towards the nature of wellbeing, this discussion would not be complete without a reference to the debate that has been gathering strength in relation to the concept of happiness. The question arises as to whether happiness and wellbeing are related concepts, or even essentially the same concept. The idea of 'flow' (Csikszentmihalyi, 1992) proposes that happiness is based on the complete absorption and engagement in an activity which produces an exhilarating sense of progress that overrides emotional problems.

Noddings has focused on happiness in education, arguing that the two are inextricably linked (Noddings, 2003). These writers are proposing more integrated ways of thinking about subjective wellbeing – ways that bring together the strands of affect and cognition. While Noddings' book takes a school-orientated position, her chapter 'Making a Home' offers perspectives

such as family comfort, pleasure and enjoyment, that are relevant to this consideration of the development of wellbeing in the earliest years at home. Rosie – are you aware of the current debate by Equalities Review on importance of HLE in children’s achievement? Role of well being and companionship is largely ignored in govs current position on how to support parents – they think its about trips to the library.

There have been many strands to pursue in the literature, and yet the search for a straightforward explanatory model for subjective wellbeing was not successful. Although the body of literature generated certain persistent concepts, such as resilience, the importance of early relationships, companions, and community, there seemed still to be a great deal of confusion about what, exactly, wellbeing means. There was a need for a clear model; one that integrated cognition and affect into a holistic and accessible model for people who live and work with the youngest children – parents and families, practitioners, managers and policy-makers. The development and testing of such a model therefore became one objective of the research. In the meantime it was necessary to investigate further the persistent concepts that had emerged.

### **3.2 Resilience**

Why is the construct of resilience so important for this research? It will be clear from what follows that there is considerable overlap in the literature between the concepts of wellbeing and resilience, so that in some cases they may even seem synonymous. As already mentioned, the concept of resilience had emerged from my previous work (Evangelou & Sylva, 2003); it is often associated with the concept of wellbeing (Pugh 2005) REF); it is conspicuous by its absence from the policy guidance (possibly because it is “generally not directly measured” (Schoon, 2006): and because so much of the research on resilience – or even what might be called resilient wellbeing – focuses on the range of outcomes following risk and trauma, and much less on what might be protective factors in the first three years.



Key sources have been selected from the extensive literature on resilience. They were chosen either because the ideas persistently re-occurred in subsequent literature and are relevant to this study, or because they build on the key sources, as well as meeting the criteria of 'recent and reliable'. It is important to start with some definitions, which are acknowledged to be one of the difficulties besetting research on resilience. Also this research incorporates the concept of resilience in a particular way (resilient wellbeing) which will be shown to be slightly different from the common perception of it.

In general, resilience (from the Latin 'resilire', to recoil or leap back) is "a general concept related to positive adaptation in the context of challenge" (Masten & Gewirtz, 2006). It is interesting that the Latin derivation for resilience is closely related to the analogy commonly used for a child's attachment, as if the child were on the end of an invisible piece of elastic with the other end attached to the primary care-giver. This association between resilience and attachment is discussed below in Section 3.3 of this chapter. Fundamentally, the debate continues over whether resilience should be thought about as a state, or a trait (Werner, 2000).

In an Australian paper 'Resilience: Definitional Issues', Johnson & Howard, (1999b) defined resiliency as "the inherent and nurtured capacity of individuals to deal with life stressors in ways that enable them to lead healthy and fulfilling lives" (p.3). However they argue that the term resilience, which increasingly is used imprecisely, is a slippery one; and that in order to promote greater conceptual clarity and theoretical rigour in the field, the term should be continually scrutinised and problematised "to expose any questionable assumptions about children and the forces that influence them" (p.6).

Similarly, Luthar (2005) describes resilience as “a process or phenomenon reflecting relatively positive adaptation despite experiences of significant risk or trauma” (p.1). More straightforwardly, Sameroff (2005) suggests that resilience is “the ability of children to show healthy development despite facing many difficulties”(p.1). Yates (2006) refers to the way that both Luthar and Sameroff highlight “the multiply determined, multidimensional nature of resilience as a concept that describes better-than-expected adaptation in contexts of adversity” (p.1). These definitions all portray resilience as a response to risk or trauma.

In 2005, Werner (2000) had proposed three classes of phenomena: “good development outcomes in children from high risk backgrounds who have overcome great odds ..... sustained competence under conditions of stress ..... (and) individuals who have successfully recovered from such serious childhood traumas as war and political violence” (p.116). These factors are restated by Schoon thus:

The concept of resilience has been used to refer to:

- a positive outcome despite the experience of adversity;
- continued positive or effective functioning in adverse circumstances; or
- recovery after significant trauma

(Schoon, 2006, p. 7)

There is some debate as to whether positive adjustment should be reserved for exceptional attainments or for more ordinary achievements (Schoon, 2006)

“It has been stressed that the assessment whether a person is ‘doing OK’ generally does not require outstanding achievements, but rather refers to behaviour within or above the expected average for a normative cohort (Masten & Gewirtz, 2006). In the majority of cases, resilience arises from ordinary adaptive processes rather than rare or extraordinary ones. .... This view offers a far more optimistic outlook for action aiming to promote competence and human capital in individuals and society than the assumption of outstanding capabilities.” (p.12).

Schoon goes on to point out that resilience is a two-dimensional construct, incorporating both “exposure to adversity” and “successful adaptation in the face of risk” (p.7). In relation to the ‘resilient wellbeing’ of this research, I argue that exposure to the ‘normal’ adversities of childhood is something that happens to a certain degree for *all* children (Roberts, 2006). While acknowledging the gravity of traumas experienced by many children through poverty, war and child abuse, this research takes the wider focus of the difficult conditions that most, if not all, children and young people are likely to experience from time to time in the life course. Also adopting this universal perspective in his PhD thesis ‘The Relationship Between Attachment and Resilience in Learning’ was Griffey, who justifies it thus:

“Because of the complexities and uncertainties of contemporary life, education needs to provide young people with the skills to adapt to circumstances and challenges in adult life that we may not be able to predict and develop during childhood. They need certain personal resources such that difficulties, setbacks and confusion are regarded as conditions to be relished or at least tolerated; and [to be regarded as] triggers for the marshalling of effort and endurance towards mastery. This set of resources is generally referred to as ‘resilience’ and this thesis regards resilience in this way rather than the more familiar sense of the term of unexpected thriving in apparently adverse conditions.” (Griffey, 2002, p. 2)

Echoing my own query on the foundations of ‘resilient wellbeing’ (see Chapter 1, Section 1.1), Johnson and Howard (1999a) also take this more universal perspective:

“How many times have you wondered why some kids seem to do OK even when awful things happen around them? Their families break up, someone dies, their parents lose their jobs, money becomes very tight, but they still manage to come to school, keep their friends, and participate positively in the life of the school. How come? Aren’t they supposed to succumb to these stresses and tumble in an ever downward spiral to school failure, unemployment, drug-taking, delinquency and teen pregnancy? Well some do, but some don’t and it is these kids who are attracting more and more interest. They are the

ones who are being described as ‘resilient’ because they seem to have an ability to hang on in there when the going gets tough” (p.8)

Johnson and Howard follow this up with the general definition: “Resilience is the ability of individuals to lead healthy and fulfilling lives despite having to cope with tough times in their lives” (p.8). This approach to resilience echoes that of Fonagy et al (1992) who argued even a decade and a half ago that the then current interest in resilient children was part of a shift of focus to primary prevention, driven by economic necessity as well as by a desire for social justice. They defined resilience simply as follows: “Resilience is *normal* development under difficult conditions”.

This is the definition that is most appropriate to this study, where I suggest that ‘normal development’ can be taken as ‘normal wellbeing’. As Grotberg has pointed out “Resilience is important because it is the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life. Everyone faces adversities; no one is exempt” (Grotberg, 1995, p. 5).

Turning now to the connections that are apparent between wellbeing and resilience, what can the literature tell us about features of ‘resilient wellbeing’? Fonagy et al. (1992) identify three relevant and well-referenced categories: defining attributes of resilient children; specific features of a child’s immediate circumstances which may also play a part in protecting them from adversity; and the characteristics of resilient children’s functioning which appear to protect children from stress. Of particular interest to this research are the features of a child’s immediate circumstances, i.e. the family. These features include:

- competent parenting
- a good (warm) relationship with at least one primary caregiver
- networks of informal relationships.

Also of particular interest are the characteristics of resilient children's functioning, which include:

- good problem-solving ability
- superior coping styles
- task-related self-efficacy
- autonomy or internal locus of control
- a higher sense of self-worth
- interpersonal awareness and empathy
- willingness and capacity to plan
- a sense of humour.

However, the authors point out that in spite of identifying these highly robust predictors of resilience, we still do not know which, if any, of these attributes, may be critical targets for intervention, and that in order to put empirical findings to work we need adequate theoretical models to organise them. This research constitutes one modest attempt at such a theoretical model.

In 1995, Edith Grotberg proposed a theoretical model as part of The International Resilience Project funded by the Bernard Van Leer Foundation. Grotberg described three sources of resilience, as 'I have', 'I am' and 'I can'. The contents of these three sources were drawn from the conclusions of a series of international meetings to address the construct of resilience, and from the literature; and here the factors are reminiscent of the ones that Fonagy et al identified. They can be seen in Table 1.7 below.

Table 1.7: Three sources of resilience (Grotberg, 1995, p. 5)

I HAVE	People around me I trust and who love me, no matter what People who set limits for me so I know when to stop before there is danger or trouble People who show me how to do things right by the way they do things People who want me to learn to do things on my own People who help me when I am sick, in danger or need to learn
I AM	A person people can like and love Glad to do nice things for others and show my concern Respectful of myself and others Willing to be responsible for what I do Sure things will be alright
I CAN	Talk to others about things that frighten me or bother me Find ways to solve problems that I face Control myself when I feel like doing something not right or dangerous Figure out when it is a good time to talk to someone or to take action Find someone to help me when I need it

Grotberg explains: “In the International Resilience Project the children were not studied independently from their settings. In promoting resilience, any work with children must similarly be in the contexts of their families, their schools, their communities, and the larger society. Again drawing on the ecological approach, Grotberg records the definition of resilience that is used by the International Resilience Project: “Resilience is a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity.” (p. 4).

In a much more limited way my research takes a very similar *approach* to the study of the foundations of resilient wellbeing as did Grotberg's International Resilience Project about promoting resilience, which she described thus:

“The project set out to examine what parents, caregivers or children do that seems to promote resilience. It is thus concerned with promoting resilience in children as they develop over time, without the need for some kind of pathology in the family or child. Furthermore, the basic unit for the study is the child in context.” (p.4).

The importance of the context here referred to is vital, as Schoon explains:

“Although individuals may manifest resilience in their behaviour and life patterns, resilience is not a personality characteristic. Adaptive functioning in the face of adversity is not only dependent on the characteristics of the individual, but is greatly influenced by processes and interactions arising from the family and the wider environment. Individual development is continually produced, sustained and changed by the socio-historical context experienced.” (Schoon, 2006, p. 16).

The difference between Grotberg's approach and my own is about cognition – a construct that does not appear in her conceptualisation of resilience, but which is central to mine.

In her chapter on policies in the UK to promote the wellbeing of children, Pugh (2005) provides an analysis of key risk factors that are likely to have an adverse effect on children's development, together with the corresponding protective factors that can help to develop resilience. Again taking the ecological approach variously mentioned above, these factors were described as a) factors in the child; b) factors in the family; and c) factors in the community. The key protective factors - clearly reminiscent of the attributes of resilient children identified Fonagy et al's review - were summarised as follows:

An adequate standard of living

A temperament/disposition that encourages care-giving, leading to high self-esteem, sociability and autonomy, the ability to solve problems, and an internal locus of control

Dependable care-givers, where children can grow up in a family with one or two caring adults, who have positive and appropriate childrearing practices

Networks of community support, including a pro-social peer group, high quality early education and schools where children are valued and learning is encouraged.

(Pugh, 2005, p. 46)

Werner (2000) suggests that some protective factors are internal resources that the individual brings to his or her encounter with stressful life events; others are external sources of support in the family and community. Resilient children, as a whole, are engaging to other people, adults and peers alike. They have good communication and problem-solving skills, including the ability to recruit substitute caregivers actively; they have a talent or special skill that is valued by their peers; and they have faith that their actions can make a positive difference in their lives (p.126).

There is repeated evidence from research on resilient children (Werner, 2000) firstly, that if a parent is incapacitated or unavailable, other significant people in a young child's life can play an enabling role, whether they are grandparents, older siblings, child-care providers, or nursery school teachers; and secondly that a young child needs enough consistent nurturance to trust in its availability. Werner concludes that children need "an organised and predictable environment that combines warmth and caring with a clearly defined structure and an established setting of explicit limits that are consistently enforced" (p.129).

Yates (2006) points out that both Sameroff (2005) and Luthar (2005) emphasise the conceptualisation of resilience as a dynamic developmental process, rather



than a static trait (p.2); for instance Luthar uses terms such as “resilient processes” and “resilient adaptation” (p.2). Luthar concludes that “resilience is a phenomenon representing positive adaptation despite risk. It is not a personal attribute of the child, nor is it “fixed” forever; in order to achieve and sustain resilient adaptation, children must receive supports from adults in their environments” (p.3). From these perspectives it seems inescapably clear that the foundations of resilient wellbeing specifically from birth to three must involve interactions within a range of relationships, primarily in the home; and it is to these supporting adults that we now turn.

### **3.3 Early relationships**

Neurobiology provides evidence that caring relationships are key to emotional, social and cognitive development (Shonkoff & Phillips, 2000). However, this perspective is by no means new. In the middle of the last century, Isaacs (1954) wrote: “Above everything else, a child needs warm human relationships, and spontaneous feelings of friendship” (p.20). Winnicott laid the foundations of Bowlby’s work on attachment in his writing about the bond between mother and child in which he holds firmly to the idea of the baby as a person (Winnicott, 1964). Bowlby’s theory of attachment (Bowlby, 1969) (Ainsworth, 1978) (Bretherton, 1992) is still central to the field of caring relationships. Bowlby defined attachment as an enduring affective bond between child and caregiver who becomes a source of safety in times of stress. In spite of the recognition and following for this theory, none-the-less there are some contentious issues associated with it.

On February 8 2005 Dr Helen Barrett reported to an All Party Parliamentary Group for Children (Massey, 2005). She highlighted the extent to which a breakdown in attachment is likely to lead to maladjustment, delinquency, psychological problems. She also spoke of the likelihood of permanent damage resulting from critical periods of failure in the bonding process, as an aspect that

was reconsidered by Bowlby himself. There are also controversies in relation to the impact of institutional day-care settings, and the impact of chronic real-life stress.

In reporting on resilience through the perspective of security of attachment, Fonagy et al (1992) describe a study in which the acquisition of a reflective-self function was shown to impact positively on trans-generational processes that replicate disadvantage. They report that “longitudinal studies examining the sequelae of the quality of attachment in infancy have also shown that security during the first two years *predicts* many of the attributes in preschool and subsequent stages of development which have been shown to be the characteristics of the resilient child”. Following a well-referenced passage they conclude: “There is thus a prima facie case that *resilient children are securely attached children*” (p.235).

In a paper entitled ‘Wellbeing: the generic perspective; power and protection’ Gammage asserts that “consistency of attachment is the seed-bed of well-being” (Gammage, 2004, p.12). Marty et al (2005) show that parent-child attachment has been extensively confirmed as a central contributing factor to children’s positive developmental outcomes; and that a child who has developed a secure attachment relationship is likely to expect positive interactions with other social partners.

Five qualities of parental behaviour have been identified that appear to support the development of a secure parent-child attachment: sensitivity, responsiveness, warmth and affection, consistency, and autonomy-promotion (Marty et al 2005 p.275). On the other hand, the findings of Schmidt et al (2002) in a small longitudinal study suggested that less secure children are more aggressive and less socially competent in kindergarten, and children who experience more family stress in their preschool years are more aggressive and

anxious and less socially competent in kindergarten than their peers who experience less family stress in those same years.

The issue of babies' stress was a focus of Gerhardt's 'Why Love Matters: How affection shapes a baby's brain' (Gerhardt, 2004), in which Gerhardt explains why early interactions have lasting consequences, and promotes the importance of sensitive, caring responses to a baby's needs. This book also examines the issue of cortisol levels in babies, and the implications of these findings for babies in full-time daycare where consistent affectionate relationships may be harder to achieve than in the home.

Much research and very many interventions for children and families have focused on attachment theory; but here I mention only two examples, for the reasons given below. The first, the Circles of Security Project (Marvin et al., 2002) was selected because of its strength as an intervention based on attachment theory. Widely used in the US and more recently in Australia, this project uses videotapes to focus on the interactions of caregivers – both mothers and practitioners – with babies and young children. It has three aims: to increase sensitivity and appropriate responsiveness; to increase caregivers' ability to reflect on their own and the child's behaviour; and to increase their ability to reflect on experiences in their own histories that affect their current care-giving patterns. Circles of Security is another example of the reflective-self function described by Fonagy et al.

The second example was a research study entitled 'Using Attachment Theory to Inform Practice in an Integrated Centre for Children and Families (Charlwood & Steele, 2004). My interest in this study lay in its claims for causality, and in the evidence it provides for the importance of studying mothers' own wellbeing as the context for a study of the youngest children.

The study's central questions were firstly, whether the patterns of maternal response to the Adult Attachment Interview (AAI) would predict their children's social and emotional wellbeing; and secondly, whether mothers' probable attachment history *and* their current state of mind regarding attachment would both correlate with children's pre school ratings. Results confirmed these correlations, suggesting important implications for this thesis. In Charlwood and Steele's study, it was clear that the mothers' wellbeing made a profound impact on that of their children; and therefore in my own study of children's wellbeing it would be extremely important to investigate not only the wellbeing of children from birth to three, but also that of their mothers.

This necessarily limited review of early relationships and attachment led me to investigate further the various theories and categories of relationships experienced by the youngest children, in the context of the period from birth to three.

### **3.4 The ecology of early childhood: social, economic and cultural contexts of 'community'**

A study of development of the youngest children's wellbeing in the home inevitably takes as its focus the immediate environment of the child: parents and primary carers, wider family, toys, neighbours, playgrounds, peers, community settings. This is the focus of the previous section, the 'microsystem' of family life described by Bronfenbrenner in his seminal work 'The Ecology of Human Development' (Bronfenbrenner, 1979). In this work Bronfenbrenner described exo- and macrosystems of work, neighbourhood, wider social networks, and the system of socio-economic systems, policies and cultural values that go to make up the child's wider context of society. Between 1979 and 1992 Bronfenbrenner reassessed, revised and extended his theory of the ecology of human development, eventually calling its future into question as a discipline. Subsequently he built onto his original theory to develop a 'bioecological theory' as a paradigm for the future (Bronfenbrenner, 2005). In defining the properties

of this bioecological model he identifies four propositions that are of particular relevance to my research.

The first proposition concerns the importance of experience, pertaining to the realm of subjective feelings. Secondly Bronfenbrenner refers to interactions over extended periods of time as 'proximal processes'. "Examples of such processes include feeding or comforting a baby, playing with a young child; child-child activities; group or solitary play; reading, learning new skills; athletic activities; problem solving; caring for others; making plans; performing complex tasks; and acquiring new knowledge and know-how" (p.6). Bronfenbrenner also describes as a proposition a relationship that seems to match exactly with the concept of 'companionable learning' in this research, described below at 4.3.1.:

"In order to develop – intellectually, emotionally, socially, and morally – a child requires, for all of these, the same thing: participation in *progressively more complex activities*, on a regular basis over an extended period of time in the child's life, with one or more persons with whom the child develops a *strong, mutual, emotional attachment, and who are committed to the child's well-being and development, preferably for life.*

(Bronfenbrenner, 2005, p.9).

The fourth proposition concerns the way that progressively more complex interaction and emotional attachment between parent and child depend to a substantial degree on the availability and involvement of another adult. I would suggest that this 'third party requirement' is most often met by the 'companions' described in this research. Bronfenbrenner continues: "What mattered most was not only the attention given to the child – important as this was – but also the assistance provided to the single parent or by others serving in the supportive roles ..... (p.11).

As Prilleltensky and Nelson (2000) point out, "Wellness is an ecological concept; a child's well-being is determined by the level of parental, familial, communal and social wellness ..... Family wellness is more than the absence

of discord; it is the presence of supportive, affectionate and gratifying relationships that serve to promote the personal development of family members and the collective well-being of the family as a whole” (p.87). However this description takes the ecological perspective ‘an extra mile’. Not only is it about the importance of the *context* of the child’s developing wellbeing; it extends to the idea of *collective* wellbeing which is at the heart of ‘community’.

Burkitt echoes this idea in his notion of humans as social selves. He suggests that “the basis of human difference and individual identity is to be found within society, in the social relations that exist between individuals. It is only in relation to others and to the material world in which we live, that humans come to realise their separateness from all that surrounds them ..... the idea that there is a basic division between society and the individual is a nonsense.” (Burkitt, 1991, p.189).

In a paper promoting the concept of ‘interdependence’, Gonzales-Mena describes the two major tasks of childhood as becoming independent, and establishing connections with others (Gonzalez-Mena, 1997). She suggests that parents and others tend to think of these two tasks as opposing opposites, although in fact children learn to be both independent *and* connected. Perhaps ‘interdependence’ can be thought of as a *process* rather than a state, and is clearly reminiscent of Trevarthen’s ‘intersubjectivity’. What seems clear is that when one considers these ideas it is no longer possible to think of the individual on the one hand, and the community on the other. Rather, there is a blurring of the edges between the two. As Burkitt writes: “We can no longer rest happy with the dichotomies between society and individuality, rationality and emotion, or mind and body. Social life is the source of individuality and human beings only develop as truly human within a social context” (Burkitt, 1991, p.215).

Elias also writes about the relation between individuals and society, conceiving of society as made up of individuals, rather than as an individual concept. His phrase “a structure of interdependent individuals” (Elias, 2001, p.11) is particularly relevant. Elias writes that

“What we lack – let us freely admit it – are conceptual models and an overall vision by which we can make comprehensible in thought what we experience in daily reality, by which we could understand how a large number of individuals form with each other something that is more and other than a collection of separate individuals – how they form “a society”, and how it comes about that this society can change in specific ways, that it has a history which takes a course, which has not been intended or planned by any of the individuals making it up” (p.7).

Here Elias is calling for a truly ambitious project; and I would argue that my research may possibly constitute one small step in the direction of an overall vision. I suggest this because I aim to develop a conceptual model intended to make comprehensible in thought what we experience in daily reality merely *in the microcosm of the family*. This concept was held by Bourdieu (1998) to be a both an objective and a subjective social category.

This bringing together of both objective and subjective perceptions is so important to Bourdieu, who says, “Of all the oppositions that artificially divide social science, the most fundamental, and the most ruinous, is the one that is set up between subjectivism and objectivism” (Bourdieu, 1990, p.25). It is also evident in Bourdieu’s concept of ‘habitus’ as a system of lasting dispositions that become incorporated history. It might be argued that the study of a child’s developing sense of wellbeing in the context of the family is one way of investigating how a child’s ‘habitus’ - “embodied history, internalised as a second nature and so forgotten as history” (Bourdieu, 1990, p. 56) - is formed.

The roots of community in the field of early childhood are very deep. In the nineteenth century, early childhood education had taken place in the family,

traditionally watched over by a warm and caring mother figure. In terms of schooling, both Froebel (Brosterman, 1997) and Dewey (1966) made their contribution to the notion of community. But through most of the twentieth century early education was guided by the developmental psychology of learning which focused on the individual child as an active learner. However, as Wisneski and Goldstein point out, “the influence of the generic, caring family image, the foundation laid by Froebel, and the vision of the democratic community provided by Dewey was a force strong enough to keep an implicit commitment to community and caring connection alive” (Wisneski & Goldstein, 2004, p.517).

But towards the end of the twentieth century there was a rise in the importance of ideas relating to the social nature of learning, in particular Vygotsky’s ‘Mind in Society’ (Vygotsky, 1978). Writers such as Noddings (1984) and Paley (1992) did much to promote the idea of the importance of community for children and young people. By the beginning of the twenty-first century, community - and a sense of belonging and responsibility - was firmly back on the agenda in the UK as an explicit part of the early childhood curriculum. This is evidenced many times in ‘Every Child Matters’ (DfES, 2003b) and in Guidance for Children’s Centres (DfES, 2005) in the UK.

In a helpful section on the discourses of community, Wisneski and Goldstein (2004) propose three strands of discourse (although in reality the three constantly overlap): the discourse of democracy, the discourse of caring, and the discourse of inclusion. These discourses are very evident in much recent socio-political literature, and in UK policy documents for services for children and families. Using the discourse of democracy, with its emphasis on communication and participation, and emerging from the seminal work of Freire (1970), are writers such as Giddens (1998, 2006) (whose concept of ‘social reflexivity’ is perhaps the ecological counterpart to Fonagy et al’s ‘reflexive-self function’), Bourdieu (1998) Putnam (1993), and Rogoff (1990).



The discourse of caring, with socio-emotional goals and purposes, can be found in the work of authors such as Schluter and Lee (1993), Kasser (2002) Noddings (2003) and Buonfino and Hilder (2006). And we find the discourse of inclusion – which values diversity and difference, and is about providing a sense of belonging specifically for those people who have not historically belonged or been made to feel welcome – in the works of writers such as Siraj-Blatchford (2000), Halsey et al., (1997) and Spencer (2000). Vandebroek argues that while respect for diversity is receiving growing attention, some of the related underpinning concepts in early childhood education reflect recent changes in society (such as individualism) which may in fact be unhelpful (Vandebroek, in press).

Wisneski and Goldstein (2004) point out that “anything called ‘a caring community of learners’ is considered excellent practice”, and although not setting out to denigrate the concept of community, their purpose was to critique and thereby enrich the value of community as an important aspect of work with young children. In considering the application of their paper to the community of the family, it is the authors’ reservations in relation to ‘community’ that are most thought-provoking.

Firstly they express concern at the way in which a community (in this case a family) which lacks the usual aspects of a sensitive, child-centred context are often thought to be the opposite of ‘good’ community, and therefore ‘bad’; so that, as they put it, a complex situation is oversimplified and reduced to the basic binary. In this way children who do not comply with the community, for whatever reason, become excluded - Noddings is quoted as calling this ‘the dark side of community’.

Secondly, it is clear that such a community has the power to control and manipulate children and yet where the rule is to value difference and not to

challenge other views (the 'no put-downs' rule) there is the danger of silencing children and interrupting a sense of closeness, honesty and comfortable discussion of issues. Wisneski and Goldstein (2004) write: "adults' desire to extinguish language and ideas that were outside the community norms robbed children of the opportunity to reflect, to problem solve or to discuss the sensitive topics" (p.523). Suddenly – especially in the family context – we find ourselves distanced from the very concepts of intersubjectivity and self-reflective function that were seen to be so important. This dilemma surely warrants further investigation.

As Sameroff writes from his transactional perspective, "contextual factors play a ... large role in producing positive outcomes. Supportive families, accepting peer groups, competent schools and neighbourhood collective efficacy, not to mention more financial resources, all contribute to children's positive developmental outcomes" (Sameroff, 2005, p. 3). Recalling the strong link that has been suggested between resilience and wellbeing, in similar vein, Masten and Gewirtz (2006) comment:

"There is exciting convergence in developmental research on competence, resilience, behavioural and emotional problems, brain development and prevention science, all underscoring the importance of early childhood for building protections into human development at multiple levels, within the child, the family, the community and their interactions" (p.3).

Continuing the causality thread and summarising much of what has gone before in the chapter, Masten and Gewirtz conclude:

"Resilience research indicates that during the early childhood years, it is important for children to have good quality of care and opportunities for learning, adequate nutrition and community support for families, to facilitate positive development of cognitive, social and self-regulation skills. Young children with healthy attachment relationships and good internal adaptive resources are very likely to get off to a good start in life, well equipped with the human and social capital for success as they enter school and society" (p.3).

In their book on the messages from research on promoting children's emotional wellbeing, Buchanan and Hudson identified the need for new, valid and reliable measures of wellbeing, and for a wide range of further studies to be undertaken: "prevalence studies; studies on risk and protective factors associated with wellbeing; experimental studies to test the effectiveness of interventions to promote well-being; longitudinal studies to trace outcomes from childhood to adult life" (Buchanan & Hudson, 2000, p.232).

However, they pointed out that what is more fundamentally needed is a clearer picture of what wellbeing really means, and what it looks like in early development. Only then, they suggest, could parents and practitioners make use of the idea, and useful measures be developed. This study engages with the first three elements of Buchanan and Hudson's agenda; the nature of wellbeing; the early development of wellbeing; and ways to support its development.

In this review of recurring wellbeing themes, many threads emerged – threads that in 'real life' are generally embedded in the tangled web of children's and families' lives at home. However in order to explore and attempt to make sense of the foundations of resilient wellbeing, some sort of theoretical framework was needed, that would bring together the strands of emotion and learning; and that has been the purpose of this review. In the next chapter I categorise and group the recurring themes. The resulting framework does, I hope, present a new, more accessible model for wellbeing – one that brings together affect and cognition.

## **CHAPTER 4 What kind of garden? A conceptual framework and research questions**

“Mary, Mary, quite contrary, how does your garden grow?  
With silver bells and cockle shells and pretty maids all in a row, a  
row,  
And pretty maids all in a row.”

Traditional nursery rhyme, in Opie (1995, p.27)

In Chapter 3 I explored the related themes of wellbeing, resilience and attachment. Also discussed was the process of ‘companionable learning’ within the bioecology of early childhood. Now in Chapter 4, I propose a conceptual *framework* for wellbeing that will enable me to proceed with the research - one that is justified in the light of the research literature in previous chapters. This framework needs to encompass the *state* of wellbeing, the *processes* of wellbeing, and the *contexts* of wellbeing (the bioecology of early childhood). In my gardening analogy I need a comprehensive plan that will help me to think about what I would like to see growing in my garden, what I’ll need to do to make that happen, and what impact the soil and the surrounding environment is likely to make.

In 4.1 below, first I briefly explore the distinction between outcomes and processes that I have already referred to in Chapter 3, Section 3.1; together with the place of resilience in the wellbeing framework. Then, using the horticultural analogy in more detail, I propose a topology of wellbeing as an integrating model, bringing together the disparate strands. In Section 4.2 the *contexts* of wellbeing are discussed, involving an examination of the physical construct of wellbeing. Section 4.3 looks at *processes* of wellbeing, referred to here as ‘companionable learning’ and especially involving the construct of communication. In Section 4.4, I examine the *states* of wellbeing, focusing on the constructs of agency, and belonging-and-boundaries.

#### 4.1 A topology of wellbeing

Before proceeding to the framework itself, there are two points that need clarification. The first point is about the distinction between the constructs and processes that go to make up a sense of wellbeing; and emotions or dispositions that are the *consequences* of wellbeing, or lack of it. In the literature there are repeated concerns in relation to improving outcomes for children and families, for reducing inequalities, and for integrating services, all within the fields of cognition, affect, and health. However, in the very diverse perspectives of wellbeing and associated concepts discussed above, there was a recurring confusion between what seemed to be different levels of outcome that led to wellbeing. In my reading, thinking and discussions in order to arrive at an integrating mechanism that would incorporate all possible aspects of the foundations of children's wellbeing, I placed considerable emphasis not only on what I was proposing to include, but correspondingly on what might be missing. I found myself wondering how to incorporate a whole range of elements that I would now argue to be the ultimate *consequences* of having - or not having - resilient wellbeing.

These elements included such things as energy, confidence, openness, enjoyment, happiness, calm and caring (Buchanan & Hudson, 2000); I suggest that these were the *consequences* of resilient wellbeing, rather than the *causes* of it. One day I found myself wondering where, in my framework, would fundamental emotions fit, such as love, hate, hope, generosity – and, on the other side of the coin, fear, loss, jealousy, resentment, anger, and so on? And I came to the same conclusion: that these are the *consequences* of resilient wellbeing - or the lack of it. I concluded that what was needed, and what I was seeking, were the *causes* of resilient wellbeing (or its lack) rather than its consequences.

I asked the same question also about creativity. Surely creativity had its place in the framework? At the start of the study I concluded, somewhat tentatively, that this was another example of a *consequence* of wellbeing. I suggest that

the ability and disposition to be creative is especially the consequence of a *balance* of the constructs of wellbeing (as described below). As Duffy wrote, “While there is no subject called creativity in the National Curriculum, the creative process involving exploration, discovery, reflection and expression is part of all subjects” (Duffy, 1998). Earlier, Winnicott made “a general reference to creativity, not letting the word get lost in the successful or acclaimed creation but keeping it to the meaning that refers to a colouring of the whole attitude to external reality”. He continued: “It is creative apperception [the mind’s perception of itself as a conscious agent] more than anything else that makes the individual feel that life is worth living” (Winnicott, 1971, p.65).

The second point that needs clarification and which is not unrelated to the first, is about the place of resilience in the proposed framework; and about the importance of ‘struggle’ in human development. The concept of resilience, with its associations of struggling with and overcoming difficulty, would seem to be fundamentally associated with the concept of wellbeing; yet I have argued that resilience is an *outcome* of good wellbeing, rather than a process towards it. The strong association of resilience with wellbeing indicates that many of the processes of developing wellbeing are likely to involve struggle, rather than an acceptance of the status quo; a familiar analogy might be the grain of sand from which grows the pearl. This experience of productive struggle is surely associated not only with wellbeing but also with creativity.

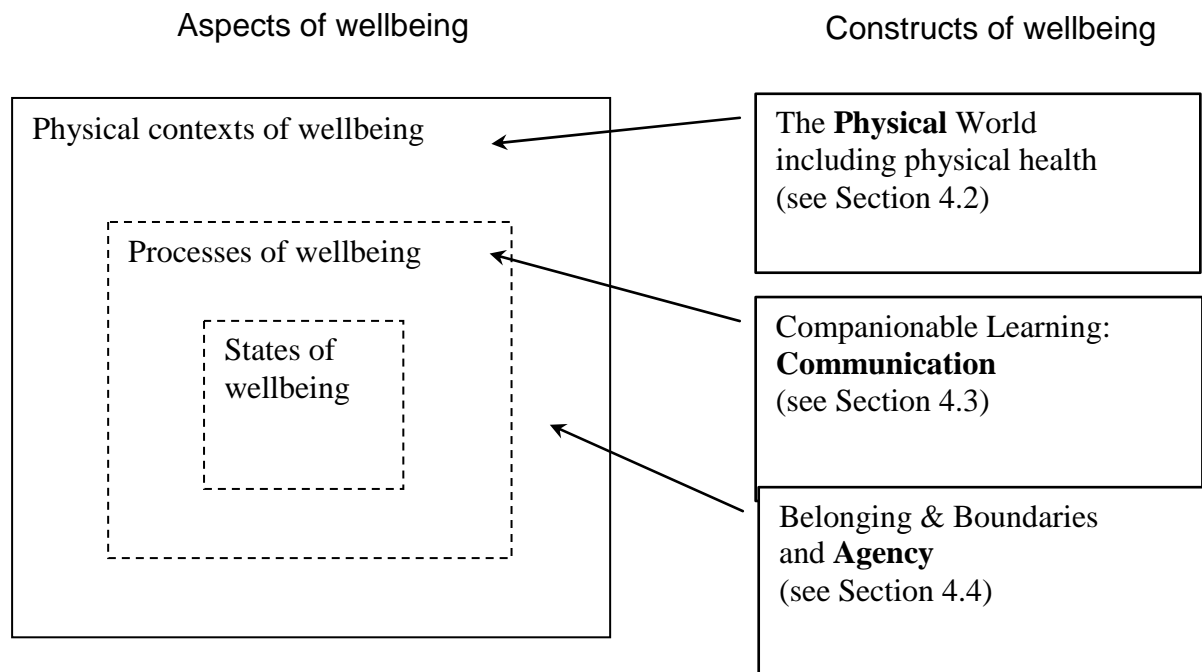
Turning now to the development of the framework itself, the challenge that I faced was to arrive at a straightforward model that would make sense to people; one that would enable me (and others I hoped) to think about those constructs of children’s developing wellbeing that might be susceptible to change. Four such constructs, emerging from the reviews described above, are now discussed: agency, belonging and boundaries, communication, and the physical world (see Sections 4.2 – 4.4). At this point the constructs and their component elements are described from a ‘pre-data’ perspective. While

the constructs remained robust throughout the study, some of the elements changed when the framework was elaborated as a result of analyses and findings. The final version - a main finding of the study which also became an important coding frame - can be seen in Table 3.5 in Chapter 7, Section 7.2.3.

These four constructs, not all of the same order, relate variously to three different aspects of wellbeing. It is important to note that each of these three aspects operate within the ecological model, and may relate to the child, to the family, to community, to society. The first aspect is about the *contexts* of wellbeing in the physical world, (the interconnected systems of the child in the family, the family in the community, the community in society; and the physical world). The second aspect is about the *interactive processes* of wellbeing development (termed '*companionable learning*' - see below at Section 4.3.1). And the third aspect is about *states* of wellbeing (its *constructs* and their *elements*).

Figure 1.1 below illustrates this topology of wellbeing, showing how the contexts, processes, and states of wellbeing fit with the four wellbeing constructs. It also indicates the structure of the subsequent discussion below.

Figure 1.1: A topology of wellbeing



Now I will examine each of these three aspects in turn, discussing the constructs of wellbeing with their various elements. In order to clarify this process I offer a more general series of horticultural analogies for the model I propose to describe, going beyond my own garden plants (my participants) to gardening in general (all children and families).

## 4.2 The physical *contexts* of wellbeing

Let us examine first the physical *contexts* of wellbeing, using as our analogy the landscape surrounding the garden, and the possible qualities of soil used for the growth of plants. Seeds often germinate and grow in sheltered places, sometimes provided by the gardener, and carefully nurtured by warmth and rain until they are strong enough to survive in a tougher environment; and then planted out in a flower bed or vegetable garden. These are analogies for the primary carer and the family. Local gardeners often share advice as well



as seedlings, cuttings and produce; and local garden centres support gardeners by supplying their needs. These are analogies for the neighbourhood community and its services. Meanwhile, small farms, large farms and networks of farming co-operatives, largely governed by national agricultural policy, are growing food for shops and supermarkets all over the country; outlets whose stock is dictated by a combination of global market opportunities, government policies and market forces (society).

And for every horticulturalist, on whatever scale, there is the important issue of quality of soil, which may be richer or poorer, and more or less appropriate, no matter which seedbed it is in - from flowerpot to ten-acre field; and in which, often, different characteristics are needed for different kinds of plants. There is also the issue of how much space is available in the soil for the number of plants to grow once they are germinated. Quality, type and amount of soil are analogous to the physical world of the child which encompasses such factors as housing and family income, and the physical health of the child. When the soil is depleted, gardeners and farmers need to add nutrients to the soil if plants are to continue to thrive in it. When the family, the neighbourhood or society are depleted, analogous compensating strategies are needed.

#### **4.2.1 The construct of the 'physical world' as context**

The contextual construct of the physical world is described here as one of the four *constructs* of the *state* of wellbeing. At this point in the research, the construct of the physical world contained the following elements:

Experiences of:

- Eating
- Sleeping
- Motor control
- Exercise
- Being outside

- Keeping safe
- Laughing
- Health routines
- Income
- Housing

When I began to develop this framework, I did not envisage that it would include environmental and physical health aspects of wellbeing. This was not because I saw them as unimportant, but because I felt that already in literature and policy, these aspects of wellbeing were far better covered and less contentious or confused than the ones I describe below. We have now an integrated framework for child health, with programmes that cover:

- the assessment of the child's and the family's needs;
- health promotion;
- childhood screening;
- immunisations;
- early interventions to address identified needs;
- safeguarding children from harm.

(Reid, 2004)

Two things occurred to make me change my mind. Firstly, in the piloting phases of this research, aspects of physical health featured regularly in parents' responses. How tired a person felt, and whether they felt fit, were often mentioned. Also it was clear from the start that eating and sleeping patterns were absolutely central to wellbeing in families. These were big issues, not only in relation to babies and young children, but also for adults.

Secondly, it very soon became clear that in trying to develop an *integrated* model of wellbeing, although identifying the separate constructs would help to make sense of an otherwise impossibly broad and confusing picture, nonetheless it would not work to think about the constructs in isolation from each other. It became clear that all aspects of wellbeing were operationally

dependent on each other, and that a more fluid and genuinely integrated model was needed. It was then evident that to omit all mention of the physical aspect of development would be entirely inappropriate. Consequently I decided to incorporate this fourth construct relating to the contextual physical dimensions of wellbeing development, largely about physical health but including other contextual elements of the material environment, such as the neighbourhood environment; and vital material issues such as financial concerns, and housing.

One fascinating question was into which strand 'laughing' - thought to be extremely important by very many people - should fit. Should it go into 'agency' (that sense of being able to make others laugh)? Or into 'belonging' (the feeling of laughing together)? Or maybe into communication (relating or getting the joke)? Although laughter might belong in all those constructs (and I felt at this stage that it did not matter too much as long as it was not lost altogether), I allocated it to the 'physical world'. Familiar adages such as "you feel better after a good laugh" and "laughter is the best medicine" seemed to point in that direction.

In summary, this construct is about the impact of the external and physical world on our sense of wellbeing, including physical health. In Chapter 2, Section 2.6, I mentioned the use of the phrase 'health and wellbeing' that indicates a perceived divide between the two terms. However, I suggest that for mothers, children and their families, the construct of the 'the physical world' (as I have defined it) is an essential *contextual* aspect for the other constructs of wellbeing described below. These are the *processes* of wellbeing development described as 'companionable learning', using 'communication'; and the *states* of wellbeing described as 'belonging and boundaries' and 'agency'.

### 4.3 Companionable learning - the *processes* of wellbeing

Moving on to the *processes* of wellbeing development, in horticultural terms we have the impact on the plants of warmth, light and water; and nourishment - without which they cannot thrive. These are provided in the natural course of events (and sometimes also by gardeners or farmers) by sunlight, rain and nutrients in the soil. In our analogy, this process is like the interactions that babies and young children experience together with their various companions. We can consider the impact of warmth (affection), light (understanding) and water (stimulation); and the quality of the soil (the environment). And it is the impact of communication of all kinds that is central to the processes that I am calling 'companionable learning'.

#### 4.3.1 Companionable learning

The underlying idea of companionable learning for children from birth to three is based on the idea of 'social capital'. Bourdieu's definition of social capital as reported by Giddens (2006) is wholly appropriate in this context: "the resources that individuals or groups gain 'By virtue of possessing a durable network of more or less institutionalised relationships of mutual acquaintance and recognition' (Bourdieu, 1990).

In Chapter 2 we saw that neuroscientists have stressed the importance of early interactions (see Section 2.3); and that secure early attachments impact positively on brain development and positive, emotionally charged interactions within secure relationships foster babies' learning and brain development. Social interaction and active styles of learning are key factors (DfES, 2003a)

My own earliest, and possibly most influential, source of inspiration in relation to 'learning together' came from Isaacs (1954). It seems extraordinary that, towards the end of a career that began two decades after her publication and covers extraordinary shifts in understanding of young children, I still find her list of children's needs entirely valid: warm human relationships, real and

active experience, security, opportunity for self-assertion and independence, and play with other children. Isaacs says that “these are the ways in which the child’s environment and the people in it can aid him in solving the many and varied problems of learning, of feeling, and of understanding which life brings him” (p.20).

This perspective differs significantly from the messages in Waldfogel’s ‘What Children Need’ (2006), which emphasises the needs of children *in day-care*, and also to their parents’ needs when they are employed (e.g. flexible working hours). ‘Needs’ in this case largely refer to the tensions between parents’ working and parenting roles. This is reflected in the key elements for the needs of children when parents work, which are both about promoting opportunities for parents to stay at home, especially in the first year; and at the same time, improving parents’ access to quality daycare. One key element is summarised as “*Give parents more options to stay at home in the first year of life*”; while the next reads “*Improve the quality of care for infants and toddlers (aged zero to two) by providing more support for parents to use high-quality care, tightening regulations, and expanding the Early Head Start program*” (p.187).

A major influence in relation to ‘learning together’ has been Vygotsky’s theory of the zone of proximal development (Vygotsky, 1978). Vygotsky’s sociocultural approach is centrally relevant to this research, in which Vygotsky’s idea of the child in playful interaction with others seems so much more relevant than Piaget’s child as ‘lone scientist’. The theory of the zone of proximal development offers an important context in which to think about adults and children together, in which the child is supported in what she can nearly do by a supporting adult whose encouragement enables her successfully to tackle tasks she could almost, but not quite, manage alone (Vygotsky 1978 p.84-87). Bandura (1997), another proponent of social learning theory whose work is related to Vygotsky’s, uses a construct of self-efficacy. He emphasises the importance of observing and modelling the

behaviours, attitudes and emotional reactions of others. Both psychologists stress the importance and validity of imitation in learning, and the work of both seems particularly relevant to the interactions that take place between the very youngest children and their companions.

The first and most enduring context of socio-cultural learning for the great majority of children is the family. Wertsch et al. (1995) argued that “what is essential is that the sociocultural situation of mental functioning be recognised and addressed in some way” (p.56). Elaborating on this theme, Rogoff observes activity on three planes: participatory appropriation, guided participation, and apprenticeship. She explains these terms in the following way:

“The metaphor of apprenticeship provides a model in the plane of community activity, involving active individuals participating with others in culturally organised activity that has as part of its purpose the development of mature participation in the activity by the less experienced people. .... The concept of guided participation refers to the processes and systems of involvement between people as they communicate and coordinate efforts while participating in culturally valued activity. This includes not only the face-to-face interaction, which has been the subject of much research, but also the side-by-side joint participation that is frequent in everyday life .... The concept of participatory appropriation refers to how individuals change through their involvement in one or another activity, in the process becoming prepared for subsequent involvement in related activities .... participatory appropriation is the personal process by which, through engagement in an activity, individuals change and handle a later situation in ways prepared by their own participation in the previous situation. This is a process of becoming, rather than acquisition” (Rogoff, 1995, p.142).

I suggest that this model is strikingly appropriate in relation to the lives of the youngest children at home.

In much of the literature a family would seem to consist of the individual child with parent(s), with a clear focus on attachment. However the impact of sibling relationships on children’s development has been documented by Dunn in ‘Young Children’s Close Relationships Beyond Attachment’ (Dunn, 1993)

raising the profile of young children's peers as important companions. This theme is further examined in 'Children's Friendships: The Beginnings of Intimacy' (Dunn, 2004), shining a new light on the depth and complexity of even the very youngest children's relationships with their young companions. As Howe and Recchia (2006) point out, the sibling relationship is likely to last longer than any other relationship in one's lifetime and plays an integral part in the lives of families.

Other sources of companionship for many young children are aunts, uncles, cousins, neighbours and, notably, grandparents. Often alternative caregivers, they have been described (Werner, 2000) as "the "kith and kin" who have remained relatively invisible in the child development literature" (p.123). A realistic list of young children's possible companions includes: mothers, fathers, partners, siblings, aunts, uncles, cousins, grandparents, key people (in daycare), peers, neighbours. For some children a pet may become a companion; and sometimes dolls or toys may be so much a part of a child's imaginative life that they take on personae that become very real to the child.

In relation to the foundations of resilient wellbeing in the family, an important paper by Prilleltensky & Nelson (2000) brings many threads together. It convincingly presents wellness as an ecological concept, going beyond the concept of the individual to address the importance of social conditions for wellness. This perspective is in stark contrast to the discourse about children outlined by Moss and Petrie (1997) in which children are described as the *private* responsibility of parents, and *passive* dependents of parents and recipients of services; a very different perspective from the one I take in this research. Prilleltensky and Nelson's paper offers a clear analysis of the place of values - from individualist (e.g. self-determination and personal growth) to collectivist (e.g. social justice) - in promoting child and family wellness; and a practical conceptual framework within which to consider a range of possible interventions. The authors argue that "our actions seriously lag behind our understanding of wellness. An enormous corpus of evidence points to the

powerful impact of socio-economic, cultural, and contextual factors in shaping the lives of children and families, yet in apparent disregard for this knowledge, workers continue to focus on counselling, therapy, or person-centred prevention as the main vehicles for the promotion of wellness” (p.92). They conclude that

“we need to adopt a model of social responsibility to replace the dominant paradigm of individual responsibility ..... Social responsibility models lead to social policies that support all families. Such policies, which are prominent in some European countries, address some of the social and economic determinants of child maltreatment and emphasise family support. We need to resist the pressure to pathologize families and individualise social problems and, instead, we need to reformulate solutions in terms of parental, communal, and government responsibility” (p.99).

Returning to the role of culture in children’s development, Bruner suggests that “just as we cannot fully understand man without reference to his biological roots, so we cannot understand man without reference to culture” (Bruner, 1996, p. 164). He argues that “the psychology of the future must, virtually as a condition of its fruitful existence, keep its eye on both the biological and the cultural, and do so with proper regard for how these shaping forces interact in the local situation” (p.167). Reviewing work on the infant mind, and pursuing the theme of interaction, Bruner refers to the use by Trevarthen of the term ‘intersubjectivity’. Trevarthen’s theory of infant intersubjectivity is one of the central concepts in this research. His many papers written since the late 1970s describe the progress of this theory, with a review in 2001 of its place in current research together with an examination of its clinical relevance especially in the treatment of post-natal depression and autism (Trevarthen & Aitken, 2001). In this review Trevarthen introduces the case for infant intersubjectivity by revealing the fundamental change it entails in thinking about the first steps in human psycho-social growth.



“The idea that normal human sensitivity for psychological impulses in other persons may have a basis in inherent cognitive and emotional systems of the brain specialised for this function has received attention in psychology recently, much of it sceptical. Given the predominance of individualist, constructivist, and cognitive theory in empirical psychology, this is hardly surprising. The central problem in early development of the mind has been taken to be object awareness, not person awareness. Nevertheless, there is evidence that even newborn infants, with their very immature though elaborate brains, limited cognitions, and weak bodies, are specifically motivated, beyond instinctive behaviours that attract parental care for immediate biological needs, to communicate intricately with the expressive forms and rhythms of interest and feeling displayed by other humans. This evidence of purposeful intersubjectivity, or an initial psychosocial state, must be fundamental for our understanding of human mental development”. (Trevarthen & Aitken, 2001, p.3).

Trevarthen goes on to show how mutual self-other consciousness is found to play the lead role in developing a child’s cooperative intelligence for cultural learning and language. In a later paper (Trevarthen, 2002), Trevarthen begins to use the term ‘companionship’ in relation to learning, writing that “infant research has led him to accept the view taken by Comenius, Vygotsky, Bruner, Rogoff and others, that education of the young that fosters enthusiastic learning will be collaborative ..... it should grow in consistent relationships of trust and liking” (p.4). In a later paper (Trevarthen, 2005) he explores further the concept of the mother as more than a protector, and a secure base from which to explore; but as a friend and playmate with which the child can explore a “common sense” of their world. “From birth, a child’s learning depends upon sharing his or her impulsive acting and thinking with other familiar persons, who themselves are experimenters, discoverers, and communicators, eager to share what they think and do” (p.58). In concluding an article on learning as part of community, Trevarthen wrote:

“Natural human teaching and learning is for and of *companionship* in making and finding out; the kind of thing even a baby enjoys doing. It is a cultural learning, in which learners tell one another something new, something that can add to the community’s story of knowledge and skill, to the imagining and style of its art and to the joy of participation” (Trevarthen, 2006).

This section is headed 'companionable learning'. The term is taken to mean learning in the widest possible sense, i.e. all of a child's development that flows from active engagement with the world and the people in it. Crucial to this idea is the relationship between 'micro' experiences - interactions within the family - and 'macro' experiences - the impact of public programmes operating at local and national level (Bronfenbrenner, 1979). Yet at the micro level which is the main focus of this research, 'companionable learning' stresses the *mutual* state of intersubjectivity that involves the child and the adult (or sibling or peer) both learning together in an equal, reciprocal dialogue. In the words of the Akan proverb, "The hand of the child cannot reach the shelf; nor can the hand of the elder get through the neck of the gourd on the shelf".

#### 4.3.2 The construct of 'communication' as process

At this point in the research, '**communication**' was about experiences with companions and with the natural world. The elements of the wellbeing construct of 'communication' were:

- Listening
- Looking
- Talking
- Touching
- Smelling
- Tasting
- Body language
- Representing
- Stories
- Music
- Drama
- Spirituality.

The construct of communication that I now propose is of a different order from the contextual one of the physical world. Communication is the central

*process* that, always in the cultural context, underpins all affective, social and ultimately cognitive functioning (Vygotsky, 1962). As Wertsch puts it: “I propose that mental functioning and sociocultural setting be understood as dialectically interacting moments, or aspects of a more inclusive unit of analysis – *human action*” (Wertsch et al., 1995). This construct of communication is about *processes* of interaction, rather than *states* of wellbeing such as ‘belonging and boundaries’, and ‘agency’, described below. As such, it is clear that communication is a vitally important and indeed essential process in the development of wellbeing. The development of representation is part of this process, of which experiences of stories, pictures, music, dance and drama are an active part.

While searching for definitions of language and communication, I discovered a statement with which I profoundly disagree: “In the first stage of pre-linguistic vocalisation, infants can communicate only by crying” (DeHart et al., 2004). Surely this is confounded by all that we have learned from the work of researchers such as Trevarthen (2001). Murray and Andrews (2000) write that there are myriad ways in which babies and their companions communicate. As the Birth to Three Matters review tells us: “From the very beginning of life, young babies convey messages about what they want and need, as well as how they feel” (David et al, 2003, p.82). “Words”, said Whitehead, “rest on a foundation of social communications laid down in the earliest hours, weeks and months of life” (Whitehead, 2000). Trevarthen says “Being conversational is what it takes for a young person to begin learning what other people know and do, and this is the behaviour a fond parent expects, and enjoys. It is the human adaptation for cultural learning” (Trevarthen, 2004).

We refer to our first language as the one we first learned to speak – for instance English, French, Punjabi, Swedish. I argue that in fact our first language is body language, and that babies and young children use this with their companions from birth; and that we all continue to use it long after we know how to understand and use spoken language (Roberts, 2006).

Communicating with people and things on a sensory level – using touch, smell and taste as well as seeing and hearing, are richly important aspects of body language. Reggio Emilia's 'One Hundred Languages of Children' (Malaguzzi, 1996) is further testimony to this perspective on communication.

This construct of wellbeing - communication - is not just about conversations with people - aspects of language acquisition - but essentially about interactions with the world, in ways that rely on all the senses. It is about the ways in which we find out what things are and how they work by internally and externally formulating questions and interacting with the environment in order to discover. And it is in these communications, both with companions and with the natural world, that the seeds of spiritual growth are sown, in children's first-hand experiences of 'goodness' (or 'godliness') in interactions with their special people, and in a growing awareness of the awe and wonder of our natural world. In her analysis of the core of children's spirituality, Nye writes "Poets have often drawn our attention to the powerful and profound sense of the natural world that one can experience in childhood. Children themselves perhaps need more opportunities to articulate this. A vehicle for spiritual development may exist in experiences of sharing their sense of value and meaning arising in this kind of context with others" (Hay & Nye, 1998). This approach supports the idea of the growth of spirituality as a process of communication.

Some definitions of communication focus on the one-way transmission of knowledge. However, in introducing this construct I should make it clear that by communication I mean processes of *connection*, and that I see this as a *two-way* process. Wisneski and Goldstein write that Dewey's view was that communication leads to community; he wrote: "There is more than a verbal tie between the words common, community, and communication" (Dewey, 1966, p.4). Here Dewey is using the word 'common' to mean sharing, as in 'common sense'. I have been using the 'common sense' term of 'companionable learning' for the process of communication that I have been

describing – the vehicle for the development of resilient wellbeing. We know that teaching and learning are interactive processes, and it might be appropriate to refer to ‘companionable learning’ as the pedagogy of wellbeing. And yet ‘pedagogy’ refers to the learning of children and young people; and the term ‘andragogy’ is used to refer to adult learning.

However, I have always been doubtful about this differentiation between child learning and adult learning. In any case, both these terms are associated with a transmission model of knowledge that is radically different from the inter-subjective processes that I have been describing. As Rogoff says:

“The process of communication, whether verbal or non-verbal, is a social activity that can be regarded as the bridge between one understanding of a situation and another. By its nature, communication presumes intersubjectivity – that is, shared understanding based on a common focus of attention and some shared presuppositions that form the ground for communication” (Rogoff, 1990 p.71).

In these processes, the idea of dialogue springs to mind; and yet dialogue seems not enough to indicate the mutual *learning* that characterises much of the foundations of wellbeing as I have described them. I argue that a new term is needed to describe ‘companionable learning’; one that incorporates a mutual, inter-subjective style of communication and learning, and that encompasses the development of wellbeing through agency, and belonging and boundaries; and perhaps such a new term could be ‘diagogy’.

#### **4.4 The *states* of wellbeing**

During my previous work, and subsequently during the thinking and the reading described in the previous three chapters, certain elements consistently appeared that I began to locate within four constructs. Two constructs have already been described above: the *contextual* ‘physical world’, and the *processes* of ‘communication’. I argue that the two remaining constructs, termed ‘agency’, and ‘belonging and boundaries’, are central

*states* of wellbeing. Inevitably, because in reality the constructs are fluid and interwoven, much of the literature relating to each construct crosses the boundaries of the elements - and sometimes even the boundaries of the constructs themselves.

In proposing the elements of these constructs, I refer back to ideas described in previous chapters, and elaborate on elements of the constructs that may not have been previously identified. Only one version of these constructs and elements - the final one - is presented here; although there were in fact many previous versions, which were developed in succession throughout the research.

#### **4.4.1 The construct of 'belonging and boundaries'**

In our horticultural analogy, the impact of warmth, water and light on the seeds generates a process of germination that leads to observable growth of the plants. A vital aspect of this growth is the root system that keeps the plant securely in place and acts as the conduit for the water and the nutrients in the soil. These roots can be compared with a child's sense of belonging (in the family and in the community) and with the 'boundaries' that are inherent in any relationship. These two different but related concepts are presented here as one construct. At this point, 'Belonging and boundaries' were about developing:

- A strong sense of identity
- Attachment to a range of 'companions'
- A sense of security
- Trust
- Acceptance of self and others
- Respect for companions
- Awareness of expectations
- Familiarity with routines
- Understanding of rules
- Appropriate responsibilities

Throughout the first three chapters, the construct of 'belonging' has been seen to be increasingly significant. 'Belonging' on an individual level is very closely associated with attachment (see Chapter 3.3), within which are the foundations of how secure someone feels, the way they make relationships, can trust and share problems, feel special, wanted and comfortable with people around them. A feeling of belonging also rests on people's sense of individual identity within their relationships and communities. Belonging is acknowledged as vital to very early development, as evidenced by the component, 'a sense of belonging' in Birth to Three Matters (DfES, 2003s). But there is also an important association between the two elements of 'belonging', and '*boundaries*' - the expectations, routines and responsibilities that are an inevitable part of belonging, the other side of the coin, as it were.

I suggest that the increasing artificial and far-reaching division of these two aspects of family, community and society - both generated and reflected by the literature - has made a negative impact in relation to the fragmentation of family life, the rise in behavioural problems in schools, and in youth offending (Rutter & Smith, 1995). On an individual level we are used to the association of 'rights' with 'responsibilities', and this is a similar yet more socio-cultural concept. In Birth to Three Matters, boundaries, limits and learning about rules are included, but in the 'healthy child' section and not at all associated with the idea of belonging. Taking an ecological perspective, this sense of belonging *and* boundaries might apply to a child's close relationship with an individual (the primary carer), as well as to the family, the neighbourhood community, and the peer group.

There is a vast body of literature focusing on the pathology of behaviour, ranging from behaviour problems to crime and deviance. What do we put in the scales to balance this? In many cases the concept of 'compliance' is taken to be the ideal alternative state - in spite of Winnicott having described compliance as a relationship to external reality in which "the world and its

details are recognised but only as something to be fitted in with or demanding adaptation” (Winnicott, 1971, p.65). In terms of wellbeing this is clearly not good enough. On the other hand is the solid body of evidence relating to attachment, key person relationships, the child’s need for continuity and containment and so on. As the Birth to Three Matters literature review concludes: “once again the research points to the centrality of positive relationships with parents and other key people in young children’s lives” (DfES, 2003b, p.102).

The importance of the two perspectives of belonging and boundaries was highlighted in Baumrind’s research that identified authoritative, authoritarian, and permissive parents (see 4.1 above). It was also emphasised by Carr in her identification of five social discourses that underpin the development of children’s dispositions, one of which was the discourse of belonging. Here is her summary explanation of belonging as an aim of early childhood:

“To belong here (to understand and become an expert on the rules and routines, and then to be able to make informed and responsible judgements about how and when and whether to make up rules of your own; to be responsible”) (Carr, 1995, p.5).

In the preceding chapters a great deal has been said about the elements of belonging and the importance of early relationships which are the vital context for the development of identity, attachment, security, trust, acceptance and respect. Another vital aspect of ‘belonging and boundaries’ is that it lays the foundations for inclusion. The basis of celebration of the rich diversity within families, communities and cultures is the relationships that are forged between individuals, leading to a genuine sense of belonging with others (Rich et al., 2005). The policies flowing from the implementation of Every Child Matters call for genuine family and community involvement in early childhood services, acknowledging that the wellbeing of a community depends on the degree of involvement of its members. Active involvement generates a sense of belonging, the ability and the disposition to make a



positive contribution, and a stronger sense of individual and collective wellbeing.

#### **4.4.2 The construct of ‘agency’**

The last two constructs of the proposed framework have been about developing certain attitudes, dispositions, frames of mind. A sense of belonging and its consequent boundaries involves our interactions with the people and the environments in which we find ourselves; whereas developing a sense of agency relates to our internal world. On the other hand, this internal world is the one that drives our thought actions and action, and the ways in which we communicate. This internal world makes a fundamental impact on a person’s state of wellbeing. Its elements could be described as a flowering of wellbeing, whether they are held individually or collectively. In our horticultural analogy, belonging and boundaries were represented by the root system, whereas agency is represented by the stalks, leaves, flowers and fruits of the plant.

At this point in the research, ‘agency’ was about developing:

- A sense of self
- Positive learning dispositions
- Internal locus of control
- Self esteem
- Autonomy
- Empowerment
- Achievement
- Pride
- Confidence
- Ability to influence.

I begin with the very informal explanation with which I introduced this idea to parents and practitioners, which was “you as ‘agent’ making a difference to your own life”. Human agency has been variously defined as “the capacity for

human beings to make choices, and to impose those choices upon the world” (Wikipedia, the on-line encyclopaedia, which adds “some philosophers (for instance Hegel and Marx) see it as a collective historical dynamic, rather than something that is the result of an individual’s behaviour” or “agent – a person (or thing) that acts or exerts power” (Wikipedia, 2006); and Burkitt writes of many different levels of dynamic agency within the personality, both conscious and unconscious (Burkitt, 1991). Little et al define personal agency as “the sense of persona; empowerment, which involves both knowing and having what it takes to achieve one’s goals” (Little et al., 2002, p.390).

Here is another definition of agency – this time from Baumrind, whose work is described by DeHart et al (2004). Baumrind found that “school-age youngsters raised in authoritative homes tended to score higher than others in what is sometimes called ‘agency’ - the tendency to take initiative, to rise to challenges, and to try to influence events” (DeHart et al., 2004, p.460). She had identified three major parenting styles among parents of preschoolers: authoritative, authoritarian, and permissive. Authoritative parents were nurturant and responsive, setting firm limits and demanding maturity of their children, relying on discipline techniques based on reasoning, and taking care to respect the child’s point of view. By contrast, authoritarian parents used harsh discipline and rigidly enforced rules, and seldom tried to understand the child’s point of view. Permissive parents, however, were somewhat nurturant but failed to maintain firm limits and standards. These styles are interesting for their effect on agency, but also in relation to the next wellbeing construct, belonging and boundaries.

Pascal preceded her own definition of agency (Pascal, 2003) with some other views. She wrote: “Freire saw agency as “the ability of man to be active in the world and transform it” (Freire, 1970). Giddens sees agency as the ability of the individual to act and participate in society to influence and change it (Giddens, 2006). Bruner, more narrowly, defines agency as the ability of an individual to initiate and carry out activities on one’s own (Bruner, 1996)”.

Pascal continues: “In our work we have tended to adopt a wider view, closer to Freire and Giddens and define agency as the capacity of an individual to act both alone, and with others, in order to influence and transform their world” (Pascal, 2003, p.15). Pascal raises the possibility of the individual agent acting in solidarity with others, as well as acting alone – a notion of ‘collective agency’ which resonates with the ecological approach.

Ford and Thompson, in considering the emergence of personal agency beliefs in the infancy and toddler years and their importance to early developmental achievements, suggest that

“personal agency beliefs consist of two interrelated but conceptually distinct motivational components: beliefs about the responsiveness of the environment to one’s efforts to attain desired outcomes (i.e. perceptions of control), and beliefs about one’s ability to actually achieve these outcomes when given the opportunity to do so (i.e. perceptions of competence)” (Ford & Thompson, 1985)

While I wonder if this is simply to suggest that personal agency is equivalent to Piaget’s ‘theory of assimilation and accommodation’, I nonetheless find it a most useful distinction. In reviewing the research evidence, even two decades ago, Ford and Thompson cite “an impressive and growing body of evidence linking personal agency beliefs to indices of behavioural competence and psychological wellbeing. For example, in the literature on locus of control, hundreds of studies ... suggest that ‘internals’ tend to make greater efforts to master and cope with their environment, especially when compared to ‘externals’ who perceive events as uncontrollable rather than controlled by powerful others” (p. 386). Gammage explains these terms thus:

“The Locus of Control concept refers to the belief individuals have about their personal power and agency. The beliefs people have about the control they have in their lives, range from those who think that they play an active role in the successes or failures they experience (internals), to those who believe that the things that happen to them are the result of luck, fate or other people (externals)” (Gammage & Kreig, 2001, p. 64).

In the Individual Observation Scale for which that explanation provided part of the context, signs of Internal Locus of Control beliefs were grouped into the following categories: confidence, eagerness, resourcefulness, purposefulness / persistence and decision-making. These ideas resonate strongly with Bandura's construct of self-efficacy mentioned earlier.

I suggest that in the chapters above, several of the recurring themes clearly fit into this 'agency' construct of wellbeing. The fundamental idea behind the term 'agency' can be seen in the concept of 'mastery orientation' outlined by Sylva in the Start Right report (Sylva, 1994). Drawing on the work of Dweck and Leggett (1988) Sylva concludes: "The most important learning in pre-school concerns aspiration, task commitment, social skills and feelings of efficacy" (p.94). This leads directly to the idea of learning dispositions, which is so central to 'agency' and where I argue that much of cognition resides (Roberts, 2006, pp.143-145). A widely held perception of *positive* learning dispositions would include such factors as exploring, experimenting, persisting, learning from mistakes, questioning, watching and listening. In 1988, Katz broadly defined dispositions as follows:

"Dispositions are a very different type of learning from skills and knowledge. They can be thought of as habits of mind, tendencies to respond to situations in certain ways. Curiosity is a disposition. It's not a skill, and it's not a piece of knowledge. It's a tendency to respond to your experience in a certain way. Friendliness is a disposition. Unfriendliness is a disposition. Creativity is perhaps a set of dispositions. Being bossy or a bully are dispositions. Not all dispositions are desirable. Think about the difference between having reading skills and having the disposition to be a reader, or having writing skills in contrast to having the disposition to be a writer" (Katz, 1988, p.30).

Returning to *learning* dispositions, Pascal identified the following attitudes and dispositions to learn: independence, creativity, self-motivation and resilience (Pascal, 2003, pp.24-25). Carr also expanded the notion by proposing

developmental categories of being 'ready', 'willing' and 'able', and analysing the domains of learning dispositions as follows,:

- taking an interest
- being involved
- persisting with difficulty or uncertainty
- communicating with others
- taking responsibility.

(Carr, 2001, p.23)

Moving on from learning dispositions to other aspects of agency, Griffey argues that "to promote resilience in later life, children need family, educational and vocational learning contexts in which they can take control ..... resilience is the capacity to manage feelings, thoughts and take action to surmount difficult and challenging circumstances" (Griffey, 2002, p.123). The disposition and the ability to do these things largely depends on a degree of confidence in the likelihood of success. Along with many others I have argued the importance for children's development of a positive sense of self, and of realistic self-esteem (Roberts, 2006, pp14-16, 59-60); and here I propose that a positive sense of self and realistic self-esteem are fundamental to a sense of agency. While it has been shown that the sense of self is rooted in the primary attachment relationship, it is also clear that cognitive processes, which are fundamental to a sense of agency, are deeply influenced by the sense of self. This is closely associated with confidence, and a sense of achievement.

This comparatively lengthy introduction - by contrast with those for the previous constructs - has been essential in order to explain a term that is not currently in general use in this way. In concluding this introduction to 'agency' as one of the four proposed constructs of resilient wellbeing, I should acknowledge some reservation at this stage in relation to its use. In spite of its strength as a construct, I found that the term did confuse many parents and others whose idea of the meaning of agency has more to do with institutions

than personal attributes. However, I persisted as I felt that 'agency' captured more accurately than other term the concept that I wanted to convey. At one point I decided to try and identify an alternative term for the same set of concepts, but failed to locate a 'better' term satisfactorily to describe the meaning of the construct. What did emerge, however, was that the discussions with participants in the research that were needed to elaborate and agree the term became an extremely illuminating part of the research process. As a result I decided to retain the term; although never-the-less it is acknowledged that the common perception of 'agency' as a possibly threatening organisation of control over families (in effect the opposite of an individual's sense of their own agency) may remain problematic in the dissemination of the study.

Finally, this explanation of 'agency' would be incomplete without any reference to play. I hypothesised that young children's play, whether solitary or companionable, is a rich context for the development of resilient wellbeing, and most particularly for the development of a sense of agency. I anticipated that the data collected during this research would enable me to test this hypothesis.

#### **4.5 Research reviews relating to wellbeing**

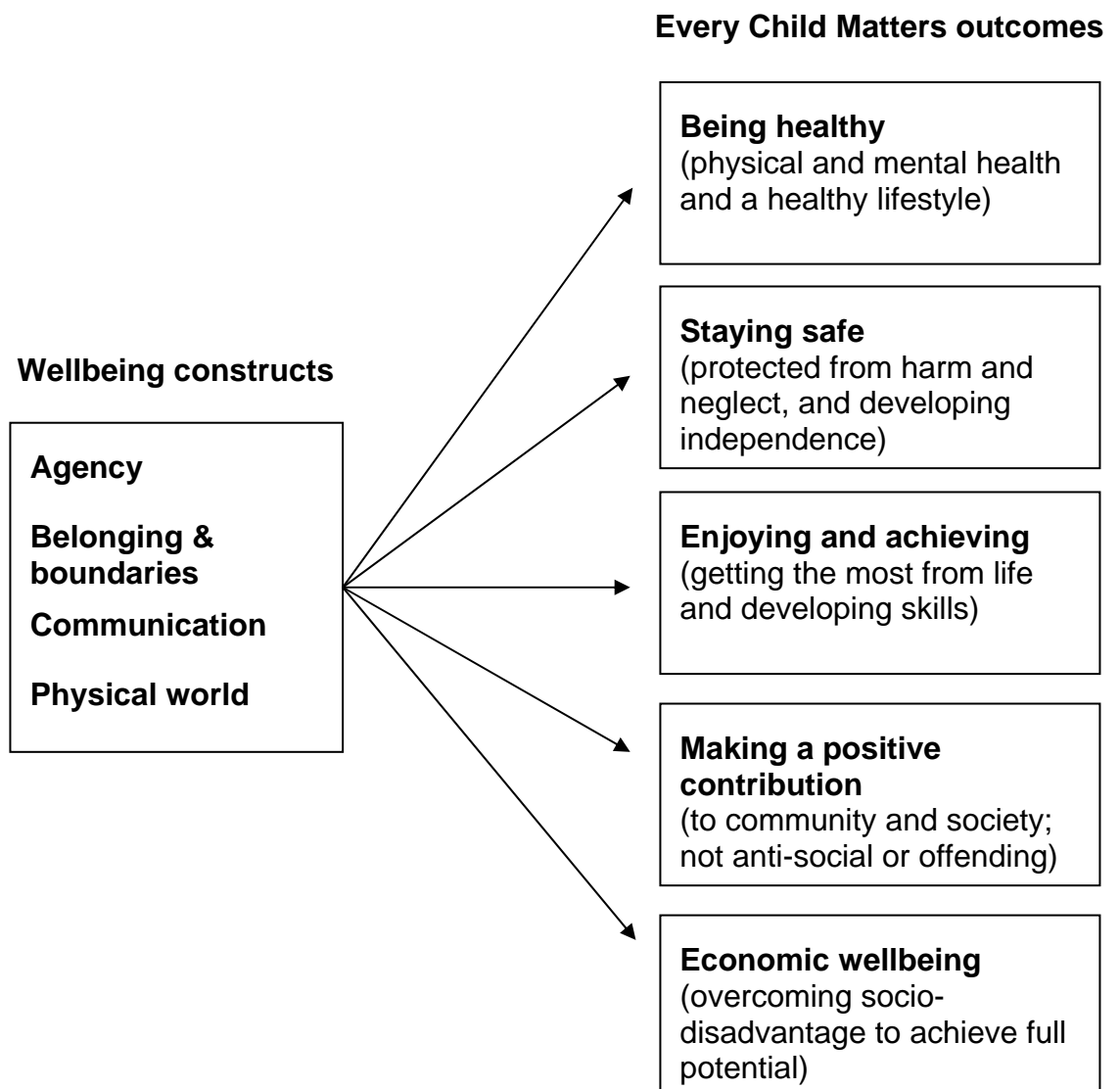
In Table 1.8 below, I cite six reviews, already referred to above, as sources of evidence that variously highlight the importance of the four wellbeing constructs. The authors are Buchanan and Hudson (2000); David et al (2003); Pugh (2005); Rutter (1999) in Shonkoff and Meisels (2000); Spencer (2000); and Stewart-Brown (2000).

Table 1.8: Evidence to support the wellbeing constructs

AGENCY	<p>Buchanan and Hudson (2000) <i>Promoting Children's Emotional Wellbeing</i> Oxford, Oxford University Press</p> <p>David et al (2003) <i>Birth to Three Matters: Literature Review, Research Report 444</i>, London, DfES</p> <p>Pugh (2005) Policies in the UK to Promote the Wellbeing of Children, in Scot, J. and Ward, H. (Eds) <i>Safeguarding and Promoting the Well-being of Vulnerable Children</i>. London, Jessica Kingsley</p> <p>Rutter, M. (1999) Resilience re-considered: conceptual considerations and empirical findings, in Shonkoff, J. &amp; Meisels, A. (2000) <i>Handbook of Early Childhood Intervention</i>. Cambridge, Cambridge University Press</p>
BELONGING & BOUNDARIES	<p>Buchanan and Hudson (2000) <i>Promoting Children's Emotional Wellbeing</i> Oxford, Oxford University Press</p> <p>David et al (2003) <i>Birth to Three Matters: Literature Review, Research Report 444</i>, London, DfES</p> <p>Pugh (2005) Policies in the UK to Promote the Wellbeing of Children, in Scot, J. and Ward, H. (Eds) <i>Safeguarding and Promoting the Well-being of Vulnerable Children</i>. London, Jessica Kingsley</p> <p>Rutter, M. (1999) Resilience re-considered: conceptual considerations and empirical findings, in Shonkoff, J. &amp; Meisels, A. (2000) <i>Handbook of Early Childhood Intervention</i>. Cambridge, Cambridge University Press</p> <p>Spencer (2000) <i>Poverty and Child Health</i> Oxford, Radcliffe Medical Press</p> <p>Stewart-Brown (2000) Parenting, well-being, health and disease, in Buchanan, A. and Hudson, B. (eds) <i>Promoting Children's Emotional Wellbeing</i> Oxford, Oxford University Press</p>
COMMUNICATION	<p>Buchanan and Hudson (2000) <i>Promoting Children's Emotional Wellbeing</i> Oxford, Oxford University Press</p> <p>David et al (2003) <i>Birth to Three Matters: Literature Review, Research Report 444</i>, London, DfES</p> <p>Pugh (2005) Policies in the UK to Promote the Wellbeing of Children, in Scot, J. and Ward, H. (Eds) <i>Safeguarding and Promoting the Well-being of Vulnerable Children</i>. London, Jessica Kingsley</p> <p>Rutter, M. (1999) Resilience re-considered: conceptual considerations and empirical findings, in Shonkoff, J. &amp; Meisels, A. (2000) <i>Handbook of Early Childhood Intervention</i>. Cambridge, Cambridge University Press</p> <p>Spencer (2000) <i>Poverty and Child Health</i> Oxford, Radcliffe Medical Press</p> <p>Stewart-Brown (2000) Parenting, well-being, health and disease, in Buchanan, A. and Hudson, B. (eds) <i>Promoting Children's Emotional Wellbeing</i> Oxford, Oxford University Press</p>
PHYSICAL WORLD	<p>Buchanan and Hudson (2000) <i>Promoting Children's Emotional Wellbeing</i> Oxford, Oxford University Press</p> <p>David et al (2003) <i>Birth to Three Matters: Literature Review, Research Report 444</i>, London, DfES</p> <p>Pugh (2005) Policies in the UK to Promote the Wellbeing of Children, in Scot, J. and Ward, H. (Eds) <i>Safeguarding and Promoting the Well-being of Vulnerable Children</i>. London, Jessica Kingsley</p> <p>Spencer (2000) <i>Poverty and Child Health</i> Oxford, Radcliffe Medical Press</p>

Figure 1.9 (below) shows how the constructs link to the five outcomes in the over-arching policy document of this decade, 'Every Child Matters' (DfES, 2003b). All four constructs can be seen to underpin all five Every Child Matters outcomes.

Figure 1.2: Constructs and ECM outcomes





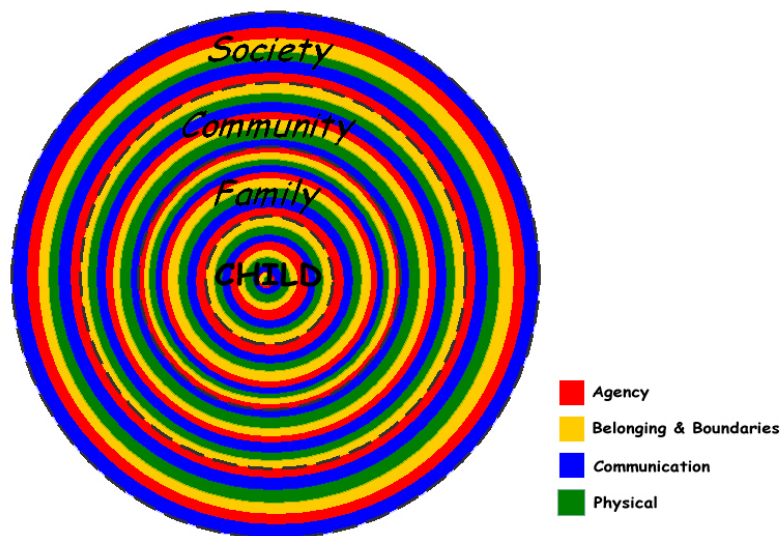
## **4.6 Models of wellbeing**

I have argued that a conceptual model of wellbeing was needed to structure this research, and to provide a basis for analysis. In my interviews and discussions it became clear that a practical model was also needed – one in which the same constructs featured, but in a way that invited further investigation. Such a model could become the practical framework that I needed. Both models, the conceptual and the practical, would need to incorporate the four constructs described above, together with the ‘companionable learning’ processes discussed at Section 4.3.1. Two such models are presented below.

### **4.6.1 A conceptual model of wellbeing**

In the ‘circles of wellbeing’ model below, the constructs described above at 4.2 - 4.4 combine with the ecological structure of child, family, community and society. The four constructs are fluidly woven throughout the ecological model, the boundaries of which are loosely defined.

Figure 1.3: Circles of wellbeing



#### 4.6.2 A practical model of wellbeing

The conceptual 'circles of wellbeing' model may be helpful in reflecting the fluidity and complexity of the four constructs of wellbeing development, in a range of social settings; but I found that it was less helpful as a practical tool for analysis, and for identifying areas of possible action. Consequently I developed a framework (see Figure 1.4 below) in which the wellbeing constructs were separated. This would facilitate analysis; and could provide a practical extension to the theoretical model.

Figure 1.4: ‘Companionable Learning’: a practical framework

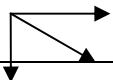
CHILD'S 	Agency	Belonging & boundaries	Communi- cation	Physical
Primary carer				
Family & other carers				
Neighbourhood/ Community				
Society				

Figure 1.4 begs the question, “What goes into the empty cells?” Answers to this question would be important outcomes for this research. In particular, I hoped that any such answers would shed light on the third research question articulated at the end of this chapter.

#### 4.6.3 Foregrounding and back-grounding the constructs

In her book about children’s learning stories and learning dispositions, Carr (2001) suggests a strategy for making sense of a ‘web’ of concepts by alternately ‘foregrounding’ and ‘back-grounding’ them. This works very well in a situation where it is not helpful to consider each strand entirely on its own, because of the way that every strand relates to each of the others. As she explains (p.43), “we should pay attention to the background contributing milieu.. ..... “.

We know from experience that, for instance, the way in which a child’s sense of agency develops is likely to be significantly affected by the strength of her sense of belonging and boundaries, her ability to communicate, and her health. We also know that the way in which a child’s sense of belonging and

boundaries develops is likely to be significantly affected by the strength of her sense of agency, her ability to communicate, and her health. This seems to work for each construct, as seen in the tables below. It could even be argued that the strength of each fore-grounded strand depends on how robust are its back-grounded strands.

I had wanted to develop a model that would work as an integrating mechanism; not least because of concerns about the fragmenting aspects of the Foundation Stage curriculum 'areas' for the youngest children. I was convinced of the need to move away from rigid categories, and to think about children's wellbeing in a more holistic way. Consequently I was drawn to Carr's strategy of foregrounding and back-grounding. Conceptual representations of this idea can be seen in Table 1.9 below.

Table 1.9: Examples of Foregrounding: (a) Agency

<b>AGENCY</b>	<b>BELONGING &amp; BOUNDARIES</b>	<b>COMMUNICATION</b>	<b>PHYSICAL</b>
<b>A sense of self</b> <b>Positive learning dispositions</b> <b>Internal locus of control</b> <b>Self esteem</b> <b>Autonomy</b> <b>Empowerment</b> <b>Achievement</b> <b>Pride</b> <b>Confidence</b> <b>Ability to influence.</b>	A strong sense of identity Attachment to a range of 'companions' A sense of security Trust Acceptance of self and others Respect for companions Awareness of expectations Familiarity with routines Understanding of rules Appropriate responsibilities	Listening Looking Talking Touching Smelling Tasting Body language Representing Stories Music Drama Spirituality	Eating Sleeping Motor control Exercise Being outside Keeping safe Laughing Health routines Income Housing

## (b) Belonging and Boundaries

<b>AGENCY</b>	<b>BELONGING &amp; BOUNDARIES</b>	<b>COMMUNICATION</b>	<b>PHYSICAL</b>
A sense of self Positive learning dispositions Internal locus of control Self esteem Autonomy Empowerment Achievement Pride Confidence Ability to influence.	<b>A strong sense of identity</b> <b>Attachment to a range of 'companions'</b> <b>A sense of security</b> <b>Trust</b> <b>Acceptance of self and others</b> <b>Respect for companions</b> <b>Awareness of expectations</b> <b>Familiarity with routines</b> <b>Understanding of rules</b> <b>Appropriate responsibilities</b>	Listening Looking Talking Touching Smelling Tasting Body language Representing Stories Music Drama Spirituality	Eating Sleeping Motor control Exercise Being outside Keeping safe Laughing Health routines Income Housing

Looking through the lens of his bioecological model, Bronfenbrenner asks: “What is the prospect for the future development of our species?” His answer resonates strongly with the focus of this study and the need to know more of the processes of resilient wellbeing development. The relevance of agency, belonging and boundaries, communication and the physical world can be seen in this deeply concerning perspective of society:

“In the United States it is now possible for a youth, female as well as male, to graduate from high school, or a university, without ever caring for a baby; without ever looking after someone who was ill, old, or lonely; and without comforting or assisting another human being who really needed help. The developmental consequences of such a deprivation of human experience have not as yet been scientifically researched. But the possible social implications are obvious, for – sooner or later, and usually sooner – all of us suffer illness, loneliness, and the need for help, comfort and companionship. No society can long sustain itself unless its members have learned the sensitivities, motivations, and skills involved in assisting and caring for other human beings” (Bronfenbrenner, 2005, p. 14).

#### 4.7 Research questions

The use of Bronfenbrenner’s ecological model (Bronfenbrenner 1979, 2005) in relation to the four constructs opens up a significant additional field of enquiry. Here, the constructs of agency, belonging and boundaries, communications and the physical world can be thought of not only in relation to an *individual* child or adult; but also *collectively*, in relation to the agency (etc.) of a family, a community, or a society. In addition, while offering an integrated way of thinking about the wellbeing of children and families, this model may also be of use at the service provision level.

On the same individual / collective continuum, it has been shown that the proposed individual constructs of wellbeing are essentially interdependent. “All areas of learning and development are intricately intertwined, young children develop and learn holistically and their emotional and social development seems to form the bedrock of other areas” (David et al, 2003, p. 64). *Integrated* services are at the top of the policy agenda; and an integrating

model onto which *all* services could be mapped may be found to be of use. This research aims to develop such a model.

Research reviews of brain research in the earliest years (Shonkoff & Phillips, 2000), and of the importance of relationships in the earliest years (Gerhardt, 2004), (David et al, 2003), (Gopnik et al., 1999) (Dunn, 2004), emphasised the need to study situations and experiences in families with the youngest children; and in spite of a significant expansion in day care provision, in the UK most children under three years still spend the majority of their lives at home (Summerfield & Babb, 2003). For these reasons the main context of this research was in the home; and where participants were contacted outside the home (for instance in Centres), the focus of interviews was nonetheless mainly on what happens within it.

In summary at the conclusion of the literature review, the focus of this research is on babies and young children with their 'companions', in the social context of the home. I defined 'companions' to the participants in this study as "children and adults who see each other regularly, know each other well, and are bound by affection." Clearly this applies to mothers and very often fathers; and also it may apply to other primary carers (such as partners, or the 'key person' in day-care); to siblings and extended family members (grandparents, aunts, uncles, cousins); and to local others such as parents' friends and neighbours.

Close relationships from birth to three, both with primary carers and with other companions, are the important social context for 'companionable learning', which refers to the situations and experiences children enjoy with people who know them well and are bound to them by love or affection. 'Companionable learning' is the 'diagogy' of wellbeing, in which children and companions both learn together, to the benefit of the wellbeing of each.

The proposed wellbeing model generates many questions. Is it robust? Does it make sense to ‘companions’? Is it a useful way of thinking about the development of resilient wellbeing? How might the proposed four constructs of resilient wellbeing develop in early childhood? In what contexts do they develop? What might help? What might hinder? These are questions that this research investigates, and which dictate its shape. They also raise an additional question, about appropriate and rigorous methods. Ultimately, three research questions were identified as follows:

1. What would constitute a robust conceptual framework for resilient wellbeing?
2. What observable situations and experiences influence the development of resilient wellbeing from birth to three years?
3. Are there implications for research, policy and practice in relation to the possible impact of the framework and ‘companionable learning’, on children’s and families’ wellbeing and emancipation?

The process of development of the framework was an iterative one, in which I repeatedly returned to the subject: in the literature, in the many pilot interviews for Study 1 (one hundred mothers), in the seminar focus groups, and most often in discussion with the case study families. (I recall one mother, when I asked for a third discussion of the content of the framework, responding with a good-natured “What, *again?*”). Consequently the elements were framed in a relatively informal way that made sense to the parents with whom they were ultimately finalised.

However, at this point I had only gone as far as formulating a hypothetical framework. Now I needed to see if it was robust, how it worked in practice, and whether it might be of use.



**Summary of Part 1**

I began this research story by adopting a ‘garden restoration’ analogy, introducing myself in Chapter 1 as the ‘gardener’ with a professional history that would profoundly influence the course of research events. Such histories need to be made explicit, and in my case featured a range of influences that had shaped my values and beliefs at the start of the study. Chapter 2 gives an account of how I explored my surrounding landscape: the UK early years background, recent research on child development from birth to three, and current UK policy and implementation. This review threw up recurring themes like the shoots of thriving and robust plants: themes of wellbeing, resilience, early relationships, and the ecology of early childhood. These were the ‘resident’ plants that shaped the research garden I was setting out to explore, and possibly to cultivate.

Chapter 4 offered a topology of wellbeing (my dictionary definition of topology reads in part: “those properties of a figure which remain unchanged even when the figure is bent, stretched, etc.); and related how I discovered all I could about the themes. Four constructs of wellbeing emerged, relating variously to contexts, processes and states. These themes and constructs generated a model of wellbeing, expressed in two ways: conceptually, (circles of wellbeing) and practically (a practical framework). Chapter 4 concluded with a formulation of the research questions that would dictate the objectives of the research. I had mapped out the landscape in which my garden was located, with its history and its indigenous plants. The next instalment of the story, Part 2, focuses on the garden itself and the ways in which I explored it.

## **PART 2 METHODOLOGY AND METHODS**

The first part of this thesis ended with the research questions and objectives of the study that it describes. The methodologies and methods I used for addressing these research questions are now described in Part 2. The four constructs proposed in Part 1, (agency, belonging and boundaries, communication and the physical world), were used as ‘a priori’ constructs at the start of data gathering, and subsequently to analyse the data. They were also shared with the case study families and repeatedly discussed and tested for their relevance in the real worlds of children and families.

My purpose in Part 2 is to explain why and how the methodology was decided; and why and how the investigation was designed in the way that it was. Chapter 5 discusses the paradigm in which the research has been located, and identifies the ethical principles on which it was based. These are followed by the rationale for the research design, and the operational strategies employed to implement the design ethically and rigorously. Finally, issues of trustworthiness are discussed.

Meeting the objectives of the research involved proposing a wellbeing framework, investigating ‘companionable learning’, and exploring possible implications. In order to achieve these objectives, three studies were carried out: a survey, a group of case studies, and a series of focus groups. Chapter 6 describes the methods to be used in each of these three component studies in turn, outlining the preparatory work through to the final protocols.

Thus Part 2 covers the intentions and planning of the research, ending with the point at which I was ready to begin the data collection.

## **CHAPTER 5      *Garden design and action plan: methodology***

“While the form which a garden takes evolves primarily from its function, the style must above all be in sympathy with its location. Very occasionally a contrast in style can work by shock tactics, but in the main this is not a good idea. The first problem is to recognise your style.”

Brookes (1977, p.16)

### **5.1      The paradigm question**

This study arises out of a social constructivist approach (Creswell, 2003), in which I make certain assumptions. I believe that the meaning we make of the world has its basis in sociocultural interaction, and that this is especially the case in relation to the meaning that very young children make of their world. In framing children’s cognitive development as ‘apprenticeship’, Rogoff describes “the active role of children in organising development, the active support and use of other people in social interaction and arrangements of tasks and activities, and the socioculturally ordered nature of the institutional contexts, technologies, and goals of cognitive activities” (Rogoff 1990, p.39). This thinking lies at the heart of the idea of ‘companionable learning’ which is the central concept of this research.

The cultures into which we are born bestow on us particular sets of understandings, by virtue of the interactions we experience in those cultures (Bourdieu, 1998) Thus the interpretations that we as researchers make of our findings will depend on the personal situations and experiences that we bring to our work. While these interpretations can be mediated through our awareness of the socially and culturally constructed nature of our understanding, they will none-the-less form an inevitable bias in the way in which I undertake this research.

The frequently held conviction of early childhood practitioners that experiences in the early years have a profound impact on later outcomes is increasingly confirmed by research findings (Shonkoff & Phillips, 2000, Silva, 1996). But this finding cannot be selectively applied to the study children; and if it is the case, then our earliest experiences as children may be thought to make an impact on our perceptions and decisions as adult researchers. In this case, my own experiences as a white middle class girl child growing up with a hearing-impaired sibling are surely likely to make an impact on my focus and my responses. In the plethora of research priorities and possibilities, is language acquisition important to me because of the huge body of literature, or because of my early experiences? In my recruitment of families for the case studies and my responses to the data, was my disabled sibling and our parents' consequent complex plight purely co-incidental? Although both questions can be satisfactorily answered in professional terms (the body of literature, the diversity of the families), one challenge of the study lies in my acknowledgement of the importance of vigilance and transparency in relation to these matters. This acknowledgement is reflected in accounts and discussions throughout the thesis.

Another impact of this social constructivist approach is the assumption that the fluctuations of a primary carer's wellbeing will make a fundamental impact on the wellbeing of the children in her care. Although this study sets out to investigate the development of resilient wellbeing from birth to three, this assumption - that how a mother feels makes a difference to her children - has led me to focus as much on mothers as on children. Clearly children's other 'companions' matter too, and this is reflected in the case studies.

In discussing the nature of research, Clough and Nutbrown describe social research as persuasive, purposive, positional and positive. In these ways, this thesis sets out to justify the research it describes. The authors suggest that "All social research sets out with specific *purposes* from a particular *position*, and

aims to *persuade* readers of the significance of its claims; these claims are always broadly *political*'. (Clough & Nutbrown 2007, p.4)

Starting from the particular position described above, my purpose has been emancipatory, by which I mean that I wish to question, and ultimately to transform, the situations I am setting out to investigate. By this I mean the situations for families, practitioners, policy makers and researchers generally in relation to the youngest children's 'companionable learning', rather than the particular participants in the research described below. My questions do not invite the elements of prediction and control of the normative paradigm, nor does the interpretive paradigm go far enough (although the study will none-the-less need its exploratory, descriptive and explanatory aspects). I identify with Cohen, Manion and Morrison's description (Cohen et al., 2000) of the 'critical theory' paradigm when they say:

"[Critical theory's] intention is not merely to give an account of society and behaviour but to realise a society that is based on equality and democracy for all members. Its purpose is not merely to understand situations and phenomena but to change them. In particular it seeks to emancipate the disempowered, to redress inequality and to promote individual freedoms within a democratic society". (Cohen et al., 2000) p. 28.

Pursuing the same idea while arguing against the polarisation of paradigms as less appropriate for educational research, Clough and Nutbrown discuss the characteristics of three approaches to the study of behaviour: normative, interpretive and critical approaches. They state that

"The emergence of critical theory in educational research offers a third paradigm, linked with the political stance of emancipation of individuals and groups in society. Critical theorists would thus argue that their work is *transformative* in that it seeks to change people and societies." (Clough & Nutbrown, 2002, pp.14-15)

Locating the study in the critical paradigm is therefore also a question of values; of rejecting the rational enquiry approach of positivism in order that this research should "help disenfranchised groups to find their voice" (David, 1996).

This very important characteristic of the research is highlighted in the third objective: to make recommendations for policy and service provision. The intention has been to generate questions, ideas and practices in relation to the foundations of wellbeing, that can be of use to all those who live and work with the youngest children. And although it was not the intention directly to transform the lives of the families participating in the research, none-the-less there were instances where to some extent this did seem to have happened (see Appendix 3.5).

However, locating the study in this paradigm does not, of itself, solve the kinds of questions that relate to whether a design is qualitative or quantitative, positivist or interpretive; although this research is clearly located in the qualitative and interpretive paradigm. It was decided that the best way to proceed would be to draw on a range of methods for different aspects. This carried the advantage of strengthening the study by the opportunity to triangulate the findings (Cohen & Manion, 1994).

This mixed method, collaborative study was located, then, within the 'critical theory' paradigm. The research was made up of three separate and very different studies. Briefly (to be elaborated in Chapter 6), Study 1 was based on 100 thirty-minute interviews with mothers of children up to age five years. Study 2 involved ten case study families whom I visited regularly over a period of twelve months. The focus groups of Study 3 were a consultative seminar process with six groups of professionals, made up of researchers, managers and practitioners. A further discussion of why these methods were used, and of the grounded theory approach that was applied to them, can be seen in this chapter at Section 5.3.

## 5.2 Ten ethical principles

Careful consideration was given to the ethical issues raised by this research with families with babies and young children at home. It was decided that the British Psychological Society provided the most appropriate guidance for such a study, rather than, for instance, the recently updated BERA Guidelines (British Education Research Association, 2004) which are more focused on research in schools than in families; or the British Medical Association, where the focus is more on clinical trials. Nonetheless, the underlying principles are very similar in each of these cases.

Thus the study was carried out within the ethical principles for conducting research with human participants laid down by the British Psychological Society (1992). The original principles were revised in 1990, and the new ones formally adopted in 1992. In the revision particular attention was given to the issues of deception, debriefing and risk. The principles make clear the necessity for participants to have confidence in the investigator, emphasising the importance of mutual respect and confidence between investigators and participants, and the need to safeguard the rights and dignity of participants. These principles are an adjunct to the Society's overall Code of Ethics and Conduct (British Psychological Society, 2006), in which the four domains of responsibility are respect, competence, responsibility and integrity.

The principles themselves reflect these domains, and cover the issues of mutual confidence between participants and researcher; attention to the participants' standpoint; properly informed consent; avoiding deception; assessing the need for debriefing; participants' right to withdraw; maintaining confidentiality; protection of participants; safeguarding privacy; and discerning whether to offer advice. These principles constituted a helpful, fundamentally important and often challenging framework for the design and implementation of

the research. In the following explanation of them, all quotations in Chapter 5, Section 5.2.1 – 5.2.10 are taken from the Code of Conduct, Ethical Principles and Guidelines (British Psychological Society, 2000). Research design is described at Section 5.3, and operational strategies at Section 5.4.

### **5.2.1 Mutual confidence**

The Principles state that good psychological research can only be done where the participants have confidence in the investigator, and where there is mutual respect and confidence. This means that both participants and investigator need some basis on which to make a judgement about each other, and it is up to the investigator to establish such a basis. In the case of children, parents and families, opportunities need to be made for meeting and getting to know each other, before consent is sought. For professionals, there needs at least to be some sort of reputation or common ground, for mutual confidence and respect to be possible.

### **5.2.2 The participants' standpoint**

It is seen as essential that “the investigation should be considered from the standpoint of all participants.” This means thinking about psychological well-being, health, values and dignity. However the point is made that in our multi-cultural and multi-ethnic society, where an investigation may involve different ages, gender and social backgrounds, the researcher may not have enough information to make an informed decision as to the likely point of view of some participants. The following point led to the setting up of the Development Group (see Section 5.4.3). “It should be borne in mind that the best judge of whether an investigation will cause offence may be members of the population from which the participants in the research are to be drawn.” (p.8)



### 5.2.3 Properly informed consent

Consent without proper information is meaningless. As much information as possible should be offered to participants, who need it as a reliable basis for their decision on whether to participate. The information needs to include an honest description of the rationale for the study, its objectives and purpose. It also needs to clarify what participants should expect will happen, and when, and where, and with whom; as well as what will happen to the information collected from them, and the uses to which it will be put. In a longitudinal study this process may need to happen several times, as the stages and the protocols of the study develop; while even in a half-hour interview, participants need to know that they can withdraw at any time. When babies and very young children are to be involved (as they were in Study 2) consent is a difficult and complex issue. How this was dealt with in Study 2 is described in Chapter 6, Section 6.2.

Another important issue is described thus: “Investigators should realise that they are often in a position of authority or influence over participants who may be their students, employees or clients. This relationship must not be allowed to pressurise the participants to take part in, or remain in, an investigation.” (p.9) It would seem, on the face of it, that such an issue does not apply to the youngest children and their families. However it is often the case that anyone who might be an ‘expert’ in early childhood holds a kind of influence over the many parents - those who have not gained confidence in their own parenting abilities - that makes this issue relevant as well.

### 5.2.4 Avoiding deception

This principle is about withholding information or misleading participants. “Intentional deception of the participants over the purpose and general nature of the investigation should be avoided whenever possible. Participants should never be deliberately misled without extremely strong scientific or medical

justification” (p.9). This BPS principle is framed exclusively in relation to deliberate deception; but what about unintentional deception? In this study it was relatively straightforward not deliberately to deceive participants. But with a flexible design such as this, it was clear that it would be very easy to fall into a trap of *accidental* deception. For instance, with the best will in the world one might deceive through not explaining a procedure – because that procedure had not been anticipated. Or one might mislead through ignorance, for instance by recruiting a family where the absent father was not relayed all the detailed information, but who subsequently unexpectedly returned and was faced with whether to accept the invitation to join the study, or be left out of it because of his reservations. How these matters were dealt with is detailed in Chapter 6.

### **5.2.5 Assessing the need for debriefing**

This is about making sure that any adverse effects of taking part in the investigation are addressed by the investigator; and is especially important when participants are young children and their parents; these are comparatively vulnerable members of society. Where the investigation involves a single interview (as in Study 1) “the investigator should discuss with the participants their experience of the research in order to monitor any unforeseen negative effects or misconceptions.” ; and “Investigators have a responsibility to ensure that participants receive any necessary de-briefing in the form of active intervention before they leave the research setting” (p.10). In Study 2 where families were visited many times over a period of a year this process was an iterative one; although the investigator was the one to leave (the home), rather than the participants. Protocols for Studies 1 and 2 (detailed in Chapter 6) show how these issues were managed.

### **5.2.6 Participants' right to withdraw**

Participants should always be made aware of their right to withdraw at any time. This is a straightforward matter in the single interview situation. More complicated is the longitudinal context (as in Study 2) where a relationship will have grown up between the investigator and the participants and where parents' sense of obligation may be in conflict with their inclination. This situation requires careful and principled handling by the investigator.

Children also, as participants, have the right to withdraw. There is helpful guidance in the Principles, as follows: "When testing children, avoidance of the testing situation may be taken as evidence of failure to consent to the procedure and should be acknowledged." (p.10). With babies and very young children this requirement requires skilful observation.

### **5.2.7 Maintaining confidentiality**

This aspect is comparatively straightforward at the outset. It is not complicated to explain (as in Study 1) that each participant is given a number in the study and neither their names nor any of their other details will ever be attributable to them. However this becomes seriously problematic when video footage is obtained as part of the data (as in Study 2), and families have given permission for clips to be used in a way that places them in the public domain.

Confidentiality is then breached at least in so far as it concerns people known to the participants who may find that they have access to this data.

An even more serious problem concerns the position of children and young people who were filmed in their earliest years. In Study 2 the parents gave permission on behalf of their children, and the children's right to withdraw was carefully observed. But it was also clear from the outset, and the parents were

made aware, that the video footage could be of enormous benefit in training for early childhood and families practitioners. How would the children feel later on, if footage of themselves in their infancy was in the public domain? In these cases it is not possible to hide behind the anonymity of a number in the computer. Neither can their names be effectively changed, as they can be heard in the footage, which cannot be changed. These are issues of continuing concern and debate both with colleagues and with families themselves (see Chapter 7, Section 7.4.2).

### 5.2.8 Protection of participants

This principle is about the investigator's primary responsibility to protect participants from physical and mental harm during the investigation. What does this mean, and is it a realistic requirement? This sentence clarifies the extent of the requirement thus: "Normally, the risk of harm must be no greater than in ordinary life, i.e. participants should not be exposed to risks greater than or additional to those encountered in their normal life-styles" (p.10).

In everyday terms – and as a short-hand for thinking about an investigator's *primary* responsibility, this can be taken to mean that participants should be left the same or better but not worse off in any respect, as a result of the investigation. This protection principle also requires that participants are given contact details for the investigator, "should stress, potential harm, or related questions or concern arise" (p11). In this study, participants were also given the contact details of the investigator's supervisor, in case participants would find it easier to access her instead.

Once again the situation is further complicated in respect of babies and young children. The principle of the protection of participants ends with the following point: "In research involving children, great caution should be exercised when discussing the results with parents, teachers or others acting *in loco parentis*, since evaluative statements may carry unintended weight" (p.11). This

requirement is closely related to the principle about giving advice (see Section 5.2.10 below), and once more is exacerbated by the vulnerability of many parents who, if any kind of judgment - either positive or negative - were made, would be liable to give it an inappropriate amount of credence and to respond accordingly. This would be unlikely to be in the best interests of the child, especially in relation to negative judgments.

### **5.2.9 Safeguarding privacy**

In the Principles themselves this issue of privacy in observational research is included under the previous heading of 'protection'. However in investigations based in the home (as in Study 2) it seems such a challenging issue that here it has a separate heading. The principle refers to participants' right to an investigator's respect in relation to their privacy. This is partly an ethical issue, but also one related to research design. Any study of interactions in the home will always be necessarily limited (unless perhaps, an investigator was studying his or her own family) by constraints both on time of day and location. No investigator can have access to late-night or 'crack-of-dawn' interactions. Neither can he or she expect to be able to observe interactions at all times and in all places, for instance in the bathroom or the bedroom; yet it is at those very times and in these very places that vitally important interactions may take place with the youngest children. But while observing at these times and in these places might be unethical, it may instead be possible to *ask* about such interactions; although even at second hand the privacy principle must apply.

### **5.2.10 Discerning whether to offer advice**

Usually, the maxim is 'do not give advice in research situations'; but this last British Psychological Society principle takes a different focus. The first part of the principle on giving advice reads: "During research, an investigator may obtain evidence of psychological or physical problems of which a participant is,

apparently, unaware. In such a case, the investigator has a responsibility to inform the participant if the investigator believes that by not doing so the participant's future well-being may be endangered." (p.11). Possibly because the investigation was itself focused on well-being it became clear, particularly during the detailed twelve-month Study 2, that a range of such issues might be relevant. Ways had to be found to deal with these appropriately. In Study 2 the Family Meetings (Visit 4) offered such an opportunity, where the discussion part of each meeting was launched by asking for more information about one or two issues or concerns that had arisen.

However, another potential problem lay in the opposite possibility, that participants – again, especially in Study 2 - might seek my advice. In order to try and prevent this, I explained to each mother at the start of the study that my role would not include offering the kind of advice normally given by a General Practitioner, a health visitor, an early years practitioner or teacher. All the mothers accepted this; although it was occasionally difficult to maintain when mothers *wanted* to ask advice. I had to be especially on my guard (and perhaps not always completely successfully) to be appropriately detached in the case of mothers whose youth or vulnerability tended to arouse my own maternal instincts.

Ethical permission was granted by the University of Worcester, and permission to access families by Oxfordshire County Council. The letter from Oxfordshire County Council granting access permission can be seen at Appendix 2.17.

### 5.3 Research design

As mentioned at the start of this chapter, the purpose of this research was ultimately emancipatory. Its aim was better to understand the early development of resilient wellbeing - not primarily for the benefit of the families in the study (as it would have been in action research), but for families and others in general.

The research questions were as follows:

1. What would constitute a robust conceptual framework for resilient wellbeing?
2. What observable situations and experiences influence the development of resilient wellbeing from birth to three years?
3. Are there implications for research, policy and practice in relation to the possible impact of the framework and 'companionable learning', on children's and families' wellbeing and emancipation?

How could I test the proposed conceptual framework for resilient wellbeing for robustness? How could I observe the processes, contexts and influences of 'companionable learning' from birth to three years? How might they relate to the conceptual framework for resilient wellbeing? And how could implications for research, policy and practice in relation to the framework and companionable learning, be explored? These were such different questions that it was clear that one method would not be sufficient to provide answers to them; and even if it was, there might still be issues of trustworthiness.

Various design possibilities were considered. None of the research questions called for an experimental design involving some sort of intervention; and the existence of the proposed framework ruled out an ethnographic study.

However, a non-experimental fixed design might be appropriate for testing the robustness of the framework, although the feasibility of such a design would need to be piloted; and a case study strategy involving a group of families in the context of the home seemed an obvious choice for addressing the 'observable processes' question, using a range of data collection techniques. While some answers to the 'implications' question could be expected to emerge

from the case studies, for reasons of 'fittingness' it was thought appropriate also to explore the question with the people to whom it was relevant, in the form of focus groups as a data collection method.

### **5.3.1 Grounded theory**

Underpinning these considerations was the concept of grounded theory research, and this has been the unifying design characteristic bringing together the three studies. Although grounded theory is seen as a process whereby theory is generated from the data, it can also be used, as in this research, to test, explore and extend an 'a priori' theory. It is relevant to researchers who "are interested in inductively building theory, through the qualitative analysis of data" (Strauss & Corbin, p.7), a process that exactly relates to the features of this research.

Three attractive features of using grounded theory, that are relevant to this research, are described by Robson (2002), as follows: "grounded theory provides explicit procedures for generating theory in research; it presents a strategy for doing research which, while flexible, is systematic and co-ordinated; and it provides explicit procedures for the analysis of qualitative data" (p.192).

Moreover in this case, it is not only the design of the studies that is relevant, but also the grounded theory style of analysis, with its open, axial and selective coding. This will be particularly appropriate and helpful in analysing the data collected in the case study families. Further discussion of the advantages and also disadvantages of using this style of analysis can be seen in the introduction to Part 3: Data collection, analysis and findings.



### 5.3.2 Three questions, three studies

In addition to the literature review, three studies were designed with the objectives of investigating the three research questions: Study 1, a survey of one hundred mothers; Study 2, case studies carried out with nine families over a period of twelve months; and Study 3, a series of focus groups. However, the studies were not designed simply to answer one question at a time. Table 2.1 below summarises how the studies were used to address the three research questions.

Table 2.1: Relevance of studies to research questions

	1. Framework question	2. Companionable learning question	3. Implications question
Literature review	✓	✓	✓
Study 1 Survey	✓		✓
Study 2 case studies	✓	✓	✓
Study 3 Focus groups	✓		✓

It can be seen that all the studies as well as the literature review feed into the objective of answering the first research question. There remained three objectives relating to research questions 2, 3 and 4. Why were these methods chosen, in preference to other alternatives? There follows a consideration of alternatives, in relation to the three objectives raised by the questions.

### **5.3.3 Objective 1: developing and testing the proposed conceptual framework**

In the case of the first objective, to develop and test a conceptual framework that makes explicit the key elements in the development of resilient wellbeing, what would be the most appropriate method? Originally the proposed conceptual framework was generated by the literature (see Part 1). The way in which it would be tested needed to be with mothers of young children, to whom it was potentially especially relevant. It might be argued that this could have been done by means of the case studies which were to be the main part of the research. Indeed the nine case study mothers were to be very illuminating and reflective about the framework. However, the views of only nine mothers were not enough to test the relevance of the framework for mothers of young children in general.

There is an account in Chapter 6.1 of the way in which Study 1 was developed. It describes how a questionnaire process was rejected as being unreliable and unethical, with a consequent decision to interview mothers face-to-face, but with a structured process. This would make it a non-experimental fixed design. This was particularly appropriate, as the literature review had generated a proposed framework which was based on theoretical ideas and assumptions; and the grounded theory approach, while flexible, was systematic and co-ordinated. The piloting stage was also essential in order to test the feasibility of the design.

To proceed to the fixed design survey of Study 1 without this flexible piloting process would have excluded mothers' perspectives of their wellbeing priorities, and consequently severely limited the way in which the 'a priori' framework was tested. However, once the piloting process was completed, the fixed design survey made it possible to collect data from many mothers, in order to test the robustness of the proposed framework. There was no instrument already designed that could be used for this purpose, because of having to relate to this particular framework; and on the other hand, to rely wholly on a more in depth

qualitative study would not generate sufficient perspectives to answer the research question.

These were the reasons for the survey approach adopted in Study 1. Although Cohen and Manion (1994) write about surveys only in terms of self-completed postal surveys (a method rejected for this research, for reasons described in Chapter 6), Robson (2002) includes advantages and disadvantages of interview surveys in his account, which is more relevant, and also discussed below. The resulting fixed twenty-minute interview enabled me to interview one hundred mothers in order to test the framework, something that would not have succeeded with a questionnaire or in interviews only with ten mothers.

It should also be mentioned that Study 2, adopted principally as a means of researching with families at home, also offered opportunities to test the framework. In addition to including Study 2 mothers amongst the Study 1 participants (so that in effect they took part in both studies) it was also possible to engage in more detailed discussions about their perceptions of the framework.

Finally, the focus groups also provided an opportunity to test the framework for relevance to the participants: two of the questions asked in the focus group discussion, were “What do you think of the model of wellbeing?” and “What do you think of the ‘companionable learning’ framework?”

#### **5.3.4 Objective 2: relating the conceptual framework to observable processes, contexts and influences of ‘companionable learning’**

Table 2.1 above shows that the Study 2 case studies were the only means employed to address this second objective, about observable processes, contexts and influences. A case study strategy was chosen because it seemed

that the only way satisfactorily to study processes would be to locate the study where the processes could be observed, i.e. in the home. This indicated a case study strategy as being most appropriate. The main focus would be on the 'companionable' child in question, over a period of approximately twelve months; and so case studies would be more appropriate than, for instance, an ethnographic study where the focus would have been more socio-cultural, which would typically have taken years rather than months to complete – and, most importantly, would not facilitate collection of the kinds of data needed to address the research questions. Other strategies were also considered and rejected as not epistemologically appropriate. These included phenomenological and narrative research (Creswell, 2003); hermeneutics, and feminist perspectives (Robson, 2002).

Berg (2004) points out that the case study is not actually a data-gathering technique, but a methodological approach, involving “systematically gathering enough information about a particular person, social setting, event or group to permit the researcher to effectively understand how the subject operates of functions” (Berg, 2004, p.251). This seemed exactly to describe the approach I was looking for; and consequently, I decided to use a case study strategy. Also, crucially, this approach enabled me to include in the case studies a final meeting with all the family members where the process was very akin to the focus group method described below in relation to the third objective.

In his account of a study of social influences in the learning of a small cohort of primary school children, Pollard discusses his case study research design, methods and processes. He argues, as I shall do, that his study provides an *empirically valid* account of the issues on which it has been focused, but makes no claims for the empirical generalization of specific substantive findings (Pollard, 1996, p.304). He also argues, as again I shall do, that “*theoretical inference* has been used to construct models which represent these empirically

grounded findings in more abstract ways.” It is these models that were the starting points of the focus groups used to explore Objective 3.

### **5.3.5 Objective 3: exploring implications for research, policy and practice**

What would be the most appropriate way to explore implications for research, policy and practice? Traditionally this would be confined to the reflections of the researcher following a discussion about the literature and the findings. However I decided to strengthen this element of the study by seeking to add the views of the very people who might be most interested professionally in the findings - practitioners, managers, policy makers and other researchers engaged in supporting the youngest children, and the people who live and work with them. But what would be the best way to seek those views? Having piloted the survey method for Study 1, I wondered whether another survey, possibly even a postal, self-completion one, would be the solution. However an immediate problem arose: how would I inform the participants of the research on which I was asking them to comment? It seemed unlikely that a written account would be the answer, as it would be difficult to reflect so many complex issues effectively in a brief document; and even if I could, I suspected that the requirement to read something before completing the survey would be a major deterrent. Also, I hoped to find a method that would facilitate discussion between the participants, on the grounds that this would generate richer data than individual answers. The need both to present information in person, and to stimulate a discussion, made the choice of focus groups an obvious one. Moreover, the opportunity to explain the issues involved largely through using video material was an attractive one.

In a paper about using focus groups for culturally anchored research (Hughes & DuMont, 1993), advantages of focus groups are discussed. Two points stand out particularly as relevant: that focus groups provide for “a more grounded approach to the development of constructs and theories”; and that “identification

of recurrent themes can facilitate the development of a relevant conceptual framework that is rooted in the social realities of a group” (p.802).

There was also the issue of feasibility. One advantage of focus groups was the opportunity to collect data from a whole group of people at one time. Although the sessions involved a great deal of preparation, the time actually spent collecting data was comparatively small. Other advantages cited in Robson (2002, p.284) included: natural quality controls; group dynamics focus on important topics; participants enjoy; inexpensive and flexible; empowering and stimulating. There was a corresponding list of disadvantages including the following: needs expertise to facilitate; needs to be well managed; conflicts may arise; confidentiality may be problematic; results cannot be generalised. However, these seemed to be items that could with care be managed, or that were unlikely to arise. For these reasons the strategy of focus groups was selected as the most appropriate method for collecting data in Study 3 to address the third objective. The same kind of strategy also used in Study 2, in the Family Meetings.

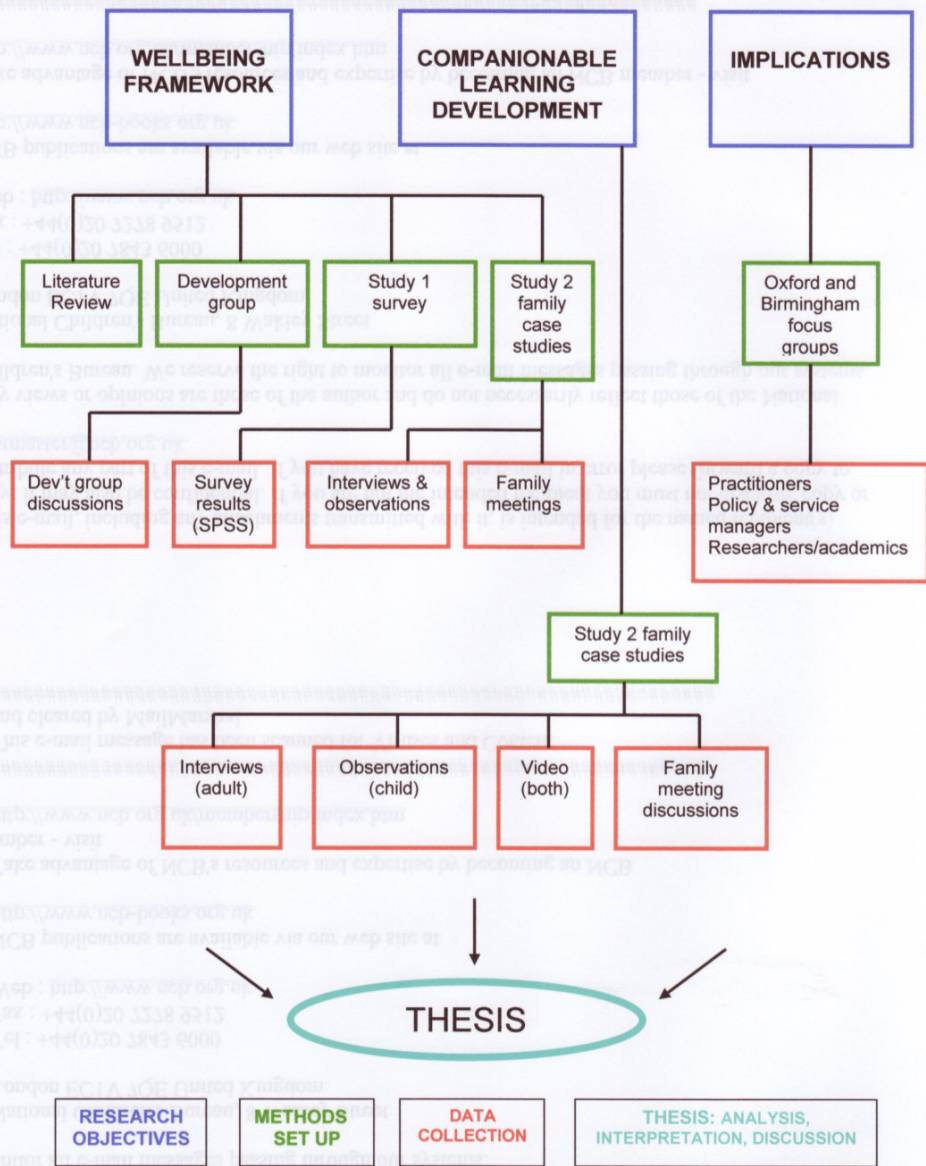
Chronologically, the study progressed through the following stages. First, I identified from the literature an ‘a priori’ framework for resilient wellbeing. This framework was relevant for adults; and could also, theoretically, be applied to the development of resilient wellbeing in the youngest children. Then I tested the robustness of the framework itself and its application in practice; first simultaneously in Study 1 and Study 2; and subsequently also in Study 3.

Could the development of resilient wellbeing in the youngest children be observed in the processes of ‘companionable learning’, i.e. the youngest children’s everyday situations and experiences with people that they knew well, and to whom they were bound by love or affection? If so, what would it look like? These were the main questions investigated in Study 2.

Finally, were there implications for research, policy or practice in relation to this framework, and to 'companionable learning'? This was the main question investigated in Study 3, where the focus groups were given information about Study 1 and Study 2 to date.

A diagram of the research design, showing the way that the research questions relate to the methods, can be seen in Figure 2.1 below.

**“Companionable learning: its influences on the development of resilient wellbeing from birth to three”**





## **5.4 Operational strategies**

Six key characteristics of the research were prominent as operational strategies, both for ethical and practical reasons; and some of these characteristics were, to some extent, unusual or innovative. They were as follows:

1. A collaborative approach
2. A positive approach
3. A Development Group
4. Extensive piloting
5. Careful recruitment
6. Use of video camera

These strategies became defining features of this research, for three reasons. First, they were a practical expression of ideas and convictions gained from the literature, from discussions with colleagues, and from the investigator's previous experience. Second, they were the result of efforts to meet the challenge of putting the ethical principles (described above) into practice. And third, they constituted the 'tools' used for addressing the practical issues of trustworthiness and credibility.

An explanation of them follows, together with a description of how they were used as 'tools' in relation to the ethical principles, and to the issues of trustworthiness.

### **5.4.1 A collaborative approach**

A collaborative approach has been used in all the three studies: in Study 1, interviewing one hundred mothers of children up to age five; in Study 2, with the case study families; and in Study 3, with practitioners, researchers, managers

and policy makers. The approach throughout the research was collaborative in the senses that:

The investigation with the Group and in the studies was always done *with* the people concerned, rather than done *to* them.

In every case there was a premise that everyone would have an opportunity to gain from the collaboration as well as contributing to it, in relation to their own lives or work.

While this was clearly appropriate in research that was essentially 'emancipatory' these factors carried with them certain challenges for me, especially in relation to the general skills needed by flexible design investigators, listed by Robson (2002 p.169), as follows:

- Question asking
- Good listening
- Adaptiveness and flexibility
- Grasp of the issues
- Lack of bias

These skills are different from those generally needed for fixed designs, where greater physical and emotional distance are usually involved. But even in the fixed design of Study 1 - where there was a focus on what the mothers themselves felt, and an invitation to help me by contributing ideas - these skills were needed. The development of Study 1 was also heavily dependent on the investigator's collaboration with centre staff. In each centre an active interest in the research was needed, and a willingness to assist in recruiting mothers for interview. Without this assistance the study could not have got under way; and during the early months I wondered whether it was appropriate to depend as much as this on staff. But as the piloting proceeded, best ways to recruit mothers and to run the interview emerged; and so by the start of data collection there was less dependence, although their support was still vital to the completion of the study.

However, the collaborative approach was most important and far-reaching in relation to the case study families. They were recruited on the basis of their interest in joining with me in studying their child. Rather than asking if I could study their family, I explained that I was hoping to recruit families who would be interested in joining me in this study about the foundations of children's well-being.

This was a different matter from the co-operative action research increasingly found in schools and other settings, where the practitioner and the researcher collaborate with the purpose of improving the practice of the practitioner (Cohen et al., 2000). In this research there was no intention at the outset directly to attempt to improve the parenting in those families taking part. Rather, the intention was together to study the child and the interactions in the family ('companionable learning') in order both to put the 'a priori' well-being framework to the test, and to investigate those situations and experiences of the youngest children that constituted the foundations of their subsequent resilient well-being. The ultimate purpose of this collaborative research, as evidenced by the third research question, was to make a contribution to the general body of knowledge, rather than to the families themselves through action research. This remained the case throughout – although it did emerge that some mothers felt that their involvement in the research had been of benefit to them personally.

This collaborative approach with the families involved using open, transparent processes. It involved sharing a range of decisions and sometimes putting the mothers in control; it involved recorded interviews, discussions & play sessions with all the 'companions'; and last but not least it involved Family 'focus group' Meetings (Hughes & DuMont, 1993) to share and discuss findings, and seek policy 'messages' from each family.

The way in which the Family Meetings were run owes much to a study of the inclusion of children of immigrants in early childhood settings ('Children Crossing Borders'), which in turn draws on methodology developed by Tobin (1989). In another very much smaller study, 'The Effects of Transfer to Secondary School on One Primary Pupil' (Stakes, 1990), photographs were used successfully to stimulate discussion. Similarly, discussion was stimulated in the Family Meetings by showing video material of the focus children with their companions. This proved to be a useful strategy: it helped to get the discussion going; it gave us something we had all seen together to refer to; and it was probably because of the family members' desire to see the film of *their* child that all the Meetings did take place; and with all expected members of the families.

While the family case studies were the most far-reaching context for this collaborative approach, another example of collaboration was with a kind of focus group called the Development Group. This group was originally a homogeneous group made up of parents who were interested in the study and willing to collaborate with me both in the planning and in interrogating new ideas. About halfway through the study the Group expanded to become a heterogeneous group, including various practitioners: a health visitor, a local authority Birth to Threes adviser, a private day nursery manager and a research colleague. This proved to be invaluable in many ways.

Collaboration was also evident in Study 3 focus groups, in relation to the way in which they were set up. Groups of people were approached - practitioners, managers and researchers - who were interested in the subject matter of the research, or its methodology, in their own area of work. An aim of the groups was to offer some benefit to the participants as well as to this research.

To summarise, in practical terms my experience of collaboration greatly facilitated my growing awareness of the families' perspectives. The process of

recruitment was made much easier, and the possibility of deception or harm greatly reduced. Under the circumstances debriefing was a wholly natural aspect; and the issue of giving, or not giving, advice was much easier to deal with.

#### **5.4.2 A positive approach**

In the context of early childhood I have always been drawn to the 'glass half full' notion of the social constructivist theory of learning, in preference to the 'glass half empty, child as empty vessel' one. I readily identify with Malaguzzi's view of children as rich, strong and powerful, rather than weak, ignorant and incompetent (Malaguzzi, 1996). So I was convinced that this positive approach would be the way forward for this research. This conviction was further strengthened when, one morning on Radio 4, I heard a long-standing Labour politician arguing for optimism: "Pessimism is a hole into which you put yourself; but optimism is the fuel of progress." (Benn, 2004)

I investigated the reality of this positive approach by using the ORIM framework, a key component in the REAL Project (Nutbrown et al., 2005). This framework, developed in Sheffield by Peter Hannon and his colleagues (Hannon, 1995), also became the basis of the PEEP project in Oxford (Roberts, 2001), where I had the opportunity to put it into action. The 'ORIM' framework is based on the idea that, instead of identifying the missing elements of early literacy as a basis for work with families, i.e. a deficit model, it focuses on those things that already happen in every family, with the idea of maximising them in relation to early literacy. My use of this model for seven years, for a wider range of outcomes including self esteem and learning dispositions, was completely convincing to me in relation to using a positive rather than a deficit approach with families in this research.

At the heart of this positive approach - pioneered by Clark in her seminal study, 'Young Fluent Readers' (Clark, 1976) - and of the challenges of the ethical principles, lies the relationships that I was able to make with participants, whether for a single interview, or for a year-long round of visits. It should perhaps be mentioned here that while this positive approach was applied to the way in which the research was carried out, it was not extended to the way in which the data were reflected upon and analysed. At that stage there was a very different kind of challenge: that of proceeding neither positively nor negatively, but as objectively and even-handedly as possible to test the robustness of the framework and to reflect on the data.

From the outset in Study 2 there was a positive, optimistic focus in setting up and carrying out the data collection. Parents were very reassured by being asked about 'the good times' rather than the problems. It was helpful to be able to say to families that although in all families things sometimes go wrong, I was not primarily interested in that negative side of things; and that the purpose of the study was to build up a picture of what babies' and young children's situations and experiences look like, when things are going well and the foundations of their positive wellbeing are being laid. This was a very important factor in building trust and confidence, and inviting involvement and ownership of the study.

One example of how this worked was the positive aspect of questions in the interview schedules, for instance "what is s/he proud of being able to do at the moment?" Another was in setting up the filming sessions, when companions were asked to choose something they and the child often do together and that both of them enjoy. A third example was in the Family 'focus group' Meetings, where discussions focused on identifying situations and experiences in which agency, belonging and boundaries, communication and the physical context might be developing.

While this positive approach would not have been appropriate in Study 3 (the 'professional' focus groups), it can be seen that for the other two studies it was extremely helpful.

### **5.4.3 The Development Group**

The Development Group was a kind of focus group. Originally envisaged simply as a preliminary strategy at the outset of the study, this group proved to be considerably more helpful and influential than anticipated, making a powerful impact on the development of each of the three studies. Some advantages and disadvantages of focus groups are listed in (Robson, 2002). They are an efficient way of collecting data, in which natural quality controls operate; group dynamics help in focusing on the most important topics, participants tend to enjoy the experience, and the method is relatively inexpensive and flexible. On the other hand, only a limited number of questions can be asked, they can be difficult to facilitate and need to be well managed, conflicts may arise, confidentiality may be a problem, and the results cannot be generalised and should not be given inappropriate weight. Weighing these pros and cons, it was clear that while the disadvantages were either not applicable or were manageable, and the advantages were significant. I decided that the method would be a suitable strategy in relation to the development of the study.

At first this was an informal discussion group with parents to help me to 'keep my feet on the ground' during the rather theoretical first year of the study; and subsequently the group played a powerful role throughout. In it, all new ideas were put to the test. Members were always provided with a progress report. Initially only brief notes were taken at each meeting and used as the starting point for the next, together with an agenda of new ideas and dilemmas that had arisen. As soon as a video camera became available, the audio facility was

used to tape the group's discussions. There were meetings two or three times a year for three years.

The group was originally named The Parents' Reference Group, and was made up of parents (although only one father) who were interested in the study and willing to collaborate with me both in planning and in interrogating new ideas. About halfway through the study and with permission from the parents, it was expanded to include various practitioners: a health visitor, a local authority Birth to Threes adviser, a private day nursery manager and a research colleague. This changed the nature of the group from a homogeneous to a heterogeneous one (Robson, 2002), and I was concerned that these new additions might constrain the confidence and fluency of the previous members. But although the discussions changed to reflect the broader base of ideas and experience, the mutual trust and liveliness of the group continued.

The meetings were held in the Family Room of a Nursery School, at times that varied to suit needs of the members of the group. The first few meetings focused on the developing framework that was to become the central focus of the study; but in the second year, as data collection began, the role of the group changed to include a piloting element. The possible perspectives of the parents and children involved in the study were considered in relation to various proposed strategies, and this always resulted in some sort of adjustment, sometimes minor, sometimes major.

The Development Group undoubtedly played an extremely helpful role in helping me to implement the ethical principles underpinning the studies. The discussions in the group gave me a better understanding of the participants' standpoint, which in turn helped me to seek consent more appropriately; to offer de-briefing and deal appropriately with requests for advice; to avoid deception and harm; and to deal more sensitively with the issues of the right to withdraw,



and of confidentiality and privacy. All these things led to a more robust sense of my identity, and this was undoubtedly helpful in generating the mutual respect and confidence which is so essential in research involving the youngest children and their families.

#### **5.4.4 Extensive piloting**

Piloting was always continued until the process being piloted felt reasonable settled. In Study 1 the piloting process was done with a succession of mothers, none of whose data was entered into SPSS except to pilot the *process* of data entry. Piloting was also an important aspect of the Study 2 families recruitment, where each stage was continued until it felt secure enough to move on to the next. In Study 2 there were two pilot families who were always the first two to receive all the visits. There was then an interim period before the remaining visits took place, allowing time for adjustments to be made. In all three studies it was found that the setting up and piloting phase of any process took a great deal longer than was anticipated.

The Development Group was the means of piloting the seminar process in Study 3. Both the presentation itself and the process of recorded group discussion were formally piloted with this group, well before the main series. The Group was asked to comment not only on the seminar questions, but also on the whole seminar (or focus group) *process*.

The element of extensive piloting enabled me to learn through my experience; experimenting and profiting from mistakes. This thorough piloting built confidence, helping me to tune in to the participants' standpoint. It helped me to seek consent in appropriate ways, and on the whole to inspire the kind of confidence that was more likely to result in consent. With the benefit of experience I was less likely risk harm or to invade the privacy of the

participants. This was a crucial element in the successful completion of the data collection phase.

#### **5.4.5 Careful recruitment**

It was clearly essential to be honest with potential participants - in all three studies - about the medium-to-long term plans of the research, and to make sure that they had all the relevant information. Without such transparency it would not have been possible to build the trusting relationship that was needed. Challenges in this respect arose in Study 2. It was not enough that mothers also needed time to discuss with their families the possibility of joining, before they were asked for their agreement. In a flexible study such as this, where the intention was to collaborate with the families, it was not possible to be completely specific about what would happen, while still remaining flexible. It was only possible to try and build up trust, to explain as clearly as possible the *kinds* of plans that had been made, and to be clear that the 'gate-keepers' of decisions about the families' involvement would be the mothers themselves. However these important issues prolonged the process of recruitment considerably.

Study 1 mothers were all recruited through Children's Centres in Oxfordshire, London and Birmingham. The decision exclusively to recruit in such centres was a consequence of the ethical principles about de-briefing, protection from harm, and giving advice. It was vital that if a mother had been in any way upset or disturbed by the Study 1 interview (which asks about the participant's priorities for her own wellbeing, her experiences in childhood, and her current mental health) I could make sure that she was aware of services within the Centre that would be able to support her if needed.

For Study 2, in order to recruit ten families, forty mothers were interviewed in various Family Centres, using a 30-minute activity relating to wellbeing (the

basis of the first part of the interview in Study 1) and then seeking permission to home-visit, in order to explain the study. Over a period of several months, ten mothers - a subset of the original forty - were home-visited, and the information carefully given. Some of these mothers agreed to join the study, while others did not. (They themselves considered the proposition; and then, if they felt positive about it, consulted their husbands or partners and other family members). The whole process then had to be repeated until the required number of ten families had been recruited.

In relation to the principle of informed consent this seemed to work well for the adults concerned, but in Study 2 it did not take the babies and young children themselves into account. Most seemed acutely aware of a new stranger in the home, and some clearly were curious, and sometimes doubtful about her. Informed consent from babies and young children was clearly a problem; permanent vigilance was needed throughout the study, monitoring their response on each visit, and being prepared to withdraw if it was clear that they were not happy with the situation. The need to withdraw did arise twice; once when a baby was feeling unwell, and on another occasion when the baby was clearly very tired (although the mother was inclined to continue). One child who had initially been hesitant about me seemed deliberately to make friends with me while his mother went to run his bath. Over the period of the study the children became more used to my occasional appearances, and as they discovered that I was always extremely interested in them, they became clearly pleased to see me.

In Study 3, successfully recruiting each group depended on a previous professional connection with the person able to convene the group. In each case these people saw in the seminar plan the possibility of professional development, which facilitated the arrangement. In one case the professional connection was tenuous, and indeed this was the one seminar that was cancelled at the last minute because of competing pressures for staff time. The

fact that, in the other cases, each convener and I knew each others' work meant that adherence to the ethical principles was easier to achieve.

In Studies 1 and 2, a meticulous approach to recruitment and informed consent was an important factor in relation to several of the ethical principles. The participants' confidence in me depended to a great extent on the efficiency and sensitivity with which this early task was carried out. Consent was more likely to be readily granted because recruitment had been done carefully. Inadvertent deceptions or misunderstandings were much less likely, and de-briefing became an extension of the original information given at the recruitment stage. If a participant wanted to exercise the right to withdraw, it would be easier if that right had been properly explained in the first place. Confidentiality also needed a careful explanation, and I was less likely to be asked inappropriately for advice because I had clearly explained my researcher role at the outset. In Study 3, my explanation encouraged participants to have confidence in me; I was better able to understand their point of view; and I and the convener could share the de-briefing, protection from harm and the giving advice responsibilities, if necessary.

#### **5.4.6 Use of video**

The use of the video camera as part of the research process and to collect data was used only in Study 2 with the case study families. Below is a discussion of the ethical, epistemological, technical and practical issues raised by its use. (Analytical methods in relation to the use of video are discussed in Chapter 7, Section 7.4.3). I was unable to find any accounts in the literature relating to the use of video in research with babies, young children and families *in the home*. However the sources relating to its use in education settings include a report by (Arafeh & McLaughlin, 2002) which examines legal and ethical issues in the use of video in education research. At the beginning of the report is the following:

“One important question to ask is whether current ethical guidelines and legal regulations that govern the behaviour of researchers adequately anticipate their potential effects. Issues of privacy, confidentiality, and intellectual property have taken on new dimensions with the advancement of digitized audiovisual-based data and the spread of worldwide distribution networks through the Internet. The information available to researchers, funders, educational agencies, and educational policymakers interested in

using video data is limited regarding appropriate ethical and legal practices.”  
(p.1).

Although the report assumes that education research takes place in education settings, it does none-the-less cover relevant issues in a useful section called ‘The Unique Challenges of Video-Based Research’ (pp10-17). However the main focus of the section focuses on the main differences between alphanumeric data and video data, particularly in relation to identifying personal information, and informed consent and new technologies. These issues are discussed below, in relation to the specific context of the home. But although the decision to use this method was not at all straightforward, it will be clear from the discussion below that there could be great advantages in doing so.

Firstly, using the video camera was to prove a challenging medium in relation to ethical issues. While it proved useful for generating confidence in me, for better understanding of the families’ standpoint, and for reassuring families of their many skills (as the context for protecting from harm or knowing if or when to give advice), none-the-less it also generated certain ethical problems. These included complications about seeking consent in relation to the use of the video material, and the need to be completely transparent about possible uses to which it might be put (for instance, for training materials) which risked putting families off; and the risk that people might find that the footage of themselves with their children made them feel less confident in their role, rather than more

confident. All these issues were challenging. In particular, the challenges in relation to new technologies and informed consent were raised by Arafeh and McLaughlin (2002) thus:

“In addition to the unique challenges of video studies in maintaining the confidentiality of subjects, the growth of worldwide distribution networks, particularly the Internet, raise new concerns about whether current safeguards adequately cover the potential of these new media outlets. That is, can research subjects fully understand, or be made to fully understand, the potential impact on their lives should their image, voice, and actions be distributed and shown nationally and worldwide? And, how can researchers anticipate new media outlets that were not available when consent was originally obtained? ... At the moment ... the research, legal, and professional communities are only now beginning to address these eventualities” (Arafeh & McLaughlin, 2002).

However a further and potentially more urgent problem emerged: how would the consent of the babies and very young children in the study to be obtained? In the event, this was not as completely impossible as originally feared. Initially I had canvassed prospective mothers as to their child’s likely reaction to the presence of a stranger, and I had only proceeded if the mother reassured me that her child was not likely to be worried by my presence. Yet that did not seem enough. What did these very young children really think?

It soon became clear that once I had made friends, especially with the focus child but also with all concerned (including sometimes a potentially jealous sibling, a non-English-speaking elderly relative, or the family pet), the children were enormously welcoming and friendly; and seemed to remember me from one visit to the next, even though these may have been a couple of months apart.

On two occasions the child's right to withdraw became a pressing issue. Once, a mother had instigated filming a meal in which a four-year-old child was most unwilling to participate; however the child made it clear that he wanted to 'show the camera' his own view-point. On another occasion, a one-year-old child was feeling unwell and there was a battle going on between the mother and the child, again over food. Was I, with the camera, being intrusive? Would it be best to withdraw? Just as this question was coming to a head, the child himself turned to look at the camera, as if to say "You see? Did you see what happened then?" And it was clear that to carry on filming would be not only in order, but also 'as instructed'.

In addition to these ethical issues I knew that there were technological aspects to the debate. Technological advances have made it so much easier to share data, to use it for staff support and training purposes and, most significantly, to post it on the Internet. I knew that it was possible that some of the video footage might be of great benefit as training material for early childhood and families practitioners. The parents knew about this possibility, and most of them gave permission for their video film to be used. But as mentioned above, in doing so the parents were also giving permission on behalf of their very young children. How would those children feel, later on, if footage of themselves in their infancy is in the public domain?

I concluded that this was an unanswerable question. I did have a precedent on which to draw, which was a book I had written in which the life of a two-year-old was described. This two-year-old is now a teenager, and seems to like very much the fact that her early childhood is in print in the public domain. Moreover, once these babies and very young children are adolescents or young adults, they are unlikely to be physically recognisable as the babies on the films, except possibly by people who knew them very well as children.

My examination of the literature specifically on the ethics of research with young children and families revealed only occasional passing references to issues relating to collecting video data. Most writers on research ethics do not mention videotaping at all. However (Berg, 2004) discusses various uses of video-tape in research (pp. 216-219), and later (p.170) remarks that “In general, the use and versatility of videotaping during research have increased enormously as the costs of doing so have continued to fall.” Roberts-Holmes, in his book ‘Doing Your Early Years Research Project’, mentions issues of permission, transcription, some advantages and disadvantages of video-recording, and the possible impact of the camera itself on the subjects. Focusing on the epistemological aspect of videoing, he reflects:

“What’s really great about video is that you get all the context too, which is very difficult to do with writing. You can’t capture the whole context with note-taking but with video you can. I needed that context ...” (Roberts-Holmes, 2005)

Roberts-Holmes reports Rolfe (2001) as taking the view that the major advantage of video-taping is that particular sequences can be replayed again and again so that fine behavioural details and subtleties can be noted and interpreted. “Transcribing video footage does take considerable skill and time but is rewarding since the whole context is captured on tape and can be discussed in transcription” (Roberts-Holmes 2001, p.104).

There were great practical advantages to recording with a video camera, and at the outset it was chosen as a practical strategy, to facilitate the collection of reliable data, to enable reflection on that data, to generate discussion with participants, and to give me access to the voices of the children. I thought that the opportunities the video camera would afford in relation to these issues would be extremely valuable; and this did indeed prove to be the case.



The method also provided an excellent means of subsequently sharing material with the families in order to stimulate discussion. A methodology using video footage not primarily as data but as a means of stimulating *discussion* as the data to be recorded, was originally developed by Tobin and colleagues in his study of children in pre-school settings in Japan, China and the United States (Tobin, 1989). This same methodology is being used in a current study, “Children Crossing Borders”. With the case study families in my well-being study the method was adapted so that the video footage was used as data, as well as discussion cues for the families. At the end of a year of visiting the case study families and videoing the children with their ‘companions’, a twenty-minute film was made for each family with material edited from two to three hours footage per family. These films formed the basis of the Family Meetings that were the climax of the case study family collaborations. Without the video material, the very interesting and innovative process of the Family Meetings would not of course have been possible.

There was one epistemological way in which the use of a video camera was important in Study 3 too, even though it was not used directly. The video clips helped to inspire participants’ confidence in me, possibly because of the focus and quality of them; and also because they were at least in part a guarantee of transparency and trustworthiness.

In spite of these very considerable practical advantages, using a video camera also raised some practical and technical problems. Where anyone in the family was ‘camera-shy’ it threatened their confidence and therefore also the granting of consent. And the danger of unintentional deception by inadvertently withholding information about the videoing might be exacerbated by two issues: videoing could threaten to compromise confidentiality, especially for the children as they grew older; and also the camera might capture scenes that families might subsequently feel were an invasion of their privacy.

In addition there were also the resource issues, of the time and expense of using this method. These issues were considerable, as I had never used a video camera before, and so at the outset had neither the equipment nor the expertise. Investigation was needed to ascertain what equipment would be both adequate and affordable; and an assessment was made, of the time that would be needed not only to learn how to operate the camera but also to store and edit the footage in ways that would make it accessible both to me and to the families. This was actually a kind of risk assessment, as it was necessary to balance the resources available to the research, with the time and money constraints; clearly an unrealistic assessment could bring the research to a halt and threaten its ultimate completion. I was extremely fortunate both to be able to borrow an appropriate camera for the duration of the study, and to be able to access excellent technical support. These advantages meant that I decided that it would be possible to use the video camera, although with hindsight doing so none-the-less took up far more resources than I anticipated.

Hence I was clear about my intention to use a video camera, but less clear about what this would entail. However one thing was clear, which was that it would be a major practical undertaking in terms of time and resources – and the sheer challenge of learning how to do it. Would it be the best use of time? It was decided that it would, for two reasons: first, the detail and quality of video data so far outstripped any other data that could practically be collected with babies and very young children in the home; and second, the opportunity it offered to generate a family discussion by showing a film (both in the sense of the ‘draw’ of a film for people otherwise unlikely to attend, and in stimulating discussion) would not be offered by any other method. So I decided to continue.

Investigations into the appropriate camera revealed the likelihood of considerable expense; but happily this was relieved by a long-term loan of

exactly the camera that was needed. However, the first time I removed the camera from its case I did not even know how to turn it on. It was clear that some sort of technical support strategy would be needed if this part of the research was to go through to completion; especially given the editing challenges further along in the process. To this end I enrolled on a basic videoing editing course and was fortunate enough to be able to make an arrangement with the tutor, who was willing (having small children himself and being interested in the sound of the study) to be available in moments of ignorance and crisis. This somewhat Vygotskian arrangement worked extremely well, and became completely indispensable especially during the editing stages.

In summary, using a video camera in Study 2 illuminated the children's perspectives; facilitated the de-briefing process at the end of the study; and was extremely helpful in relation to giving (or not giving) advice. Having shared video evidence made it much easier not to respond to requests for advice, because it was possible to 'hold up the mirror' to facilitate the mother's own reflections. Where it seemed important to mention a perceived threat to well-being (see Principle 10 above), the footage was a very helpful 'way in' to such a discussion. On the other hand, I had to recognise that as well as practical challenges there were also ethical ones inherent in using a video camera in the home, and that these were likely to remain as issues of uncertainty and debate. These related especially to long-term consent in relation to the child; to the problems of confidentiality in relation to video footage; and to the possible invasion of privacy.

## **5.5 Rigour**

The influence of ethical principles has been examined, and operational strategies have been described. Now follows a discussion about the rigour of this research, in which the relationship between trustworthiness and those operational strategies is examined. The two considerations of ethics and rigour, together with practicality issues, were the reasons for the adoption of the

methods described in Chapter 6, and for the exclusion of others. These alternatives are referred to in the discussion below, and in the account of the piloting phases described in Chapter 6.

Some sort of structure was needed in order to clarify issues of trustworthiness, and these were located in Guba and Lincoln (1981 pp103 - 127). This structure was particularly helpful in this mixed method research in that it acknowledged the different approaches and terms used in relation to different research paradigms. Guba and Lincoln describe the main issues of trustworthiness - the application of which may be different, depending on whether the methodology is 'scientific' or naturalistic' - as:

- truth value
- applicability
- consistency
- neutrality.

(pp.103-4)

Although this is an essentially naturalistic investigation, Study 1 was, finally, a fixed design. For Study 1 therefore, Guba and Lincoln's *scientific* terms for truth value, applicability, consistency and neutrality were more appropriate, i.e. internal validity, external generalizability, reliability and objectivity (p. 104). For Studies 2 and 3 , their naturalistic terms have been used: credibility, fittingness, auditability and conformability. The way that these terms relate to each other can be seen in Table 2.2 below, and the terms are then discussed in relation to each of the studies.

Table 2.2: Methodological terms

Issues of trustworthiness	Scientific terms	Naturalistic terms
Truth value	Internal validity	Credibility
Applicability	External generalisability	Fittingness
Consistency	Reliability	Auditability
Neutrality.	Objectivity	Conformability

These four issues, truth value, applicability, consistency and neutrality have been used to structure the discussion below, together with the now familiar six strategies of the study. This was done in order to clarify the ways in which those issues were addresses. Truth value relates – in each study – to how ‘believable’ the research is. Can the reader believe in it? Applicability (referred to in the discussion as ‘external generalisability’ or ‘fittingness’) is about how generally useful the research can be to children and families, following its conclusion. This is a vital aspect of the discussion, because of the third objective of the research which is to make recommendations for policy and service provision. While data from ten families – or even one hundred mothers – cannot be claimed as representative of all children and families, it can generate themes and questions that can be argued to be of relevance and use to professionals and families. Consistency raises the question of the reliability of the data, and its auditability, or the extent to which it is possible to check it. Neutrality – or objectivity or confirmability – is about a range of perspectives and strategies that were employed to ensure that the research was consistent.

As well as their importance in realising the ethical principles of the study, the operational strategies also made an impact on these four issues of trustworthiness. As Clough and Nutbrown (2002) point out, the claim of trustworthiness rests on the idea of justification, a central aspect of

methodology. They describe methodology as irradiating the whole of the research, in the following way:

“At the heart of these interwoven research activities are endless processes of selection; and in constantly justifying this selection, a ‘good methodology’ is more a *critical design attitude* to be found always at work throughout a study ...” (Clough & Nutbrown, 2002, p. 31)

This critical design attitude was incorporated into the account in Chapter 4 of the development of Study 1, in order to make transparent to myself as well as to the reader the difficulties that occurred, and the decisions that were taken. Miles and Huberman (1994) suggest:

“It is not just that we must somehow ‘please’ our critical colleague audiences; the deeper issue is avoiding self-delusion. After that we can turn to the task of being honest with our readers about how we did the study, and what worried us about its quality. Without such methodological frankness, we run the risk of reporting ‘knowledge that ain’t so’” (Miles & Huberman, 1994, p. 294)

A main reason for using the methods described here was because I believed them to be trustworthy (see discussion below), and the best alternatives, the most ‘fit for purpose’; and the reason for attempting to describe them in as transparent a way as possible has been in order to strengthen my own ‘critical design attitude’, as well as to enable the reader to make his or her own judgment as to the trustworthiness of the research (Strauss & Corbin, 1990).

### 5.5.1 Study 1

In relation to truth value, in Study 1 this was most appropriately thought of as ‘internal validity’, i.e. internal validity would ensure truth value. Was I gaining *valid* information about the respondents’ situations and experiences, and their priorities for their own wellbeing?

A general disadvantage of all surveys is the extent to which the data are affected by the characteristics of the respondents, in relation to their memory,

experience, motivation and personality (Robson, 2002). Also, there was a danger of what Robson terms a “social desirability response bias” (p. 233). These two issues needed to be taken into account in the analysis of the findings (see Chapter 7). However this was a relatively straightforward approach to finding out about mothers’ own wellbeing priorities. And because of the visibility of the data labelling (only a number on each envelope) there was no danger of the respondents fearing their answers would not be anonymous, which might have affected the validity of their responses.

The main issues in a survey of this kind, where I interviewed the participants, were thought to be a) the relevance and precision of the questions, and b) the degree of openness and honesty of the participants. In relation to the former, during the piloting phase I was aware of many confusions in the questions, which were gradually eliminated as the piloting proceeded. It was only when these seemed to be entirely eliminated that the data collection could begin; although because it was an interview survey, I was able to clarify any questions asked by the mothers. The degree of the mothers’ involvement was greatly increased by the venues for the data collection. This was carried out entirely in Centres where the mothers consistently experienced the undivided attention of the staff when it was needed; and now for once, the staff were asking (on my behalf) for the *mothers’* attention. Usually this was readily given. Also, my presence encouraged involvement in a way that would not have been possible with a self-administered survey; and I was able to judge whether (as happened once) the mother’s involvement was not sufficient for the data to be valid.

Turning now to the issue of ‘applicability’, the scientific term for this concern was external ‘generalizability’. Could the findings be generalised or applied to other ‘populations’? How useful would they be to parents in the future? A crucial issue here was that, although originally the intention had been to survey *parents*, it was necessary to change this to a survey of *mothers with young children*. Thus it was essential to consider any findings from the survey in relation only to such

mothers, being careful not to apply them to families generally. However the findings from this diverse group of one hundred mothers could be of interest and use to other groups of young mothers in similar situations

I was aware of the need for reliability in Study 1, and approached this challenge by extensively piloting and subsequently standardizing the 'survey' questions. A detailed description of this process can be seen at Chapter 6.

Finally, there was the issue of 'neutrality'. In a fixed design study, 'objectivity' was the scientific term used to describe the issue that would ensure neutrality. The issue of objectivity in Study 1 was more complicated than that of reliability. Two strategies were employed here: firstly, the main part of the survey consisted of a standardized activity (very unlike the usual questions about attitudes and opinions) in which a) the mothers were less likely to be affected by any stance that I might inadvertently take, and b) the findings were recorded numerically, according to a previously decided protocol. This helped to avoid bias on my part in the way in which I recorded the data. Secondly, Study 1 was carried out in order to explore the robustness of the proposed framework, and a strategy of triangulation was employed in relation to this question. The question was also addressed in various ways in the two other studies. The findings from all three studies have been considered in relation to the robustness of the framework.

### **5.5.2 Study 2**

In relation to Study 2, Guba and Lincoln's naturalistic term *credibility* was more valid, i.e. was the study sufficiently credible to ensure truth value? What was done to improve the probability of credible findings? First of all the dangers had to be identified, and four potentially invalidating factors identified by Guba and Lincoln (1981) that concerned me at the outset were as follows:



1. *A merely partial awareness of my own preconceptions, together with the possibility of failure to collect enough data to challenge them.*

Throughout the study I was concerned about my partial self-knowledge in relation to how my own values and perceptions might impact on the way the study was conducted. This was one of the reasons for the critical role of the Development Group, and for the collaborative approach in which responsibility for many decisions and findings would, in some senses, be shared. It was also one reason why the case study families were visited over a twelve-month period, and a considerable amount of different kinds of data were collected (see Table 2.3 below). This method of persistent observation was an important factor in relation to credibility.

Table 2.3: Data collected in Study 2

Study 2 data	Average per family	Totals (9 families)
Notes of child observations	2	18
Video-recorded child observations	2 hrs	18 hrs
Video-recorded child + 'companion' observations	1.5 hrs	13.5 hrs
Audio-recorded 'companion' interviews	6	36
Audio-recorded Family Meetings	1	9

2. *The possibility of involvement developing between myself and the participants*

This was always a concern, as it seemed likely that in a study located in homes over a long period it might be hard not to get involved, especially with the more vulnerable families. To try and address this, I explained at the outset that my role was different from that of other professionals the families might know - all of whom had specific roles for which they were trained - and that therefore I would be unable to offer any help although I might be able to offer information about sources of support if that were needed. This seemed to work; but I remained

acutely aware of this very real danger, which highlighted my own vulnerability as a comparatively inexperienced researcher who has spent most of my professional life actively working to support children and families.

*3. Misconceptions or bias either on my part, or of the participants. These might result for example, on my part, from an inappropriate adherence to the proposed framework; or in participants, from a mistaken desire to 'help' by making certain responses.*

It was always going to be a challenge for me to continue rigorously to test the proposed framework, rather than seek support for it. In a sense this was easier to deal with than the previous concern, because it was an intellectual challenge rather than an emotional one. This was another reason for the 'critical friend' aspect of the Development Group, and for extensive piloting during which any inclination of this sort could be identified and excluded. Another advantage of the way the video data was collected was that all the scenarios to be filmed were chosen by the mothers or the other companions, not by the researcher, making the focus less likely to be subject to my own bias.

Another possibility was that the collaborating adults would respond in ways that they thought would be helpful to me, rather than giving genuine replies.

Interestingly this was increasingly straightforward both to identify and to deal with. As I and the families got to know each other better, it was possible both to express interest in a reply but also to ask them for further thinking, for instance when a mother referred in passing to tensions between her children and their extended family I was able to say "can you tell me a little more about that?"

*4. The ways in which the data were collected might affect their credibility, for instance notes of an observation made when I was especially tired or distracted.*

This was one reason why only two written observations per family were made by me (the other being the time commitment involved). As soon as there were video observations to compare with written ones, there was no doubt that video yielded both richer and more reliable data. However the written observations had their uses in a different way, as copies were always given to the mothers who then commented both on the content and the proposed analysis. This was found to support the mothers' confidence in my perceptions of their children, and also was a useful way of testing my own perceptions with those of the mothers.

Another "valuable and widely-used strategy" (Robson 2002 p. 174) for establishing credibility is that of triangulation, where multiple sources of data are used to enhance rigour. In a paper on infant observation, Rhode argues for triangulating observational material with normative empirical findings and theoretical perspectives, as a way of adding a further dimension to understanding (Rhode, 2004); and, I would add, as a way of strengthening the trustworthiness of the research.

In addition, Study 2 employed the strategy of data triangulation by collecting data using three methods: notes, audio and video recordings. The investigation also used methodological triangulation, combining quantitative and qualitative approaches. While the different data sources might have led to disagreements among the different sources, in Study 2 this was dealt with in the Family meetings, where I checked that the films reflected their child satisfactorily, and that my perceptions of family issues as they had described them in relation to their child were consistent with their own. This way of checking credibility with sources was a strategy used a great deal in Study 2, where because of the

collaborative approach there was a lot of shared reflection. As Guba and Lincoln (1981) say, “This process of going to sources – often called making ‘member checks’ – is the backbone of satisfying the truth-value criterion.” (p.110). This perspective is echoed by Patton in a paper on qualitative methods and approaches in which he writes: “What is discovered must be verified by going back to the empirical world under study and examining the extent to which the emergent analysis fits the phenomenon and works to explain what has been observed” (Patton, 1982).

For a flexible design, as in Study 2, Guba and Lincoln’s (1981) naturalistic term for addressing applicability was ‘fittingness’, i.e. was the degree of ‘fit’ enough to ensure applicability to other people? This was about testing the degree of ‘fit’ between the contexts in which the hypothesis (in this case the framework) was generated or put to the test, and the contexts in which it was next to be applied. In the case of Study 2, the degree of ‘fit’ was strong: the research questions related to the youngest children and their families; they were collected from families with young children; and were to be made available to families with the youngest children and the people who work with them.

In Study 2, the naturalistic term for the ‘consistency’ aspect of the study was ‘auditability’. This meant carefully storing all raw data - notes, observations, audio and video recordings, the research journal volumes – so that a clear audit trail would be available. A file for each family contains all paper data relating to them, while a box system of dated audio and video tapes also ensures safe storage and easy access. In this way the work could, if necessary, be tested by another investigator in order to establish that, under similar circumstances, similar conclusions would have been reached.

The naturalistic term used in Study 2 to describe neutrality was ‘confirmability’. In what sense could the study be said to have been ‘objective’ and

'confirmable'? Guba and Lincoln (1981) point out that although there can be no avoiding the subjectivity of an *investigator* using a flexible design – “an impossible constraint” (p.126) of which I was acutely aware - it was still important to aim to collect 'confirmable' *data*, reported in such a way that it could be confirmed. In this respect, the collection both of audio and video recordings was extremely valuable. In addition, 'member checks' were carried out in the family meetings, in which the participants were asked whether the description of their child seemed to them accurately to reflect the child. The strategies of triangulation and persistent observation were also important in this respect.

### 5.5.3 Study 3

Study 3 followed a different path to credibility. I had been sharply aware of the potential pitfalls described for Study 2, about my presence, possible involvement, possible bias and data-gathering techniques. In Study 3 these pitfalls were born in mind very carefully; and the structure of the study – a single meeting for each 'focus' group – meant that they were easier to avoid. It is interesting to note that in this situation, careful piloting was a helpful strategy for ensuring credibility, as the possibility of these issues could be dealt with right at the outset, before data were collected.

Was there 'fittingness' to ensure applicability in Study 3? This was set up to address in part the third research question, 'Are there implications for research, policy and practice in relation to the framework and companionable learning?' 'Fittingness' was ensured by the selection of the focus groups, from just those categories of people most implicated in the question, and therefore likely to be interested in its answer: researchers, policy makers and managers, and practitioners.

Consistency in Study 3 was, as in Study 2, comparatively straightforward. Following the pilot with the Development Group exactly the same presentation was used in each seminar, followed by the same pattern of discussion based on the questions on the final slide. This process would be straightforward if another investigator wished to use it.

How confirmable were the data collected in Study 3? Not only could the focus groups easily be continued, but also the data collected were audio-tapes of whole discussions, a more accurate form of data than written notes, in which the likelihood of bias was minimised. In addition I did take notes of the main points of the discussion, which on one occasion was essential as it was found after the discussion that the camera had failed to record. These notes were certainly better than nothing in terms of data, but they served to show very clearly how much more generally trustworthy the recordings were as data, than my inevitably selective account in note form.

In conclusion, the six operational strategies mentioned at Section 5.4 above, i.e. a collaborative approach, a positive approach, a Development Group, extensive piloting, careful recruitment, and use of a video camera, were very important aspects of the methodology of the research, in relation both to ethics, and to trustworthiness

## **CHAPTER 6     *Digging and clearing: methods***

“I am going to try a scientific experiment,” explained the Rajah .....

“When Mary found this garden it looked quite dead. Then something began pushing things up out of the soil and making things out of nothing. One day things weren’t there, and another they were. I had never watched things before and it made me very curious. Scientific people are always curious, and I am going to be scientific. I keep saying to myself, ‘What is it? What is it?’”

Hodgson Burnett (1911, pp.240-241)

A mixed method approach has been taken in this research, using three different studies. The main study was a qualitative one with ten case study families; there was also a quantitative survey of one hundred mothers of young children; and six focus groups with practitioners, managers and researchers. This combination adds strength to the research as it offers opportunities for triangulation. As Bryman writes:

“Quantitative and qualitative research may be perceived as different ways of examining the same research problem. By combining the two, the researcher’s claims for the validity of his or her conclusions are enhanced if they can be shown to provide mutual confirmation” (Bryman, 1988)

In this chapter the three component studies are examined in turn. The preparatory work is briefly described, with its piloting and recruitment stages; followed by the processes of development for each study, through to the final protocols.

### **6.1     Study 1: survey of 100 mothers**

This was a survey of one hundred mothers with children aged up to five years. The face-to-face interviews were approximately thirty minutes in length, and were conducted in Children’s Centres in Oxford, London and Birmingham.

### **6.1.1 Rationale, development and piloting of Study 1: survey of mothers**

This survey originally had three main purposes: initially it was envisaged as a means of identifying themes to feed into the design of Study 2 with case study families; later it was used as one way of testing the robustness of the proposed framework for resilient well-being; and finally it proved a most satisfactory first step in the careful recruitment of case study families. Eventually, after these objectives had been met and after a lengthy flexible phase in which the instrument to be used was developed and piloted, it became a fixed design study. One hundred mothers were interviewed, and the data were stored in SPSS, making it a quantitative strategy.

The development phase of Study 1 (the flexible phase) involved a series of interviews accompanied by a process of adjustment. Originally, Study 1 was conceived as a self-completion questionnaire, to consult teenagers, students and staff in settings, as well as various categories of parents. A range of questions was developed, some linked to a five-point Likert scale, and some open-ended. This questionnaire (see Appendix 2.1) was piloted with only four parents before it was discarded. It was intended to be comparatively brief and straightforward; but even with me present, the piloting revealed a number of problems, including an ethical concern that such a questionnaire was an inappropriate method for consulting people on such potentially sensitive and complex issues. The two main reasons for abandoning this self-completion questionnaire were:

- That a questionnaire such as this was not a trustworthy or credible way to collect the information that was needed: it was not 'fit for purpose'.
- That the ethical concerns over-rode any other considerations.

As an alternative I decided to investigate two other methods. One would be a completely different kind of in-depth study with case study families; and this became what is referred to in this research as Study 2. Meanwhile Study 1



would be an interview survey, which would be a better situation in which to monitor the ethical safety for the participants. All the interviews would take place in well-established Family Centres or Nursery Schools, where support for mothers would be available if needed.

I decided that one hundred mothers would be needed to make a strong enough data set. I began to develop an activity taking a maximum of twenty to thirty minutes, which was akin to the kind of questionnaire activities in many women's magazines – a process with which mothers would be familiar. In fact it was simply a straightforward rank-ordering exercise about mothers' priorities for their own wellbeing, but carried out in an innovative way that was both enjoyable and thought-provoking.

Participants were handed a series of slips of paper on each of which was written an item from a range of feelings and activities that might be thought to be associated with the state of wellbeing. These items were mainly derived from items in the Birth to Three Matters Framework (DfES, 2003a). The items selected were those relating to the well-being constructs that were at that time emerging from the literature; and from discussions in the Development Group. 'Birth to Three Matters' may seem unexpected as a source for parents' *own* wellbeing priorities, but I saw its wellbeing-related structure as the most reliable and relevant source for this study ultimately of children from birth to three. Given that parents are such powerful role-models for their children, it offered an added opportunity to explore the long-term relevance of the Framework to the adults who were themselves living and working with the youngest children.

Almost all the items were framed in positive terms, because the basic question was about what participants felt they needed for a sense of wellbeing. This was seen as ethically preferable to a deficit approach. However, I was aware that including the possibility of negative as well as

positive perspectives might have provided valuable information (Clark, 1976, p.40), and so this was done in Study 2 once I had made a relationship with each family.

Initial piloting included only one father. It had been intended, for the final sample, to recruit fifty mothers and fifty fathers; but even at this stage it began to become clear that this would be problematic. This dilemma was brought to the Development Group, and after exploring a range of strategies it was eventually reluctantly acknowledged that recruiting fifty fathers would not be possible within the constraints of the study. Consequently, I would need always to be clear that any findings would *only* apply to *mothers* with a child under five, rather than parents, let alone fathers. This decision left me with a determination to return to the perspective of fathers, in a different but related study.

Although I had begun with ninety-six items, during further piloting the number of items was reduced to forty. By now it was clear that Study 1 would have further uses in relation to challenges that were now arising: the need to get to know mothers who might later be recruited into the case studies; the need to find a way of getting to know settings – the staff, the families, the buildings and the general ethos. The best way to achieve these things seemed to be for me to find something that would take me into the settings on a fairly regular basis; something enjoyable, non-threatening, interesting, with one-to-one contact; something that would help to establish trust and credibility. In addition to its primary purpose relating to the research questions, this survey seemed to be developing in just such a way.

In its fixed phase, Study 1 involved investigating the relevance of the proposed framework for resilient wellbeing to a sample of one hundred mothers of young children aged up to five years. The study also investigated the extent to which parents' current priorities had been part of their childhood;

and it assessed their mental health at the time of the interview using the General Health Questionnaire (GHQ12) (Goldberg & Williams, 1988). The reasons for this choice of design were:

- The opportunity to use methodological triangulation (as well as data triangulation).
- In addition to the main body of qualitative data, the desirability of an element of quantitative data in the study. This would strengthen the possibility of its persuasiveness in some management, policy and research communities.
- The need for a relatively 'detached' method in order to test the investigator's own proposal, especially in view of the acknowledged awareness of possible investigator bias (see Chapter 5, Section 5.2).

Another important reason for this aspect of the study was the evidence that a mother's probable past experiences and her current states of mind regarding attachment are powerfully correlated to her children's wellbeing (Charlwood & Steele, 2004).

### **6.1.2 General Health Questionnaire 12**

The General Health Questionnaire 12 was used for three reasons: as a strategy for trustworthiness; as an ethical strategy in relation to the mothers; and to investigate possible correlations. A more detailed explanation of this rationale and an account of the way in which GHQ12 was used can be seen at Appendix 2.2

### **6.1.3 Further Study 1 piloting**

Following the adoption of GHQ12, further piloting was undertaken, with mothers and also with Year 10 students in a secondary school. An account of this further piloting can be seen at Appendix 2.3.

#### 6.1.4 The final structured interview

At the end of this last piloting phase, the fixed design for Study 1 was complete. A structured interview with mothers of children under 5 would be conducted, with four elements.

- An activity in which parents prioritise a set of thirty-six well-being items; with a further four options for any priorities not already mentioned.
- Taking the six 'Most Important' items and allocating them to categories of 'most of the time', 'sometimes', or 'hardly ever' in relation to whether they had been experienced during their childhood under age ten.
- GHQ12, an instrument to measure mental health, as described above.
- Participants' details

The categorised items for the first element of the survey interviews are shown below in Table 2.4: Study 1 categorised items.

Table 2.4: Study 1 categorised items

AGENCY	BELONGING
61. Being organised	71. Feeling safe
62. Learning new things	72. Sharing your problems
63. Being creative	73. Feeling someone else is in control
64. Able to say no	74. Feeling special to someone
65. Feeling confident	75. Wellbeing of your family
66. Feeling in control of yourself	76. Feeling wanted
67. Influencing your family	77. Having support
68. Having choices	78. Feeling you belong
69. Understanding yourself	79. Mostly keeping to the rules
70. Feeling good about yourself	80. Having responsibilities
COMMUNICATION	OTHER
81. Enjoying stories, music, etc.	51. Feeling healthy
82. Making people laugh	52. Feeling fit
83. Able to ask questions	53. Not worrying about money
84. Able to talk about your ideas	54. Having a clean & tidy house
85. Able to explain your feelings & beliefs	55. Not too tired
86. Able to understand others' feelings and beliefs	56. Laughing
87. Knowing when & how to ask for help	57. Having routines
88. Being a good listener	58. ?
89. Enjoying conversations	59. ?
90. Able to understand your family	60. ?

The origins of these items can be seen at Appendix 2.4. The final shape of the Study 1 interview can be seen at Appendix 2.5.

### 6.1.5 Recruitment

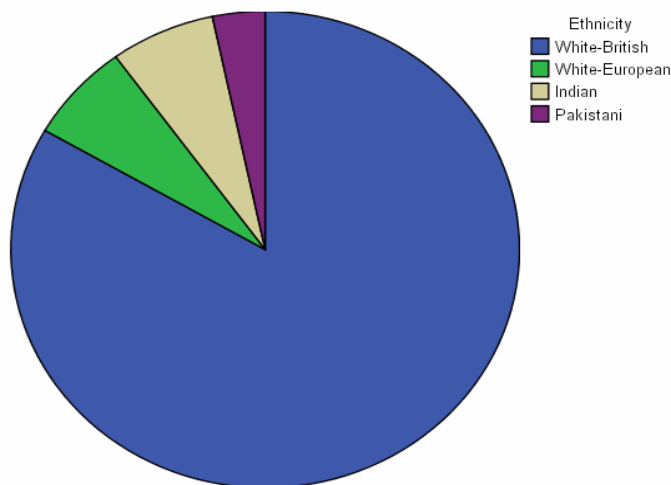
With the survey interview finally ready, I proceeded to address issues of recruitment. There was the question of how many participants to interview, given that they would be drawn from a homogeneous group (mothers with a child up to age five). Robson points out that “the answer is not straightforward, as it depends on many factors. In some real world research, the question is answered for you by the situation” (Robson, 2002, p.161).

One consideration was the various purposes of the survey. These were as follows: to test the robustness of the proposed framework; to find out about mothers’ priorities for their own wellbeing; and to assist in recruiting case study families for Study 2.

Another consideration in relation to how many interviews to conduct was about practicality and resources. How would I access the mothers? How long should I spend on the survey, given that the case studies also needed to be carried out in roughly the same period? On balance, these issues seemed to call for a realistic ‘middle-of-the-road’ approach, and ultimately I decided to interview one hundred mothers.

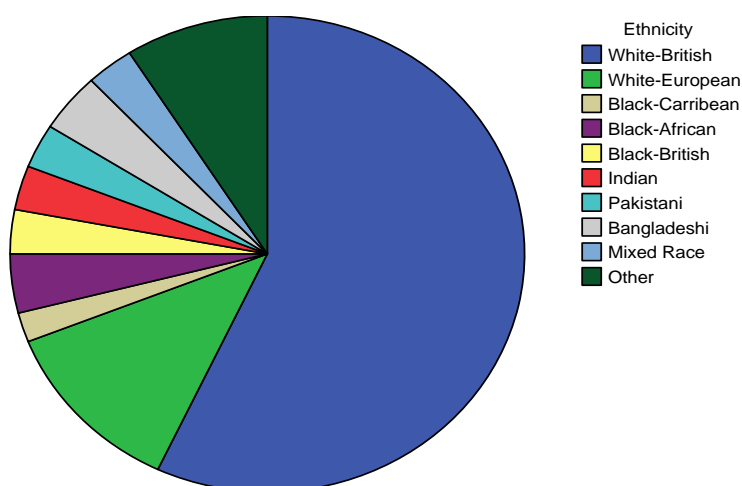
Although interviews had been piloted both in a Family Centre and a Nursery School, it was decided that Family Centres only would be better in terms of diversity of participants, as at present such centres are only located in disadvantaged areas. To this end nine possible Centres in Oxfordshire were identified, and data collection commenced. However when approximately one third of the survey interviews had been conducted, an analysis of the demographic details revealed concerns about the lack of diversity in the mothers interviewed so far (see Figure 2.2 below).

Figure 2.2 Mothers' ethnicity, 1-30



It seemed that although there was a good balance in relation to most of the demographic questions, Oxfordshire was not going to be an entirely satisfactory context for data collection in terms of ethnicity. Consequently arrangements were made to collect data from Centres in Birmingham and London, as well as the three Oxfordshire Centres already involved. At the end of data collection the ethnicity of participants was much more diverse, as shown in Figure 2.3 below.

Figure 2.3: Mothers' ethnicity, 1-100



Study 1 was now ready to start.

## **6.2 Study 2: case study families**

This was a flexible design study using a case study approach with ten families. Pollard argues that the social world of primary school children fundamentally influences their sense of identity (Pollard, 1996) and I would argue that the social world of the family is also profoundly influential.

### **6.2.1 Study 2 rationale**

Study 2 was designed to continue the investigation of the question, “What would constitute a robust conceptual framework for resilient wellbeing?” in different ways from those used in Study 1. It was also, and primarily, designed to address the second research question, “What observable situations and experiences influence the development of resilient wellbeing from birth to three years?”

Study 2 is the central element of the research design, focusing on case studies and using a variety of methods, e.g. interviews, observations, audio and video material. Its strength can be argued to lie in three aspects: firstly ten very diverse case study families were recruited, giving a very wide range of views; secondly there is a great deal of triangulation, both within the study and with Study 1; and thirdly, in recruiting the families I asked them if they would be willing to collaborate with me to investigate the research questions, and particularly to explore this third research question.

An important reason for the flexible design of Study 2, was that when I was developing Study 1 (and indeed throughout its data collection phase) I became increasingly aware of its limitations as well as its usefulness. Many mothers wanted to relate, reflect and discuss with me in a way that was not manageable within the confines of that fixed design.



Also, the Study 1 survey offered no opportunity to study the children themselves at first hand, which would certainly be needed in order to think about all three research questions. In addition, a way had to be found to incorporate each child's 'companions' into the study.

Although a fixed design was clearly unsuitable for studying children under three, other flexible designs were considered, such as an ethnographic study, although in such a design there would be difficulties in focusing especially on the target child. Another possibility was a grounded theory study, but this would not have been a satisfactory method because of the 'a priori' framework. Neither of these approaches would facilitate the thorough investigation of the research questions that a case study approach would.

None-the-less, using the case study method had its complexities as well as advantages. While it was necessary to prepare a plan that could be shared with families, it was also necessary to make it clear that we might – collectively – want to change the plan at any stage. As well as informing them of the overview of the study, there were also procedures to plan, and ways of reporting to them.

It was quite problematic to do these things for the whole study in a flexible design such as this; a balance needed to be achieved, between some kind of plan, and maintaining the flexibility needed to be open to new ideas or ways of interpreting the data. However, using the case study method with this small group of families with young children seemed on balance the best way of addressing the research questions.

### 6.2.2 Study 2 participants and data

Taking a 'social group' case study approach, ten families were recruited to collaborate in the investigation over a twelve-month period. Methods of data collection were:

- Audio-taped interviews
- Written observations
- Filmed observations
- Audio-taped family discussions

Various family members, or 'companions' of the child, collaborated in the data collection, in various ways. Table 2.5 below shows who the 'companions' were, together with the type and amount of data to be collected.

Table 2.5: Study 2 participants and data

10 FAMILIES	Interviews, per family	Written observation, per family	Filmed observation, per family	Taped family discussion, per family
Child x 10 (NB 1 = twins)		1	4	1
Mother (C1) X 10	4	-	1	1
Father/partner X 8	1	-	1	1
Grandmother X 6	1	-	1 (minus 1)	1
Aunt X 2	1	-	1	1
Cousin X 2	1	-	1	1
Sibling X 3	1	-	1	1
TOTALS	61	11	70	10 discussions

### 6.2.3 Recruiting the families

An examination of the research diary covering the early days of thinking about this study reveals a remarkably tidy expectation of events which turned out to be very far from the case. Here, for instance is an extract from my research diary dated 14.08.03 (i.e. one month before registration) including a table, making the assumption that it would be possible to recruit children of the exact right age, and within a short period of time.

“In Stage Two, video, interview and questionnaire data will be collected which will seek to illustrate the nature of ‘companionable learning’ and identify external protective and risk factors in relation to it. A small number of babies will be filmed 3 times, at 6, 12 and 18 months; and a small number of older children also at 3 times, at 24, 30 and 36 months (see table below).”

<i>When to film</i>	<i>BABIES</i>	<i>1s – 3s</i>
<i>Oct ‘04</i>	<i>6 months</i>	<i>24 months</i>
<i>Apr ‘05</i>	<i>12 months</i>	<i>30 months</i>
<i>Oct ‘05</i>	<i>18 months</i>	<i>36 months</i>

In fact recruitment was spread over a period of at least six months, and the complexities of the ages of the children can be seen in Table 2.6: Study 2 families, in Chapter 6.

Starting originally with an intention to recruit twenty families, this number very soon fell to ten, plus two pilot families. Then following a pilot of Visit 1 (and before the recruitment was complete), it was decided to reduce the number to eight, and to include the pilot families (who by now were very interested and involved), thereby making ten. This became the number for the study.

However, one mother withdrew after the second visit, over halfway through. I was unable to contact her for the third visit, in spite of several telephone and written messages. The reason was unknown, but the mother had told me in the first visit that she had had many episodes of depression. After several months I sent a letter thanking her warmly for the discussions we had had, and offering her the film footage that I had taken; but I did not hear from her. Thus the study findings were ultimately drawn from nine families, rather than ten.

An inappropriate expectation was that all the families could be recruited from one small estate, or possibly two, on the edge of Oxford. This would have facilitated a closer examination than was possible, of the families' local community. However, ultimately the families came from all over the city, as well as outside it, for reasons explained below.

Another 'tidy' plan (as in the table above) was to recruit half the families with a baby of 3-6 months, and the other half with a child of 21 – 33 months. This would have enabled more direct comparison between the families, while at the same time covering the age range birth to three. However, I found that recruiting these ages was not possible; and this in fact became an advantage as, although the comparison was no longer possible (and was probably inappropriate anyway) the children eventually recruited were more evenly distributed along the age continuum. This was more appropriate in relation to the research questions.

The last 'tidy' misconception was to assume that all the case study families, as well as all Study 1 mothers, could be recruited through the Nursery School where the Study 1 pilot took place or the Primary School, where I had made relationships and established a certain degree of trust. This was a serious misconception that in effect held up the study for several months.

In fact, recruitment was spread over a period of at least six months. Before recruiting in the Nursery or Primary School either for Study 1 or for the case study families could begin, permission was sought from Oxfordshire County Council to access families through these settings. In the event permission was granted not only for the two schools envisaged, but for all the settings in the County (see permission letter at Appendix 2.6). Ultimately this was extremely helpful, as recruitment in general was much more fragmented than anticipated.

For this study, then, I needed to recruit a purposive, stratified sample of ten families who were willing to collaborate; and in advance I needed to collect the following data in order to achieve a range of diversities across the families:

- i) Child ages (focus child between birth and 36 months)
- ii) Gender of child
- iii) Child's position in family
- iv) Ethnicity
- v) Mothers' age
- vi) Mothers' education
- vii) Socio-economic status (as indicated by housing)

Several months were spent in visiting the Nursery School, piloting Study 1, and with the help of the school identifying possible families for Study 2. Twelve home visits were made over this period to discuss recruitment provisionally, with further visits proposed to confirm recruitment. This process went well and generated a certain amount of recruitment optimism. However, a major problem emerged. There was very little diversity in the ages of the children, nearly all of whom were around two years old and the second child in the family. Belatedly I realised that this was an inevitable feature of recruiting younger siblings of Nursery School children.

What would now be the best way to proceed? This dilemma discouraged an attempt to recruit in the nursery class in the primary school. The main Health Visitor on the estate had become interested in the study (she subsequently joined the Development Group) and agreed to put me in touch with mothers of babies and younger children - she knew a good number – provided her manager agreed. But the manager could not agree, because I had not sought

ethics permission specifically from the Health Ethics committee. Moreover it was now too late to do so, as the process would have taken several months.

I wondered how to access appropriate families in an ethical way. Relying on the thoroughness of the recruitment procedure as well as the University ethics permission and the access granted by the local authority, I contacted practitioners in settings where I was known, who could vouch for my honesty and reliability. In the case of the families originating from India and Pakistan, I contacted long-standing friends who were members of those communities, asking for introductions. In this way I was finally able to recruit the remaining families, to make up the number needed. This extremely protracted procedure of informed consent did mean, however, that decisions made to join the study were solid ones. Of the ten families to be visited regularly over the twelve month period, only one withdrew, about halfway through.

The balance in personal details of the ten families can be seen at Table 2.6: Study 2 families, below. This table shows details of the children's dates of birth; gender; ages at recruitment, first visit and final visit; place in the family; ethnicity; mothers' age and education; housing; and source of referral.

Insert Table 2.6 here



I informed the families that all information would be kept anonymous and all tape and video recordings would be stored securely. During the course of the study their information would only be seen by supervisors and research colleagues, and by themselves. It was also emphasised that parents were free to withdraw at any time; and that after the study was finished, their (anonymous) information would not be used in any way except with their permission. It was also mentioned that at the last visit I might ask for permission to use selected information and recordings subsequently on a wider basis for the development of family support, or for training materials. All this information was given both verbally, and in a leaflet which was left with the mother.

Formal agreement to join the study was sought from the mother, and all the other 'companions' to be involved. An example of the permission form can be seen at Appendix 2.6.

After the study had started, one mother (Family D) withdrew unexpectedly after the second visit, over halfway through the data collection. Thus the study findings were ultimately drawn from nine families, rather than ten. Further information, about the income of the families, can be seen in Table 2.7 below.

Table 2.7: Benefits claimed by Study 2 families

Type of allowance		A	B	C	E	F	G	H	J	K
1	Child benefit	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Income support		✓							✓
3	Contribution-based jobseeker's allowance									
4	Income-based jobseekers' allowance									
5	Council tax / housing benefit									✓
6	Incapacity / disability (various)		✓							
7	Working tax credit			✓	✓					
8	Child tax credit	✓		✓			✓		✓	✓
9	Other		✓*							

Invalid carer's allowance

The leaflet for Study 2 is at Appendix 2.6.

Throughout Study 2, every visit was piloted twice, with subsequent time to make any necessary adjustments, before visits were carried out with the remaining families. When these two families were recruited as pilot families, it had not been possible to decide whether or not the schedules in the piloting stage would be so different from the final version that it would not be appropriate or possible to include their data with the rest.

However, it immediately became apparent that ethically it would be important to include them; and practically, the whole process including data storage needed to be piloted, not just data collection. In the event it was the *processes* of data

collection that often needed adjusting, rather than the schedules themselves, so it was very straightforward to include the data from the pilot families.

This process, of piloting everything with two separate families, became a very important and useful element of Study 2. An extra element was added to the end of every visit: two 'piloting' questions to the mother, one about the *content* of the visit, and the other about the *process*. The two mothers took very different perspectives, one more likely focus on both content *and* process, while the other often had some extremely perceptive and succinct suggestions as to the practical implications.

One aspect that was a major strain and constraint throughout Study 2 became obvious, even at the early piloting stages, being so important that it took precedence over decisions made about the research itself. It seemed that almost all parents with the youngest children were very vulnerable in relation to their own children and their parenting role, and there was an all-too-likely potential for either giving offence or causing hurt. In this case study situation, to do so would be ethically unforgivable - and also practically disastrous.

For many months - in some cases throughout - I felt on tenterhooks with anxiety, for both reasons. I was aware that if I made a mistake of this sort, as well as leaving the participant worse off, I might lose the family from the study. Consequently, decisions made in the best interests of the research had to come second to decisions made in relation to the emotional and psychological safety of the participants; as no matter how good the research decision, it would be of no use without the participant. This sense of possible disaster probably did as much as anything to ensure the care with which Study 2 was conducted.

#### 6.2.4 Preparations for data collection

The moment was fast approaching when it would be time to pilot the first visit, including filming a short episode with mother and child at the very beginning of their involvement in the study. There was much to be done in relation to the families and the schedules, as well as learning how to use the camera, both practically and ethically.

There were to be four main stages of data collection. A series of four visits, including a Family Meeting, meant that on average families were visited eight times in the course of the study. These four groups of visits were made roughly in November, February, June and October 2004-5. Between one and four visits were needed in order to complete the tasks (see schedules at Appendices 2.12-15). The visits varied in length from thirty minutes to three hours; and the timing and length of them were dictated by the routines and needs of each family, taking place morning, afternoon or evening, on weekdays or at weekends.

Here is an extract from the information leaflet to the families, explaining what families could expect if they joined the study:

As well as watching your child, the researcher will need to talk with you, and with other people your child knows best. Sometimes she will need to use a tape recorder and a video camera. The last visit will be for as many as possible of the people who know your child well, to look at a short film of your child and talk together about how wellbeing develops.

Tasks and schedules were developed for each of the four visits. An account of this preparation can be seen at Appendix 2.7: Preparations for Study 2 visits; whilst the schedules themselves can be seen at Appendices 2.12 – 2.15.

In a general sense the purpose of Study 2 was to investigate all four research questions. In the context of the study's collaborative approach, it was important explain as clearly as possible the 'a priori' framework on which they would be

asked to comment at various times and in various ways over the course of the year. A straightforward information sheet about the Framework was discussed with the families at Visits 1-3 and gradually amended throughout the study. The final version can be seen at Appendix 2.16.

### **6.3 Study 3: Focus group seminars**

This was a series of six seminars held with diverse groups of people, in which I made a presentation about the study, followed by an audio-taped discussion with the participants.

#### **6.3.1 Rationale for Study 3**

In order to pursue the possibility of benefiting families in general (the 'critical theory' intention of the study), an additional process was needed, focusing on responses to the study by practitioners, managers and researchers, and including the study's possible implications. It was an acknowledgement of the importance of dissemination in the research process; not dissemination through the seminars themselves (the research findings were not yet complete at that stage) but as a way of addressing future dissemination issues in this part of the research.

This was a comparatively small exploratory study, set up specifically for the following reasons: to make opportunities to find out more about the research, policy and practice *context* of the research; to seek new insights in relation to my research progress so far; to ask questions of the participants, about people's professional responses to the study, and whether they saw any implications be for their work. I hoped that these seminars would help me to think about my present research situation in a new light; and to generate ideas and hypotheses for future action and research.

These reasons closely match Robson's (2002) classification of the purposes of exploratory enquiry (p. 59). In particular, Study 3's purpose was to assist the

investigator in addressing the third research question: “Are there implications for research, policy and practice in relation to the framework and companionable learning?” While contributions were made to this thinking during both Study 1 and Study 2, this third study was the main way in which data were collected in relation to this third question.

### **6.3.2 Methods**

Various methods for pursuing this particular part of the investigation were considered, in particular the possibility of using either the Nominal Group Technique or the Delphi Technique. This technique is a written equivalent to the Nominal Group Technique in which, in a group situation, written answers to questions are used to generate group discussion. However the Delphi Technique may be an appropriate substitute for somewhere it is physically difficult, for one reason or another, to convene people. This technique works in three stages. First, a series of statements and questions is circulated on email and participants are asked to respond. Next the leader collates the responses into clusters of issues, and circulates what is now a group response for comment. Finally the process is repeated as often as is appropriate – sometimes ending with a plenary session if this is possible. Cohen, Manion and Morrison (2000) point out that the Delphi Technique brings “advantages of clarity, privacy, voice and collegiality ..... it engages the issues of confidentiality, anonymity and disclosure of relevant information whilst protecting participants’ rights to privacy” (p.239).

Although this description makes a compelling argument, none-the-less the practical difficulties would have been considerable. All potential participants were working under such pressure that the return rate was very questionable; and under such circumstances it seemed appropriate to ensure that time spent assisting the investigator would also be time that participants could benefit from in their own work too.

Consequently it was thought best to arrange Study 3 in the most time-saving and practical way possible, while also ensuring that it would be an enjoyable occasion for all attending, to share thinking and ideas that might benefit their work. It was decided to run a series of homogeneous focus groups in both Oxford and Birmingham, with practitioners, policy and service managers, and researchers. These were termed 'seminars', acknowledging the information-giving aspect of the process that would precede the discussions. The presentation constituting the first half of the seminars focused on these aspects of the study: the methods, the model of wellbeing, the companionable learning framework, policies & issues, and uses for the study. It was over these aspects that the (audio-recorded) discussions ranged.

### **6.3.3 Recruitment**

A proposal for the seminars was circulated, with the following explanatory text:

We know from research that children's experiences in the first three years make a long term difference, particularly those involving other people. This is when their sense of wellbeing is beginning to take shape. But which experiences make a difference, and why? The purpose of this 3-year study is to find out more about the foundations of children's wellbeing. Such information could usefully be offered to parents, and to a wide range of people involved in supporting families with the youngest children.

The study proposes and tests a straightforward framework for wellbeing, as a means of accessing the complex interwoven threads of child development from birth to three years. Two kinds of data are being gathered and analysed by means of the framework: information from interviews with 100 mothers of the youngest children, about their priorities for their own wellbeing, their childhood experiences and their current mental health; and information from 9 families studied in depth over a year, gathered from observations and interviews and using video and audio recordings in a new kind of methodology.

A third kind of data is now being sought, through a series of seminars in Birmingham and Oxford with policy and service managers, with practitioners, and with researchers. The seminars are scheduled for the period February – March 2006. The purpose of the seminars is to consult those present about their professional responses to the study; and about what might implications be for their work, and related aspects.

Seminars were arranged usually over lunch-time, and lasting between one and two hours, depending on the time available. The participants in the Study 3 seminars can be seen below in Table 2.8: Study 3 Focus Groups

Table 2.8: Study 3 Focus Groups

	<i>RESEARCHERS</i>	<i>POLICY AND SERVICE MANAGERS</i>	<i>PRACTITIONERS</i>
<i>OXFORD</i>	1 <i>Development Group</i>	3 <i>EYDCP officers team</i>	5 <i>Oxfordshire Family Centre leads</i>
<i>BIRMINGHAM</i>	2 <i>MA/PhD Seminar Group</i>	4 <i>Centre for Research in Early Childhood Steering Group</i>	6 <i>'Flying Start' home-visiting team</i>

#### **6.3.4 Focus Group seminars outline**

There were two main parts to the seminars, the first being my presentation of the study so far, and the second the discussion generated by the questions with which I concluded my presentation. Part 1 included introductions, explaining the study; and a presentation explaining the proposed framework and how it has been tested (including video clips), together with discoveries and issues arising (see Appendix 2.18).

The discussion in the second part of the seminar revolved around the general question: "What are your professional responses to the study? Practically, what might implications be for your work, and related aspects?" It was loosely structured to facilitate discussion of the following issues: the methods used; the



proposed constructs of wellbeing; the companionable learning framework; related policies and issues; and possible uses for the study.

The presentation was piloted with the Development Group, and subsequently finalised. The schedule for the seminars, and precise details of information given and questions for discussion, can be seen in the PowerPoint presentation at Appendix 2.18. On each occasion permission was sought (and granted) to tape the discussion in the second half of the seminar.

#### **6.4 Summary of Part 2**

In this part of the thesis I have described the 'style' of my research: the research paradigm in which it is located, and its ethical principles. These issues were fundamental to the research design, out of which emerged the operational strategies. Questions of rigour were addressed at the end of Chapter 5, which also paved the way for the three studies that were central to the research design: the survey of one hundred mothers, the case study families and the focus group seminars. The different methods that I developed for the three studies have been described in Chapter 6, with extensive references to appendices. (These appendices were not essential to the main story, but offer the reader a resource of background detail that is intended to supply answers to possible questions raised by my narrative). In gardening terms, did I explore alternative ways of observing the development and growth of plants, and cataloguing them? Why did I decide always to examine them in the garden itself, whatever the weather, rather than take samples to my own greenhouse? What exactly would I be looking for? At the end of Part 2 the preparations were at last complete, and I was ready to begin the investigation in earnest.

## **PART 3 DATA COLLECTION, ANALYSES AND FINDINGS**

In this next part of the thesis I describe what happened during data collection in the three studies; how the data were analysed; and the three studies' findings.

Methods of data collection and analysis were dictated by the nature of the data. This was going to be different in each of the three studies, and so different methods and sequences of analysis were employed. However for all three studies, exploring and testing the 'a priori' framework (described at the end of Part 1 Chapter 4) provided a structure and starting point for the analyses.

In Chapter 7, I give an account of the data collection, analysis and findings in *each study*. Chapter 8 represents the 'fruits' of the research, in that it presents the findings in relation to the *three research questions*.

## **Chapter 7: What's growing? The three studies**

“July is a wonderful month in the vegetable garden if all has gone well. Like a child at a Christmas or birthday party you can become bemused by the superabundance of things to eat. In the middle of this euphoria do not forget that pests and diseases may also be having a fine feast.”

Seddon (1976)

### **7.1 Study 1**

The Study 1 survey was designed to generate data in relation to all four of the research questions. There now follows an account of the data collection process with nine families, the analysis of the data, and the findings.

#### **7.1.1 Study 1 data collection**

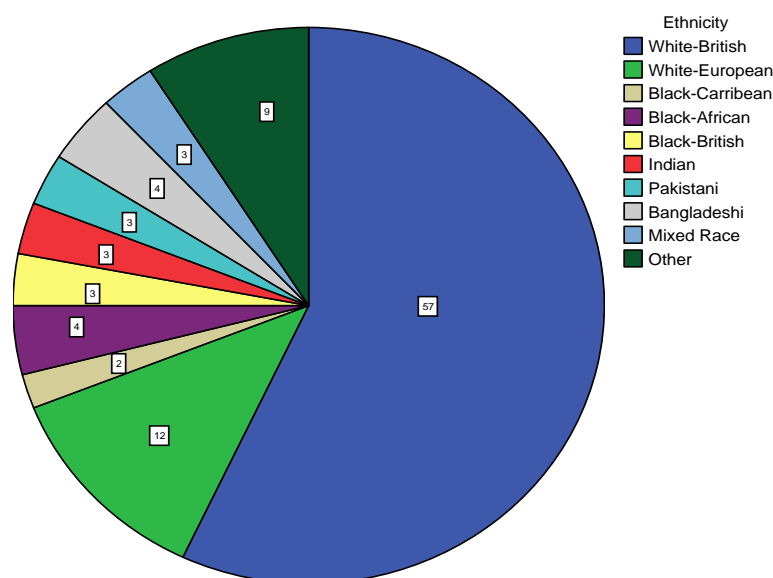
These data were collected from one hundred mothers in approximately thirty-minute interviews. The data were collected in Children's Centres in Oxfordshire, London and Birmingham. From the start it was intended to enter Study 1 data into SPSS, a quantitative data analysis package. This went relatively smoothly from the start – one of the very few aspects of the Study 1 that proceeded as planned.

I originally intended to survey all of the one hundred mothers in Children's Centres in Oxfordshire; but after the first thirty-one mothers had been interviewed I realised that I had a problem. I had intended to interview as representative a sample as possible of mothers with young children, and for the majority of the demographic information I had collected, the balance of mothers in the Oxfordshire Centres seemed satisfactory. However, at that stage I had only two ethnic minority mothers, and I had collected one third of the data. Consequently I arranged to interview the next forty-six mothers in central

London and central Birmingham Centres; and the remainder were again collected in Oxfordshire. The ethnicity of the total sample of mothers was then much more diverse, with 57% white British mothers, and 43% ethnic minority mothers. This was in fact very much more ethnically diverse than the national population figure in 2001 of 7.9% ethnic minority population (Babb et al., 2006, p.2). However the 'Social Trends' figure of 92.1% white population included the Study 1 category of 'white European', and so the comparable Study 1 figure for white mothers would be 69%.

The ethnicity of the one hundred mothers in Study 1 can be seen in Figure 3.1 below.

Figure 3.1: 100 mothers' ethnicity



Moving on now to the process of data collection, I found that contacting managers of Centres, explaining what I needed, and meeting the staff in whose areas I would work, was a long-drawn-out process. So was the time needed to interview one hundred mothers. However, once I had started, collection of data in all of the Centres was straightforward. The staff in the Centres were extremely helpful in assisting with recruiting mothers, and in finding me a suitable location for the interviews – often quite problematic. The number of

interviews I could carry out in a day was restricted by the times at which mothers were likely to be in the Centre and able to spend half an hour with me. On a good day I could interview six mothers, but usually I interviewed fewer.

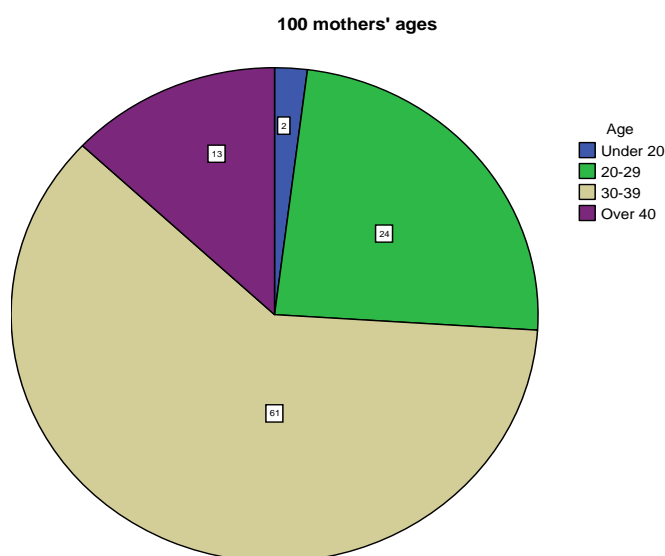
Four sets of data were collected: demographic information; mothers' priorities for their own wellbeing; mothers' recollections of childhood experiences; and mothers' current mental health. The data were stored in SPSS.

The following sections are about the information that I needed, and how I analysed the data to obtain it. I sought information about the mothers' demography; the mothers' priority items for their own wellbeing; the mothers' own additional items; the balance of the wellbeing constructs in terms of importance; and possible correlation coefficients relating to mental health and childhood scores, to mental health scores and priority choices, and finally to mothers' demographic information (for instance their education) and their construct priorities.

### **7.1.2 Demographic information about the 100 mothers**

I needed this information to establish whether my sample of one hundred mothers was representative of all UK mothers of children under five; and if not, in what ways it differed. As well as ethnicity, information was collected about mothers' ages, the age at which they left school, their education, and their housing. Mothers' ages ranged from under 20 (2%) to over 40 years (13%), with 24% aged between 20 and 29, and the majority in the age-range 30 – 39 (61%).

Figure 3.2: 100 mothers' ages



At first glance these ages might not be thought comparable with the UK population. However, it should be remembered that these were the ages of mothers with children from birth to five years. We know that in 2004 the average age for *giving birth* (by all births, i.e. first child to fifth child and higher) was 28.9 years, as shown in Table 3.1 below (Babb et al., 2006, p29, Table 2.17).

Table 3.1: Average age of mother<sup>1</sup>, by birth order<sup>2</sup> in England and Wales

	1971	1981	1991	2001	2004
1st child	23.7	24.8	25.6	26.6	27.1
2nd child	26.4	27.3	28.2	29.2	29.5
3rd child	29.1	29.2	29.9	30.7	30.8
4th child	30.9	30.9	31.2	31.5	31.6
5th child and higher	33.6	33.8	33.5	34.4	34.5
All births	26.6	27.0	27.7	28.6	28.9

<sup>1</sup> Age-standardised to take account of the changing population distribution of women

<sup>2</sup> See Appendix, Part 2: True birth order.

Source: Office for National Statistics

However, Study 1 mothers might have given birth at any time between a few months and five years previously; and also many had older children. We also know fertility rates in 2004 by age of mother at childbirth (Babb et al., 2006, p29, Table 2.16). Table 3.2 below shows that the great majority of children are born to mothers who are between the ages of 25 and 34.

Table 3.2: Fertility rates, by age of mother at childbirth in the United Kingdom

	Live births per 1,000 women <sup>1</sup>				
	1971	1981	1991	2001	2004
Under 20 <sup>1</sup>	50.0	28.4	32.9	27.9	26.7
20–24	154.4	106.6	88.9	68.0	71.5
25–29	154.6	130.8	119.9	91.5	98.0
30–34	79.4	69.4	86.5	88.0	99.1
35–39	34.3	22.4	32.0	41.3	48.6
40 and over	9.2	4.7	5.3	8.6	10.1
Total Fertility Rate <sup>2</sup>	2.41	1.82	1.82	1.63	1.77
Total births (thousands)	901.6	730.7	792.3	669.1	716.0

1 Live births per 1,000 women aged 15 to 19

2 Number of children that would be born to a woman if current patterns of fertility persisted throughout her child-bearing life. For 1981 onwards, this is based on fertility rates for each single year of age, but for 1971 it is based on the rates for each five year age group

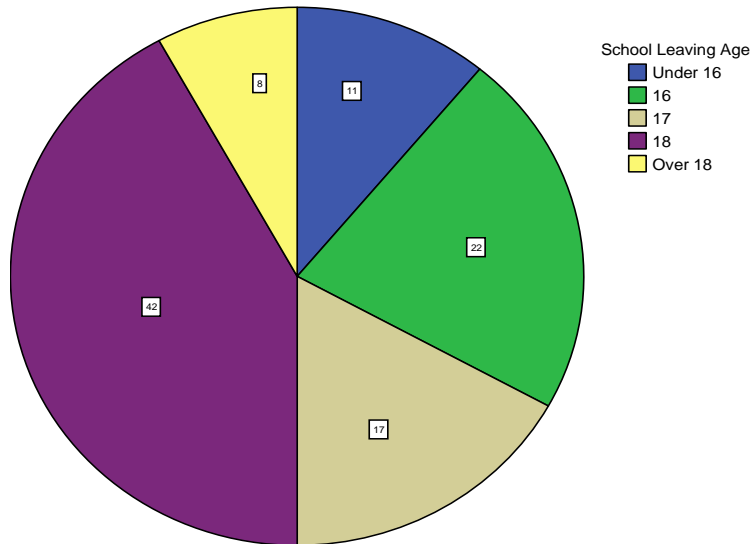
Source: Office for National Statistics

Both these tables indicate that mothers' ages in Study 1 can be seen as representative of the UK population.

The age at which the mothers left school ranged from under 16 to over 18. It will be seen that nearly 42% of the mothers stayed at school until they were age

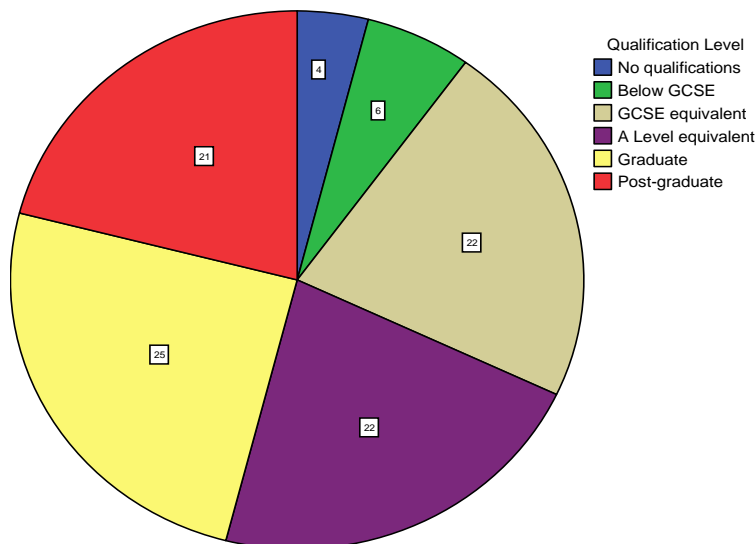
eighteen, with the remaining 8% who left at over age eighteen, bringing the total of mothers who left school at age eighteen and over to 50%.

Figure 3.3: 100 mothers' school leaving ages



Next, Study 1 findings relating to mothers' education are shown in the chart below.

Figure 3.4: 100 mothers' education

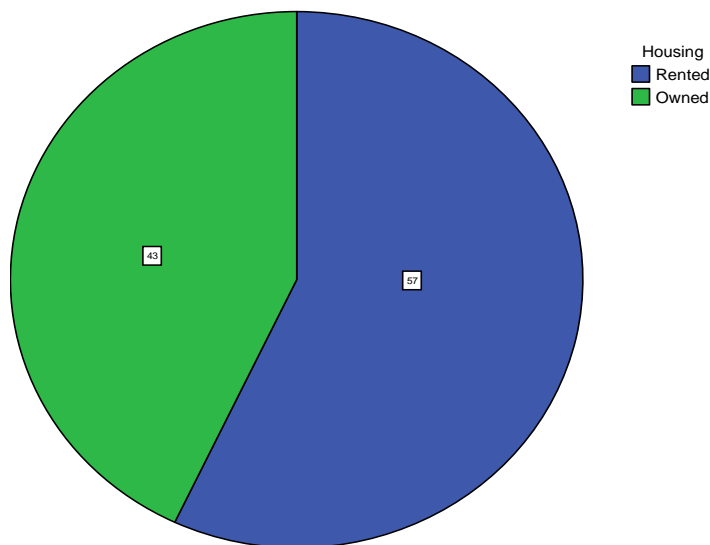




This chart showing mothers' education levels reveals a higher-than-expected number of graduate and post-graduate mothers (46%). This may have been partly because of the high number of people in the Oxford population engaged in study of some sort. However it was mainly because many of the 33% of mothers interviewed in London were students from abroad. These mothers were living in a student hostel next to the Centre in which I interviewed, while completing their post-graduate studies. So at the same time as improving the ethnic diversity of the mothers in the study I was, inadvertently, interviewing some unrepresentative mothers in terms of education level. Although mothers' education is known to be a key influence on their children's development (Sylva et al., 2004), I acknowledge and take into account in my conclusions that what these mothers were telling me might not be typical of the population as a whole. However, with these highly educated women I was able to collect some very reflective data.

I would have liked to collect more demographic data reflecting the socio-economic status of the mothers; but I decided that it would not be possible, during such a short space of time, especially at the first and only meeting with each mother. Consequently I asked just one indicative question relating to family income, about housing: was the accommodation in which they were living owned, or rented? While 43% lived in accommodation that they owned, 57% were living in rented accommodation. This represents a lower level of income than the national average, in which 69% own their houses, compared with 31% who rent them. However, it is worth bearing in mind that the high figure for rental accommodation will have been augmented by the post-graduate students in the London hostel adjacent the Children's Centre there.

Figure 3.5: 100 mothers' housing.



In summary, I had needed to know whether my findings from the one hundred mothers in Study 1 could safely be generalized to the UK population of mothers. I have reported the difficulty I had encountered when recruiting the first 33% of the mothers from Oxfordshire Family Centres (now Children's Centres). By recruiting 46% of the remaining 77% of mothers in Birmingham and London Centres, I moved the ethnic minority figure for Study 1 from 2% to 43%. However as the national ethnic minority figure in 2006 was 7.9%, this was unfortunately not representative of the population either – although possibly more interesting.

In other ways too I was unable to show, as I would like to have done, that these mothers were representative of the UK population: not by education levels – these mothers' levels were higher; and not by income – 43% of these mothers were house-owners, compared with a 69% national average. The only way I found them to be comparable was by age.

This means that although Study 1 findings are important in relation to this particular study, the findings cannot reliably be applied to the whole UK population of mothers. In retrospect, I realize that it would have been better if at the outset I had located specific *content and format* of demographic information about the UK population in the literature, which I could then use to compare my one hundred mothers – instead of the other way around.

### **7.1.3 The balance of the wellbeing constructs chosen by 100 mothers**

The wellbeing constructs in the ‘companionable learning’ model had been identified as agency, belonging and boundaries, communication and the physical world. The literature had indicated that all these four constructs were important for wellbeing, and I needed to find out whether mothers with young children did indeed find the constructs important. In order to do this, I asked mothers to tell me about the relative importance of the items, from ‘Most important’ to ‘Nothing to do with wellbeing’.

It will be remembered that mothers were asked to prioritise items that were important for their own wellbeing, out of a total of thirty-seven items (see Appendix 3.2). A frequency distribution analysis was carried out and put into tabular form. The process for finding out what mothers’ priorities were for their own wellbeing was described in Part 2 Chapter 6, and can briefly be summarised as follows. First, the mothers were asked to allocate each one of thirty-seven items (see Chapter 6.1.6), each on a slip of paper, under the category headings of: ‘*very important*’, ‘*quite important*’, ‘*nothing to do with wellbeing*’ and ‘*against wellbeing*’. When this was done, they selected the 6 ‘*most important*’ items from their ‘*very important*’ choices.

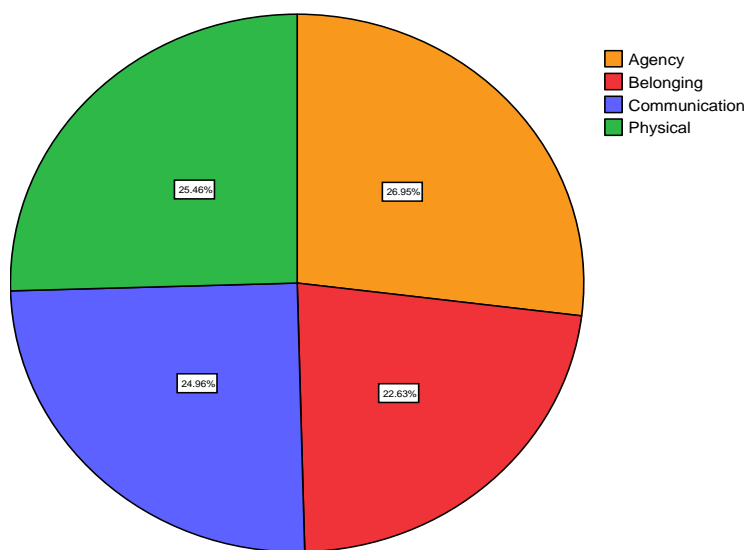
I also asked mothers to tell me which of the thirty-seven items they thought had nothing to do with wellbeing; and whether I had left out anything that really mattered to them. (These questions are addressed below in 7.1.4 and at

Appendix 3.3). In particular, I was interested in the extent to which the constructs balanced with each other. *Were* they all important to mothers? If so, were some constructs more important than others?

The analysis relating to these questions, together with those in Appendix 3.1: Statistical checking procedures, was carried out in collaboration with Dr Niall Anderson, a lecturer in medical statistics at the University of Edinburgh. The following procedure was used in order to arrive at the chart at Figure 3.6 below. First, scores were allocated on the following basis: Most important: 3; Very important: 2; Quite important: 1; Nothing to do with wellbeing: 0; and Against wellbeing: -1. The total scores for each of the four constructs were calculated. These were then standardised by dividing by the number of items to get an average score for each construct, per individual. (This was necessary because, as it will be remembered, while agency, belonging and boundaries, and communication each consisted of ten items, the 'physical' dimension had only included seven, leaving three 'spare' for mothers to add their own items in the interview as they wished).

Each average construct score (calculated over the whole sample) was then expressed as a percentage of the total of the four averaged constructs. The resulting chart below shows an even balance of mothers' priorities for their own wellbeing across the constructs. So all four constructs were indeed important to the mothers.

Figure 3.6: Averaged proportions of total scores for the four constructs in 100 mothers



More detailed statistical checking procedures are described at Appendix 3.1. The same procedure was used to plot a confidence interval graph. This graph (in Appendix 3.1) shows these scores in the population of mothers with the combination of demographic factors seen in the sample, as well as indicating the likely precision of these average scores. (But NB it should be remembered that the combination of demographic factors in Study 1 mothers varies in certain ways from the national population of mothers with young children, as has been shown in 7.1.2).

#### 7.1.4 Analysis and findings of the 100 mothers' priority items for their own wellbeing.

A detailed account of the findings of the mothers' priority items for their own wellbeing can be found at Appendix 3.2. The mothers' selected 'Most Important' items are of particular interest and relevance to the first research question: 'What would constitute a robust conceptual framework for resilient wellbeing?' These can be seen in Table 3.2a below.

Table 3.2a: 100 mothers' choices of items to the '*most important*' category

<b>Items chosen as 'most important' (6 items per mother)</b>	<b>Total times item chosen</b>	<b>WELLBEING CONSTRUCT</b>
75 / Wellbeing of your family	63	<b>BELONGING AND BOUNDARIES</b>
70 / Feeling good about yourself	39	<b>AGENCY</b>
51 / Feeling healthy	33	<b>PHYSICAL</b>
71 / Feeling safe	30	<b>BELONGING AND BOUNDARIES</b>
90 / Able to understand your family	28	<b>COMMUNICATION</b>
65 / Feeling confident	25	<b>AGENCY</b>
66 / Feeling in control of yourself	23	<b>AGENCY</b>
74 / Feeling special	22	<b>BELONGING AND BOUNDARIES</b>
56 / Laughing	22	<b>PHYSICAL</b>
77 / Having support	20	<b>BELONGING AND BOUNDARIES</b>
55 / Not too tired	19	<b>PHYSICAL</b>

Figure 3.6 in 7.1.4 represents construct scores taken from *all* the mothers' choices from 'Most important' to 'Against wellbeing'. It is also interesting to look at construct scores only in relation to the 'Most important' category. Table 3.3b below gives this perspective.

Table 3.3b: 100 mothers' 'Most important' choices, by constructs

<b>Agency</b>	<b>Belonging-and-boundaries</b>	<b>Communication</b>	<b>Physical</b>
87	135	28	74

Here it can be seen that in relation to wellbeing 'priorities', Belonging-and-boundaries was by far the most important to mothers.

### **7.1.5 Mothers' additional items**

When the mothers had finished allocating the thirty-seven items to the various categories, I asked if there was anything that was really important to them that had not been covered already. Fifty-six mothers said the existing items (1-37) had adequately described their wellbeing needs, while forty-four mothers added further items, occasionally more than one. Almost all of these additions were allocated by the mothers to their '*most important*' category. I coded these new items into the four constructs. Out of the twenty-one new 'agency' items, seven were about having 'time to myself'. All the other new items in all the constructs were mentioned only once; and some new items were in fact very similar to existing ones.

The items can be seen in Table 3.4 below, where it can be seen that eleven new items were coded to 'belonging and boundaries, two to the 'physical' construct, and one to communication. While this information cannot appropriately be added to the scores described above, it is none-the-less of considerable interest both in terms of what *else* mattered to these mothers (and correspondingly the number who felt that the existing items already reflected their priorities); and what it tells us about the relative importance of the construct of agency.

Table 3.4: Additional wellbeing items, coded to constructs

<b>AGENCY</b>	<b>BELONGING &amp; BOUNDARIES</b>	<b>COMMUNICATION</b>	<b>PHYSICAL</b>
Time to myself ( x 7 )	Making friends	Communication in a close relationship	Access to a local Children's Centre
Able to do things	Passing my culture to my children		Eating properly
Being patient	Mixing with other parents		
Feeling positive	My own culture		
Feeling respected	Avoid negative external influences on children		
Daily efforts and achievements	To feel loved		
Having a job	Feeling important to someone		
Caring for others: making a difference	Getting positive feedback		
Being independent of external circumstances	Being in contact with <i>distant</i> friends		
A sense of direction, and a plan	Being nice and reasonable		
Professional identity	Not being bullied		
Being good at something			
Able to 'ditch baggage'			
Feeling I'm doing things right (for my child)			
Having fun			



While only one mother identified 'caring for others' as an essential element of her wellbeing, several mothers mentioned this point, unprompted, in conversation after completing the interview. These two items, 'time for yourself' and 'caring for others', are also emergent codes in the analysis of Study 2, and they may be found to be important elements to be included in the wellbeing model.

There were two items that I could not code: 'Having wellbeing' and 'Feeling happy'. I would argue, as I have already at Chapter:4.1, that these would be the *consequences* of having a range of the items under discussion, provided that the items are spread across the four wellbeing constructs. Consistently with my earlier stance, I would argue that 'Having wellbeing' and 'Feeling happy' are *outcomes* of wellbeing, rather than components or even processes of it.

#### **7.1.6 Investigation of correlations between mental health and childhood scores**

In seeking insights into the long-term impact of particular childhood experiences, I wanted to investigate possible correlations between high mental health and high childhood scores; and low mental health and low childhood scores. But none were identified. It is known from other research (Pugh, 2005, Rutter & Smith, 1995, Shonkoff & Phillips, 2000) that there is a correlation between childhood experiences and adult mental health, so the reason for this was unlikely to have been that these mothers' wellbeing in childhood bore no relation to their wellbeing in adulthood.

I would suggest that the reason that I did not find a correlation in *this* study was that this particular correlation depended on the mothers' subjective recollections in adulthood of their early childhood, which may well have been unreliable. It is important to emphasise that the reason that I looked for correlations was not that such evidence was needed 'per se'; but because it might have given me a

greater understanding of *which particular* childhood experiences make an impact on adult mental health.

### **7.1.7 Investigation of correlations between mental health scores and construct scores**

I also wanted to investigate whether a high - or low - mental health score was associated with particular priorities for mothers; for instance, perhaps mothers with high GHQ12 scores would feel 'agency' to be particularly important. Construct scores were investigated by extremes of GHQ-12. However, no particular association emerged. The details of this investigation can be seen at Appendix 3.4.

### **7.1.8 Correlations between mothers' education and their construct priorities**

With Dr Niall Anderson, I investigated whether there were any correlations between the mothers' demographic information and their construct priorities. At first we thought that there were no correlations, but on further examination a correlation was found between the mothers' education and their construct priorities in relation to the 'physical' construct. The details of this investigation can be seen at Appendix 3.4, in which it appears that the 'physical' construct scores are slightly higher for education groups 1 and 2 (with these two being quite similar on average) than for groups 3 and 4 (where again these two groups are quite similar to each other).

This finding is reminiscent of Bourdieu's conditions of 'habitus' (Bourdieu, 1979) in which a person's priorities and tastes occur in a kind of hierarchy of legitimacy. Mothers with lower education levels are more sharply aware of the importance of the physical dimensions of life such as health, income and housing. This is wholly understandable, given that they are more likely to be concerned about these things. It can be argued that mothers with high

education levels are more likely to be in a position to take the 'physical' dimension for-granted (or at least not see it as an insoluble problem), and so to be able to be more concerned with their sense of agency, of belonging and boundaries, and with communication.

## **7.2 Study 2**

This section covers the data collection, analysis and findings of Study 2, based on nine case study families. The demographic details of these families can be seen at Table 2.6: Study 2 families.

### **7.2.1 Data collection**

Accounts of some of the experiences of data collection with the families can be found in the Family Stories. The first story relates to the family with the youngest children, and the stories then proceed in age order to the family with the eldest child in the study. This ordering carries the advantage of a developmental perspective; although throughout the study I was constantly reminded of the varying breadth and depth of development of different children at different ages.

All of the nine mothers were extremely helpful in making arrangements with me, giving me large amounts of their time, arranging for me to have time with other family members, and setting up the family meetings. The arrangement I made with two of the mothers to act in a 'piloting' capacity has been described in Chapter 6.

Each family story (see Part 5) offers glimpses of the mother and child(ren) at the first recruitment visit, the family circumstances, the child's various companions, and any other aspects that were relevant in relation to data collection over the period of the study. Each Family Wellbeing film (in the back

cover of Volume 1) offers an illustrative background to their story. At the same time these films provide video references for Chapter 8, which contains the discussion of data in relation to the research questions. The stories also contain my summarised observations to the families about their children; and identify the main issues that I brought to each family meeting for discussion. Selected comments from feedback from the mothers about their experience of involvement in the research are also included. This feedback was collected by means of a questionnaire approximately twelve months after the end of the main data collection, with eight out of nine returned. The questionnaires can be seen at Appendix 3.5: Exit questionnaires.

### **7.2.2 Analysis of the Study 2 data**

This study has generated a large amount of data of various kinds (see Table 2.6 in Chapter 6). The ways in which the data were coded and analysed are explained below in outline, with more detail available at Appendix 3.9. The elaborated constructs used as codes for the final stages of analysis (see Table 3.3 below) are also an important *outcome* of the study, as they clarify what the study has shown about the nature of wellbeing and of the four proposed constructs.

A discussion of ideas for analysis of Study 2 – some of which were considered and subsequently rejected - can be found at Appendix 3.6.

I decided to use a method of coding and analysis which opened up many new opportunities and which avoided large amounts of time-consuming transcription. The method, requiring an extremely systematic approach, relied in part on videoing as a means of data collection, as well as of analysis and interpretation. This method was influenced by a current investigation, the ‘Children Crossing Borders’ project, in which film is being used as a stimulus for subsequent discussions during which data are collected.

The first level of analysis, which required an extremely systematic approach to data storage and retrieval, proved highly manageable. It involved creating 'clip logs' in which open coding categories were created, referring to location, theme and interest level (for examples see Appendix 3.7). Each audio or video tape was logged in this manner, with the log revealing at a glance a) the family, visit series, and type of data; b) the people involved, and the date; c) the location of the clip; d) a brief description of it; e) the themes observed (the 'a priori' construct codes); f) the quality of the clip; and finally g) notes (significance, difficulty, issues, worry). This represents, very approximately, seventy-two hours of material coded.

The written observations were coded in a similar way, using the clip log categories as a coding frame. See Appendix 3.8 for examples of these observations, which are narratives containing informative background aspects as context for coded accounts of the child.

The analysis and interpretation of these data became an iterative cycle as it moved to further levels. Although this was ongoing from the first data collected, there were two main periods of activity, before and after the Family Meetings. For the second period after the Family Meetings, only the clips that had been coded 5 (relevant and rich) and 4 (relevant and good) were selected for re-coding using the elaborated construct codes. Even so, this involved considerably more than half of the original material.

### **7.2.3 The coding framework**

Details of the coding framework as it was developed can be found at Appendix 3.9: Study 2 coding frame. In summary, following the use of open coding categories, axial coding was used (Strauss & Corbin, 1990, pp. 96-115), during

which various refinements and expansions were carried out. Eventually four broad coding categories were used the data, to identify:

- The 'actor'
- The location of the data
- The interest level
- The themes (i.e. the elaborated constructs)

The final codes for wellbeing attributes and processes, which were also an important outcome of the study in relation to the wellbeing *model*, can be seen at Table 3.5 below. Definitions for the meaning, in this study, of the agency terms used can be found in the Glossary.

The numbering of the codes at Table 3.5 (for instance A1.3 Confidence, or B2.3 Familiarity with routines), are used to refer to them in the remainder of this thesis.

Table 3.5: Elaborated construct codes, with attributes or processes

A1 AGENCY: POSITIVE SENSE OF SELF	A1.1 Self esteem A1.2 Pride A1.3 Confidence A1.4 Personal time and space
A2 AGENCY: LEARNING	A2.1 Positive learning dispositions A2.2 Achievement (including understanding) A2.3 Play (free-flow) A2.4 Curiosity
A3 AGENCY: INFLUENCING	A3.1 Internal locus of control A3.2 Empowerment A3.3 Making things happen A3.4 Caring for others
B1 BELONGING & BOUNDARIES: BELONGING	B1.1 A strong sense of identity B1.2 Attachment to 'companion(s)' (including other children) B1.3 A sense of security B1.4 Trust B1.5 Acceptance of self, others, situations B1.6 Having attention and support
B2 BELONGING & BOUNDARIES: BOUNDARIES	B2.1 Respect for companions B2.2 Awareness of expectations B2.3 Familiarity with routines B2.4 Understanding of rules B2.5 Appropriate responsibilities
C1 COMMUNICATION: INDUCTIVE	C1.1 Listening C1.2 Looking C1.3 Touching C1.4 Smelling C1.5 Tasting
C2 COMMUNICATION: EXPRESSIVE	C2.1 Talking C2.2 Body language C2.3 Representing C2.4 Stories C2.5 Music
P1 PHYSICAL: HEALTH & DEVELOPMENT	P1.1 Eating P1.2 Sleeping P1.3 Motor control (fine and gross) P1.4 Being outside P1.5 Health routines (washing, nappies etc.) P1.6 Illness/pain
P2 PHYSICAL: EXTERNAL FACTORS	P2.1 Income P2.2 Housing P2.3 Local environment
O1 FREQUENTLY MENTIONED <i>OUTCOMES</i> OF POSITIVE WELLBEING	O1.1 Happiness O1.2 Health O1.3 Laughter O1.4 Creativity O1.5 Spirituality O1.6 Empathy
O2 FREQUENTLY MENTIONED <i>OUTCOMES</i> OF NEGATIVE WELLBEING	O2.1 Stress O2.2 Depression O2.3 Isolation O2.4 Guilt O2.5 Frustration O2.6 Worry

In the final stage of analysis I used a 'template' approach (Robson, 2002, p.458), in which these elaborated construct codes served as the 'bins' for the analysis, and in which episodes which were empirical evidence for the codes, and which illustrated the 'companionable learning' of the second research question, were identified. In this selective coding process (Strauss & Corbin, 1990, pp. 96-115) the items in each elaborated code were identified and grouped together, e.g. A3.1 – A3.4 were grouped into A3 'Agency: Influencing'.

All the thematic codes for the child observations on video footage or in notes applied specifically to the child. However, in the companion interviews on audio tape, they sometimes applied to the child, and sometimes to the companion - depending on the question being asked. For instance, A3.4: Caring for others, sometimes applied to a companion, but could equally apply to an imaginative game with a precious doll.

The question arose as to what extent I could guarantee that this coding system was objective. This was discussed in the comparatively early stages of the study, and although I felt that it was perhaps inappropriate to attempt objectivity in this kind of research – in which I was seeking insights rather than universal truths – I realised the importance of being as clear and consistent as possible in the ways that I analysed my data. In a research seminar at the Centre for Research in Early Childhood (25.01.05) the participants were asked to code a section of my data so that I could check their coding with mine.

Although there was general agreement as to the codings allocated, it was agreed that it was not possible to guarantee objectivity as the decisions each person makes on such matters as agency, and belonging and boundaries, will inevitably be based on their different, and subjective, perspectives. It was agreed that the most reliable approach was to be transparent about this issue. However my careful documentation of exactly what I did, together with my



systematic and consistent approach, brings, I would argue, a degree of reliability none-the-less. It enables an audit trail of my analytic process.

During the final interpretive stages I examined the data in relation to the elaborated construct codes, in order to identify frequently occurring items; and processes, contexts or influences of particular interest. At the same time, Bakhtin's analytical tools (Morris, 1994) were used to think about possible layers of meaning (which worked especially well with video footage data). The concept of 'non-dit' (see the Glossary) was especially relevant on occasion.

Finally, each construct with its elaborations was examined from the perspectives of three sets of 'actors': first, the children; second, the mothers; and third, the companions. These two analyses - of the data in relation to the codes, and of the 'actors' perspectives - become the basis of the interpretations that were carried forward into Chapter 8, in relation to the research questions. Working papers can be seen at Appendix 3.10.

#### **7.2.4 The Family Stories**

A brief account of all the families as I knew them can be seen in Volume 2, Family Stories. These accounts, starting with the youngest children and ending with the eldest, contain information such as my first impressions of mother and child, relevant family circumstances, the child's companions, collecting the data, and issues raised at the Family Meetings. Mothers' feedback on taking part in the study, collected approximately one year after data collection was completed by means of a simple questionnaire, can be seen at Appendix 3.5: Exit questionnaires.

At the foot of each family story are two charts; the first showing the coding of the wellbeing constructs in the child observations, and the second the coding in the companions' interviews. I made these charts for three reasons. Firstly I

wanted to find out whether my proposed wellbeing constructs were observable in the day-to-day lives of these children from birth to three at home; secondly I wanted to discover whether the constructs could be identified in the perspectives of the children's companions as they reflected with me about their child; and thirdly I was interested to know whether the constructs that I observed in these child observations (written and filmed) were reflected in similar proportions in the companions' interviews. This information might throw light both on the strength of the wellbeing model, and on the nature of the 'companionable learning' that I had set out to investigate.

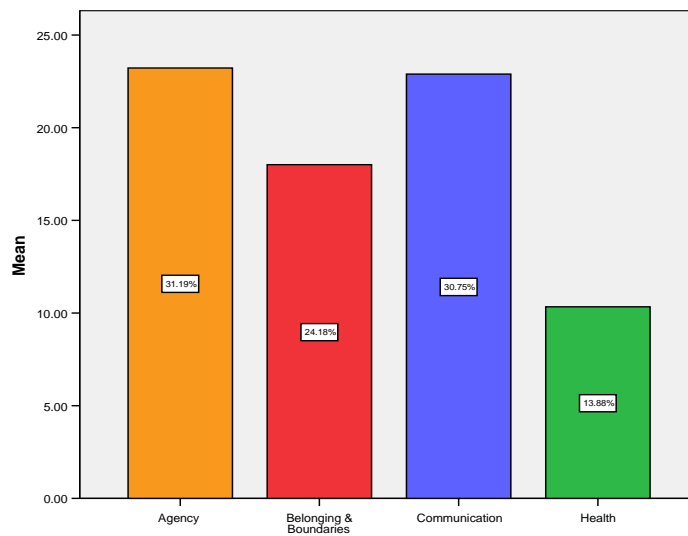
### **7.2.5 Comparing wellbeing constructs in child observations, and in adult interviews**

I was interested to see whether all four constructs would be reasonably well-represented as elements of wellbeing in the families, in both sets of data. I also wanted to find out whether the constructs were similarly represented in the child observations, and in the family observations, in each family – or even across families. These seemed important issues in relation to the first research question about the robustness of the proposed model of wellbeing.

One important finding was that when coding the child observations I found that there were no episodes to be coded to the 'not relevant' category, showing that this model of wellbeing worked, in these families, as a comprehensive one for child development.

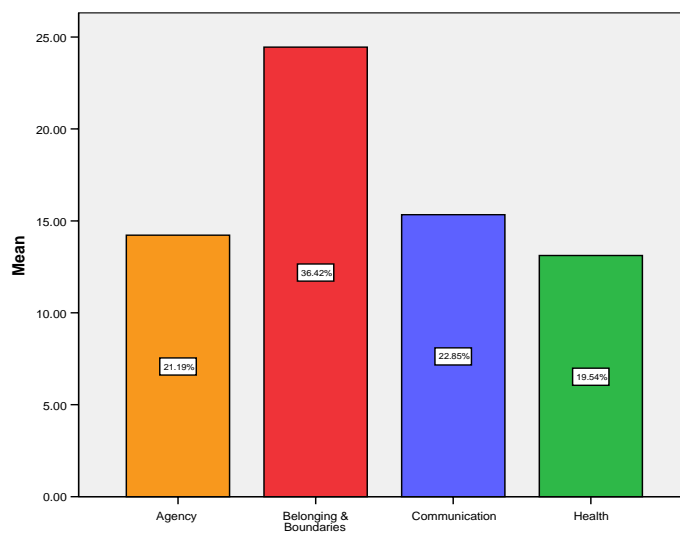
While the charts in the Family Stories provide answers to these questions for each individual family, Figures 3.7 and 3.8 below show that there are patterns when the families are taken together.

Figure 3.7: All child observations coded to constructs



This chart shows that the two most frequently coded constructs in the child observations were agency and communication almost equally. This predominance of agency and communication was the case for eight out of the nine children; while for the ninth, belonging and boundaries takes precedence over communication. The family story contains clues that may illuminate the variation, in this one family, from the general pattern.

Figure 3.8: All companions' interviews coded to constructs



This chart shows that the most frequently coded construct in the companions' interviews was belonging and boundaries, with the other three constructs being clustered together. It can be seen from the Family Stories charts, that in all but one of the families, belonging-and-boundaries was the construct that was most important to the companions. Again, the Family Story for that one family contains possible reasons for the variation from this pattern.

These charts, both from the children's and the companions' perspectives, show that all four of the constructs were clearly relevant to children's development, and indeed could be seen by these families as a way of thinking about child development. It should be remembered, however, that although these charts represent coding of a large amount of data, none-the-less that data comes from only nine families. On the other hand, this is one factor in a series of indicators of the strength of the proposed wellbeing model. The charts also tell us that in the families in this study the children's interests and their companions' priorities diverge, with children being most focused on aspects of agency and communication, while their companions were more focused on aspects of belonging and boundaries.

### **7.2.6 Companionable learning in families, coded to constructs**

In addressing the third research question about processes, contexts and influences, I used the data recorded in the clip logs. The tables at Appendix 3.10 show the impact of these aspects of companionable learning on developing wellbeing in families, firstly coded to the four constructs; and secondly coded for frequency and grouped for children, companions, or applicable to both. These working papers enabled me to arrive at the following summary of frequent issues observed or heard in families, coded to wellbeing constructs. These issues, together with the wellbeing perspectives below at 7.2.7 (children, mothers and companions), will be reported in relation to the research questions, with references to data sources, in Chapter 8.

Table 3.6: Frequent companionable learning issues in families

<ul style="list-style-type: none"> <li>• The centrality of ‘companionable attention’</li> </ul>	A,B,C
<ul style="list-style-type: none"> <li>• Managing inherent tensions in the constructs of the wellbeing model, most usually <i>between</i> ‘agency’ and ‘belonging’; and <i>within</i> the construct of belonging and boundaries</li> </ul>	A,B
<ul style="list-style-type: none"> <li>• The vital importance of play</li> </ul>	A,B,C,P
<ul style="list-style-type: none"> <li>• Caring for others (by contrast with ‘making a difference to your <i>own</i> life’).</li> </ul>	A,B,C
<ul style="list-style-type: none"> <li>• The impact of ‘intention’, in both children and companions</li> </ul>	A
<ul style="list-style-type: none"> <li>• The importance of routines</li> </ul>	B
<ul style="list-style-type: none"> <li>• The need for personal time and space, for companions <i>and</i> for children</li> </ul>	A
<ul style="list-style-type: none"> <li>• The impact of first year ‘depletion’</li> </ul>	P

### 7.2.7 Wellbeing perspectives

In Table 3.7 below are frequently occurring items from the observations and interviews in relation to the wellbeing of the *children*, the *mothers*, and the other *companions*. The perspectives from which they were drawn can be seen at Appendix 3.11, where they are analysed in relation to the four constructs and the family sources.

Table 3.7: Wellbeing perspectives, by 'actors' and by constructs

NB: A degree of overlap here is inevitable, as some issues cross the boundaries of the constructs (eg Need for companionable attention)

	<b>Children's wellbeing</b>	<b>Mothers' wellbeing</b>	<b>Companions' wellbeing</b>
A	<ul style="list-style-type: none"> <li>• Need for companionable attention</li> <li>• Agency and communication especially important</li> <li>• Tensions between agency and belonging-and- boundaries</li> <li>• Children's need for own time and space</li> <li>• Impact of siblings</li> <li>• Motor control major factor in development of agency</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of own wellbeing, for child</li> <li>• Impact on mothers' own wellbeing of companionship with child</li> <li>• Depends on child's health and happiness</li> <li>• Stress = threat to own agency / belonging</li> <li>• Impact of <i>wanted</i> child</li> <li>• Having a garden</li> <li>• Need for sense of purpose</li> <li>• Personal time and space</li> <li>• Day-care – guilt and regret</li> <li>• Getting out</li> <li>• Impact on wellbeing of threatened sense of self/identity</li> <li>• Negative impact of new baby in intensive care</li> </ul>	<ul style="list-style-type: none"> <li>• Impact on companions' own wellbeing of companionship with child</li> <li>• Some companions felt that having had experience with other children gave them confidence</li> </ul>
B	<ul style="list-style-type: none"> <li>• Need for companionable attention</li> <li>• Children need adults <i>not</i> to separate belonging-and-boundaries</li> <li>• Tensions between belonging-and-boundaries and agency</li> <li>• Impact of siblings</li> <li>• Impact of early separation</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of own wellbeing, for child</li> <li>• Impact on own wellbeing of companionship with child</li> <li>• Depends on child's health and happiness</li> <li>• Stress = threat to own agency / belonging</li> <li>• Impact of <i>wanted</i> child</li> <li>• Routines</li> <li>• Having a garden</li> <li>• Day-care – guilt and regret</li> <li>• Negative impact on wellbeing of threatened sense of self/identity</li> <li>• Negative impact of new baby in intensive care</li> </ul>	<ul style="list-style-type: none"> <li>• Impact on companions' own wellbeing of companionship with child</li> <li>• Men's identity / role was often uncertain</li> </ul>
C	<ul style="list-style-type: none"> <li>• Need for companionable attention</li> <li>• Communication and agency especially important</li> <li>• Impact of siblings</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of own wellbeing, for child</li> <li>• Impact on own wellbeing of companionship with child</li> <li>• Negative impact of new baby in intensive care</li> </ul>	<ul style="list-style-type: none"> <li>• Impact on companions' own wellbeing of companionship with child</li> </ul>
P	<ul style="list-style-type: none"> <li>• Care routines are a rich source for developing wellbeing</li> <li>• Motor control major factor in development of agency</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of own wellbeing, for child</li> <li>• Impact of exhaustion / depletion</li> <li>• Garden/getting out</li> <li>• Negative impact of new baby in intensive care</li> </ul>	<ul style="list-style-type: none"> <li>• Often easier for companions to give companionable time / attention than for parents</li> </ul>

### 7.2.8 Families' priorities in relation to their physical environment

Table 3.8 below gives a summary of the issues raised by families in relation to their physical environment. A table of all physical environment issues raised, coded to families, can be seen at Appendix 3.12

Table 3.8: Summary of physical environment priorities for families with young children

AT HOME The house itself	A big enough house – space Own garden Safety Quiet
AT HOME Within the house	PEOPLE with whom to talk, listen, play and work TV / DVDs (mainly negatives but some positives ) A kitchen table Opportunities for 'real' home experiences Different kinds of toys (especially for imaginative play, and communication) Books Healthy food
OUTSIDE THE HOME Services	Regular local groups: for information, advice, meeting other mothers and children, music, play Free drop-in places Accessible, affordable day-care Local park: for running, climbing, balls, bikes, playing Swimming pool Local health clinic Better buses / public transport
OUTSIDE THE HOME Local community	Friendly local community that is welcoming and safe (including the shops)
OUTSIDE THE HOME Other	Owning a car Clean air TIME to go out

### **7.2.9 Family Meeting discussions**

Table 3.9 below gives a summary of the main issues raised in the Family Meetings, in relation to the framework, the child's needs, and their policy messages. A table of all issues raised, coded to families, can be seen at Appendix 3.13.

It should be born in mind that these issues were raised at the end of a long meeting; and where the meeting had been un-interrupted and calm, these data are likely to be reliable. However, where there were tensions – as was the case for three of the families, relating to children's exhausted patience and need for a different focus – the data are likely to be less reliable.



Table 3.9: Summary of main issues raised at the Family Meetings

FRAMEWORK FEEDBACK	CHILD'S NEEDS	POLICY MESSAGES
<p>B1.3: 'A sense of security' really matters</p> <p>Happiness essential – not the same as wellbeing, but an <i>outcome</i> of it</p> <p>Basics: routines, boundaries, right and wrong, lots of love</p> <p>Diet is important</p> <p>They just need to be loved – to feel safe and feel loved</p>	<p>Love</p> <p>A garden for playing</p> <p>To feel wanted</p> <p>Own space</p> <p>Freedom to be herself</p> <p>Stability and security</p> <p>Knowing what to expect</p> <p>Adults modelling wellbeing</p> <p>Children need good role models</p> <p><i>Parents</i> are most important to the child, and <i>child</i> is most important to the parents</p>	<p>Parents need <i>time</i> with their children</p> <p>Safe housing is crucial</p> <p>Children need opps to meet other children and other mothers</p> <p>Early post-natal support from midwives and HVs</p> <p>Parenting information &amp; support</p> <p>Buses that are mother-&amp;-child friendly</p> <p><i>Realities</i> of paternity leave</p> <p>Parents should be free to parent in their own ways</p> <p>Schools should have freedom to discipline children</p> <p>Universal non-stigmatising services</p> <p><i>Quality</i> of staff in daycare</p> <p>Mothers' own wellbeing is vital</p> <p>Concerns re media influence on children (emphasis on aggression / violence)</p> <p>Opportunities to meet other children &amp; mothers</p>

### **7.3 Study 3**

This section of Chapter 7 documents the analysis and findings from the six Focus Group seminars. The data were collected as described in Part 2, Chapter 6.3. I was most fortunate in the groups that took part in this study: in the diversity of the groups, their willingness to give me their time, and the data generated in this way.

#### **7.3.1 Analysis**

The data from the seminars (on audio tapes) were analysed using the same process that was used for Study 2 - although Study 3 was on a very much smaller scale than Study 2. The coding frame can be seen at Appendix 3.14.

#### **7.3.2 Study 3 findings**

Below are the Study 3 findings, shown by three perspectives: firstly, researchers; secondly, managers and policy makers; and thirdly, practitioners.

Table 3.10: Researchers' perspectives

1. The research methods	<ul style="list-style-type: none"> <li>• Collaboration with families important and exciting</li> <li>• What happens when these babies grow up? (Bakhtin's 'answerability')</li> <li>• <i>My</i> influence on the films?</li> <li>• Films to provoke discussion, have dialogue</li> <li>• Saturation point?</li> </ul>
2. The model (constructs)	<ul style="list-style-type: none"> <li>• Seeing the footage really helped me to understand agency – now I like it</li> <li>• Useful framework</li> <li>• Health must be thought of differently (from ABC) in the analyses</li> </ul>
3. The framework (companionable learning)	<ul style="list-style-type: none"> <li>• Would like to see the (Companionable Learning) grid filled in</li> </ul>
4. Implications for policy	
5. Uses for the framework	<ul style="list-style-type: none"> <li>• Holistic model for integrated settings</li> <li>• Provides a 'common language'</li> <li>• 'Interconnectedness' needs emphasising</li> <li>• Careful <i>not</i> to use descriptors for everyone – each individual needs to find their own solutions</li> </ul>
6. General comments	<ul style="list-style-type: none"> <li>• What happens when the babies grow up? (Bakhtin's answerability)</li> </ul>

Table 3.11: Managers' and policy makers' perspectives

1. The research methods	<ul style="list-style-type: none"> <li>• Question about <i>frequency</i> of categories</li> <li>• Question about B1 (belonging) in settings</li> <li>• The social context dictates how we assess appropriate behaviour</li> <li>• “I think that they (the methods) have been highly successful in capturing incidents that will enable you to write about these issues, with potential for training”.</li> <li>• “The method of visual imaging is fantastic hugely powerful and hugely worthwhile”</li> </ul>
2. The model (constructs)	<ul style="list-style-type: none"> <li>• Why categorise constructs if allocations roughly equal?</li> <li>• Aspects of spiritual, sense of place, access to natural environment, physical space – these cut across the model?</li> </ul>
3. The framework (companionable learning)	<ul style="list-style-type: none"> <li>• Question about the <i>number</i> of interactions per day per child</li> <li>• Lots of clips about eating – why? (NB parents' choices)</li> </ul>
4. Implications for policy	<ul style="list-style-type: none"> <li>• Because we do our very best not to <i>have</i> teenage mothers, we don't do much about <i>being</i> a teenage mother</li> <li>• Importance of helping people who work with very young children to feel valued / cherished</li> <li>• SO important that all services work together</li> <li>• Scottish film made by teenage mothers, showing impact of multiple sources of support</li> </ul>
5. Uses for the framework	<ul style="list-style-type: none"> <li>• Use the Framework with Parents &amp; staff <i>together</i></li> <li>• Impact of the <i>process</i> of <i>thinking</i> being co-collaborators with parents</li> </ul>
6. General comments	<ul style="list-style-type: none"> <li>• Were there a lot of wellbeing episodes/interactions, or dismayingly little? Answer: astonishingly many – all could be coded to the constructs of the framework.</li> <li>• About expectations: did I take account of the impact on their wellbeing of my non-judgmental attention?</li> <li>• Issues of 'attention' and 'contentedness'. Always think “how typical is this?”</li> <li>• The way we stereo-type young mothers: “be careful how statistics feed stereo-type prejudices”</li> <li>• Use video clips to illustrate ethics issues? + powerful clips for training About 45 min TV ads presenting &amp; promoting good parenting: clips very powerful</li> </ul>

Table 3.12: Practitioners' perspectives

1. The research methods	
2. The model (constructs)	<ul style="list-style-type: none"> <li>• “We had a big discussion about agency – most of us didn’t understand what it was”</li> <li>• Liked the inclusion of spirituality (but NB I now think its an <i>outcome</i>, so no longer a code)</li> <li>• Liked holistic nature of the model</li> <li>• “Birth to one is all about identity – wouldn’t that overpower everything else?”</li> <li>• Agency – a very difficult and alien term</li> <li>• So much is spent on parenting courses, about children’s need for attention”.</li> <li>• “<i>Empathy</i> matters – that’s about feelings.</li> <li>• What about temperament?</li> </ul>
3. The framework (companionable learning)	<ul style="list-style-type: none"> <li>• Liked ‘companionable learning’</li> <li>• Include different family structures? (NB I think the ‘companions’ model does this)</li> <li>• Agency – a very difficult and alien term – difficult to sell the model. Call it autonomy instead?</li> </ul>
4. Implications for policy	
5. Uses for the framework	
6. General comments	<ul style="list-style-type: none"> <li>• Mothers’ priorities would so depend on personal circumstances that day</li> <li>• Confusing terminology</li> <li>• ABC &amp; P very clear (opposing view to the point above)</li> <li>• Different agencies would pick up on different things from the same project</li> </ul>

Appendix 3.15 contains the same Study 3 findings, grouped by the discussion questions in six tables. In Chapter 8, I draw on these findings in my discussions of new perspectives, in relation to the research questions.

## **7.4 Innovative methods that facilitated this investigation**

In this final section I report the results of using certain unusual or innovative research methods. First I look at findings in this respect, in relation to both Study 1 and Study 2. These findings relate to triangulation, adopting a positive approach and a collaborative strategy, using extensive piloting, and enlisting participants' interest and enjoyment. I then comment on the use of video in Study 2, the use of clip logs, and the concept of 'non-dit' in analysis.

### **7.4.1 Using triangulation in a small piece of research**

The fact that I undertook three separate studies with different methods to address the same three research questions, is not of course innovative in itself. Many research projects, large and small, undertake to collect a range of data sets (Sylva, 2003) in order to address their questions. In this case, two important triangulated findings emerged.

It will be remembered that the nine mothers in the case study families were also participants in Study 1. Firstly, I was interested to discover whether or not there was any consistency between the nine mothers' 'Most important' choices when they took part in Study 1; and what I had learned about their priorities for their own wellbeing, in Study 2. To investigate this, I looked at each mother's six 'Most important' choices; and then at each of their individual wellbeing perspectives (see Appendix 3.11) that had emerged from their Study 2 interviews (see Study 1 and Study 2 columns in Table 3.13 below). The two sets of findings from the two studies can be seen side by side in Table 3.8.

Table 3.13: Triangulating Study 1 and Study 2, by mothers' wellbeing choices in Study 1 with their priorities in Study 2.

Family	Mothers' most frequently selected 'Most important' choices, by construct	Mothers' most frequently selected construct priorities	Mothers with same construct priority in both studies
	<b>STUDY 1</b>	<b>STUDY 2</b>	<b>BOTH STUDIES</b>
K	A	A	✓
J	B	B	✓
H	A	A	✓
G	C	A	x
F	A	A	✓
E	A	A	✓
C	A	A	✓
B	B / P	A	x
A	B	B	✓

This table shows that the match between the mothers' 'most important' choices for their own wellbeing in Study 1, and their wellbeing perspectives in Study 2, was good in seven out of nine cases. This was reassuring in relation to the reliability of the two studies. Two of the mothers out of the nine had prioritized differently in the two studies, (choosing belonging-and-boundaries as most important in Study 1, but in Study 2 prioritising agency), but this was not surprising to me in the context of the thinking that they had shared with me over the course of Study 2.

Table 3.13 therefore considerably strengthens the proposed model of wellbeing with its four constructs. It shows two very different studies, Study 1 and Study 2, and confirms the reliability of the ways in which both studies had been coded.

Another common factor in both Study 1 and Study 2 related to the importance of belonging-and-boundaries to children's adult companions. In Study 1, although Figure 3.6 shows *averaged* proportions of total scores as roughly equal, the belonging-and-boundaries construct was prioritized most often as 'Most important' (see Table 3.3b). In Study 2, the companions' interviews were also coded most often to belonging and boundaries, showing that the different methods of the two studies arrived at the same finding.

A second point in relation to the findings in Table 3.7 relates to the impact of a mother's own wellbeing priorities on her child. In the analysis of *all* the companions' interviews in Study 2 (including these mothers, and mainly about the wellbeing of the child), belonging-and-boundaries was the prioritized construct (see Family Stories). In view of the fact that the *children's* priorities were agency and communication, I had wondered whether this finding was contrary to the view about a mother's impact on the way her child develops. However, although mothers (and other companions) prioritised belonging-and-boundaries in relation to their *children*, this part of the analysis shows them prioritizing agency for *themselves*, as their children had done.

#### **7.4.2 Operational strategies**

Certain operational strategies, some described in Chapter 5, proved to be facilitative in various ways, although not without challenge. Firstly my collaborative approach (essentially asking mothers and families if they would collaborate with me in studying their children's developing wellbeing) seemed in retrospect to have been very helpful in successfully recruiting the participants I needed; and because it was unthreatening it made a difference to the



confidence with which the participants talked to me about themselves and their children (see Appendix 3.5 for mothers' comments on how they felt about taking part in the study). However, a question that was raised, both in a Study 3 seminar discussion and in a Study 2 Family Meeting (H), related to the implications in later childhood and even young adulthood, for the children who had taken part and who had been filmed. In the context of information and images possibly in the public domain, how would they feel about their companions having given permission on their behalf? A participant in Seminar 2 put it like this:

"It's about doing this kind of study with babies – you've been meticulous with getting permissions, but there is an underlying worry about what happens when these babies are five and six, or fifteen and sixteen: how will they feel about it then? I don't think it's resolvable, but I come back to Bakhtin's notion ... as researchers we need to take on board our ethical commitment to these children, and we are answerable ... you must take on board your responsibility and the way in which we represent these children."

This issue was greatly helped by a second operational strategy, of using a positive approach. By this I mean that in Studies 1 and 2, I explained at the outset that I was interested in finding out what *helped* children's and their companions' wellbeing to develop. Of course I realized that sometimes things went badly and were not positive for wellbeing, but I emphasized that it wasn't the bad times I was interested in. Not only was this very reassuring for people, but it also meant that the material that I collected about the children was mainly positive. I had adopted this strategy once before in a book based on observations of two families, and can report that the two-year-old who had taken part, who is now nineteen, is very proud of her appearances in the book. My position is that, because of the positive aspect of the material, the same is likely to be the case for the children in Study 2.

The challenge of the principle of participants' confidence in me as the investigator was complicated by these two characteristics of the studies: the

collaborative approach was reassuring for some mothers, but for the less confident ones the idea that I was asking for their help was potentially daunting, and did not help their confidence in me. Similarly, the process of rigorously seeking informed consent, while good for mothers who could assimilate the information, only served to exacerbate any confusion in some other mothers. Both these dilemmas depended for their solutions on the extent of my skill in putting the less confident mothers at their ease; and the need to address this problem was a positive opportunity to ‘sharpen’ this transferable skill – putting mothers at their ease – which could be helpful in a range of situations. Meanwhile the positive focus of both studies, and the confidence that I gained from extensive piloting, went a long way to supporting the confidence of the participants in me, in both studies.

It might be argued that this positive focus precludes the emergence of important negative issues, an issue which is explored by Clark (1976), who argues that “such explorations of the negative as well as the positive characteristics none-the-less proved to be a valuable aspect of the information obtained”. However, perhaps some questions to ask here are whether such a focus is appropriate for the research questions it is being employed to answer? Will it generate data - on all kinds of issues - in relation to a robust conceptual framework for resilient wellbeing? And will it be a good way to reveal processes, contexts and influences of ‘companionable learning’ from birth to three years as they relate to such a conceptual framework? I argue that a positive *approach* is indeed exactly the one to generate the confidence in participants to produce the kind of data needed to answer these questions; and that the confidence generated by the positive approach made the subsequent exploration of negative issues both easier and more likely to be initiated by the participants themselves.

In relation to the ethical principles outlined in Chapter 5, this was an effective strategy for Study 2 in a range of ways. Parents’ confidence in me was almost palpably increased by the reassurance that I was especially interested in what

was going well for them, and by my evident and entirely genuine faith both in their children's abilities and in their own good intentions as parents. My warm interest in them and their children was also helpful in relation to taking into account the participants' standpoint. This focus on the positive, both for adults and children, did of course make it much easier to explain the research without any possibility of deception; and to gain consent.

Some families are more acutely aware of their children's 'failings' (as they see them) than their achievements. In relation to protection from harm, it could be argued that my positive approach could, for such families anyway, serve as a helpful model for the glass half-full approach. Such a parental approach is known to have a beneficial effect on children who experience it, and positive parenting is a much-used phrase (Buchanan & Hudson, 2000, p.157 and p.231).

The point is made succinctly in a quotation taken by Buchanan and Hudson from an analysis of family structure and substance abuse (Centre on Addiction and Substance Abuse, 1999), as follows (p.83): "The safest teens are those ... who have a positive relationship with both parents ...". This positive approach can be a helpful model for a parent-child relationship - both in the early years, and later on.

A central strategy that I adopted throughout the progress of the study was in relation to piloting. The Development group was important in this respect, in that I always discussed new ideas with them, and often enrolled them in piloting the processes on which I was about to embark. In addition, in Study 1 I used an extensive piloting phase not only to resolve any procedural difficulties but also to establish the wellbeing items I would use. In Study 2, the two mothers who agreed to act as 'pilot mothers' (and whom I always interviewed before the others) helped my confidence by being largely happy with the interview and

observation schedules, while at the same time occasionally flagging up unhelpful elements, especially around the time of Visit 1. Here is an extract of my notes of my discussion with the mother after one such pilot visit:

Good things:

- The visit works well, very relaxed, approachable, easy to talk to, M. feels she has my undivided attention which is really important to her.
- Good (easy) to start the interview with the section about the baby.
- Felt comfortable with me trailing after them doing the shopping, good combination of fly-on-the-wall + mucking in.

Things to change:

- Be more organized with the gadgets, no mucking about setting up, need to just switch on and start
- Don't fiddle about looking for bits of paper, dropping them etc. Have them all stapled together in the right order; and with a *plain* clipboard, not W. Morris!
- M. would have liked to be offered the schedule to look through ("this is what I'm going to ask you") at the outset.

### 7.4.3 Using the video camera

Now I come again to the question of using a video camera. Carrying out Study 2 with a video camera did, as I had expected, generate a range of issues. An extensive discussion of the *prospective* advantages and disadvantages of using a video camera can be seen in Part 2 at Chapter 5, Section 5.4.6. In the event, I found in the Family Meetings that using video footage provoked dialogue and discussion in a way that would not have been possible with a more conventional format. Each meeting began with a showing of the family's film - the first time that they had seen it – followed by the first, and crucially important, question: "Is it a 'good enough' reflection of your child?" (Appendix 2.15: Visit 4 schedule). Although sometimes subsequent discussion was difficult (for good reasons usually related to the younger members present) at every meeting the discussion flowed freely at this point just after the film was shown.

During the study I made some written observations of the children (see Appendix 3.8). Once these were written (and I was aware that my ability to write a detailed and accurate observation was quite variable from one day to another) they were 'fixed'. On the one hand this felt quite reassuring – they were completely 'done', and all I could do now was to think about what I had written. On the other, I became aware of the great advantage, in research quality terms, of being able to re-visit the *episodes themselves* (rather than my account of them). I found that, in relation to reflecting on the data and trying to make sense of it, the visual imaging that I had collected was enormously more powerful and immediate - and therefore accurate and useful - than the written data. This was particularly the case when I re-coded all the relevant data a year after I had collected it – a year in which my thinking about what I had collected had developed considerably. The use of video observations enabled me to make the most of this development in my thinking.

I also found that in practice two other important issues emerged on the positive side of using the video camera. The first was to do with the response of the adults in the families to the camera. As explained above, a collaborative methodology with mothers, families and colleagues meant that I had recruited the case study families on the grounds that they would be interested in joining with me in this study about the foundations of children's well-being. This was the basis of my relationships with families, in which both the families and I collaborated to record the situations and experiences that might lead to the long-term development of wellbeing. I asked (among other things) to film the adult 'companion' and child together 'on a good day'; I asked if it could be as good a day as they could manage, in *the normal course of life in the family*. The participation of all the adults in the study was influenced in a positive way by this purpose; and it was these 'positive' and familiar situations and experiences that were the shared focus of the research. Thus, given the inevitable tendency of people to present a good face to the camera, its use to record events could only be helpful for this particular purpose.

The second issue seemed even more important. This was about making accessible the very youngest children's voices, discussed in Clough & Nutbrown, 2007), in which Clough describes a task of research as "one of 'turning up the volume' on the depressed or inaudible voice" (p.71). At the start of the case study observations, the ages of the children ranged from three months to two years and five months. The intention was to observe these children in their families, while also inviting the adults or older children in the families to talk to me about a range of things. This guaranteed the voices of the adults but, it was felt, rather left the voices of the children to chance. They would not be able to 'speak' to me in the way that their siblings and adults would. However these very young children did in fact tell me a lot of things. And they did this - even the babies - by very deliberately 'speaking to the camera'. Sometimes their parents would comment on the extent to which they did this, occasionally worrying that it would invalidate the research. But I felt that it actually strengthened the research by giving the babies and the youngest children a powerful voice; and I would argue that this was extremely important.

#### **7.4.4 Clip logs**

In order to retrieve and analyze the data, I had initially developed a kind of clip log which enabled me to find my way about the audio and video tapes and observation, and to categorize them in various ways. Subsequently I used the elaborated construct codes (see Table 3.5) to extend the clip log format into a second version, enabling me to re-analyse at a deeper level.

Examples of these clip logs, arranged in pairs to show the development from the first to the second version, can be seen at Appendix 3.7: Clip log examples. In a situation where I had a great deal of complex data in a variety of forms, I found this method of clip logging to be extremely helpful.

#### **7.4.5 The concept of 'non-dit' in analysis**

Another issue arose in relation to the concept of 'non-dit'. When coding and analysing Study 2 data I was sometimes aware of being given information that was too personal for inclusion in the data, if I was to safeguard the participant's privacy (see Chapter 5, Section 5.2.9). In addition there were times when I had a sense of information being withheld – Bakhtin's category of 'non-dit' (Morris, 1994); and sometimes I thought I had a reasonably good idea as to what that was about (but of course could not make guesses in my data). But often I had no idea.

I considered whether this occasional sense of 'non-dit' - about which I could do nothing anyway, and which certainly did not occur in all families - was an important gap in the data about which I should be concerned. However, these instances of 'non-dit' always seemed related to a sense of something missing, rather than something contradictory; and so I decided, especially as I knew that my data collection in this field was bound to be partial anyway, that it was a matter of interest but not of great concern.

#### **7.5 Summary of Chapter 7**

In this chapter I have presented findings (and how I arrived at them) from three separate studies. In Study 1, I found that the 100 mothers were not, in the main, representative of the UK population; for although they were comparable in age, they were more ethnically diverse, and had higher education levels but lower income levels.

The Study 1 mothers found all four of the proposed wellbeing constructs important. Most important to them for their own wellbeing was the wellbeing of their families. While no correlations were found between their mental health and their construct choices or their childhood scores, a correlation was found between the mothers' education levels and their construct priorities. Mothers

with lower education levels gave the 'physical' construct a higher priority (compared with agency, belonging and boundaries, and communication) than did mothers with higher education.

A main outcome of Study 2 was the elaborated construct code table (see Table 3.5). The codes were developed between the first and second analyses of Study 2, and provided a clear explanation of the proposed constructs. They were the basis of the Study 2 second analysis. I observed that the children in Study 2 were predominantly interested in situations involving opportunities for agency and communication, while the mothers and the children's other companions were more focused on belonging-and-boundaries.

The children's need for companionable attention was found to be a central theme, as was the importance of play in the development of the wellbeing constructs of agency and communication. Very often, feeding seemed to be an important context for the development of agency, belonging and boundaries and communication; and of course such care-giving situations tend to *guarantee* the companionable attention that was so important to the children. There were often seemingly un-resolvable tensions in situations and experiences involving agency as well as belonging and boundaries. It was very clear that the four constructs were co-dependent; although each was vital, they did not operate separately.

The important physical environment issues for families were about housing, and the availability of services for young children and families in their local neighbourhoods. A recurring theme was the need for personal time and space, both for children and for their companions. Mothers' physical and emotional depletion in the first year was a serious factor.



New perspectives arising from Study 3 included an appreciation of the need to discuss the 'agency' construct; a perception of the proposed 'companionable learning' model of wellbeing as a holistic model that would be useful in developing integrated services, and for staff and parents working together.

The main findings in relation to my methodology with the youngest children and their families were, firstly, about the strategies employed in the studies i.e. the use of triangulation, a collaborative and positive approach, extensive piloting including the Development Group, use of a video camera, clip logs, the concept of 'non-dit' for analysis. I have shown that, in their various ways and some to a greater degree than others, all were facilitative strategies for 'good research'.

Two comments made by participants after the end of the general discussion in Seminar 4 help to sum up the outcomes of using these methods as I have described. Firstly: "I think that they [the methods] have been highly successful in capturing incidents that will enable you to write about these issues, with potential for training"; and secondly: "The method of visual imaging is fantastic ..... hugely powerful and hugely worthwhile".

Finally, the following long comment was made by a researcher in Seminar 1, in relation to the methodology of Study 2. I include it here because it sums up for me, in a way that I could not have done myself, how I tried to approach this research – especially Study 2.

"I think the way you're going about it is an incredibly *reflexive* way of consultation, the families are drawn into the research process – I don't see them as having the research *done* on them ..... I think that's great and I feel very comfortable with it. One of the problems I have with doing research is that it's something you kind of come in and *do*, you know, you take something away – you don't take it away and leave them with *less*, but it's a one-way passing of information, whereas you're re-visiting of the families and the way you're feeding back to them the gift of the film at the end – I think that's quite a *different* way of approaching research than I've seen before, and I like it, I like it a lot.

I suspect that you get an awful lot more from people by doing that, because it will give you one thing the first time around, but it's true in all sorts of ways, when you have time to reflect on it, your first response isn't always your *considered* response that you make next time around, so by giving them time to think, and also reflecting back to them what they said the first time, and, you know, very physically in terms of the footage that you're showing them again, not only are you giving them time to give you an expanded response, but you're also giving them the opportunity to make changes themselves – yeah, that's very interesting”.

In Chapter 8 I draw on these findings from the three studies in order to address the research questions that I set out to answer. I use examples from the data to illustrate the recurring themes. In Part 4, I will discuss the ‘headline’ findings, and their possible implications. Part 5 contains illustrative stories and family films.

## **Chapter 8     *Harvest Festival contributions: findings relating to the research questions***

“Every year in the autumn, we had a special Harvest Festival day. We talked with the children about the kinds of food that are good for you, and about the elderly people (often grandparents) living near the Nursery who found it difficult both to grow their vegetables, and to get to the shops. The children would bring things from home to contribute to the Harvest Festival, and we would get out all the old shoe boxes that we had collected through the year and make delicious Harvest Boxes. But the question was always, ‘Will this be useful, will it be what they need?’”

Roberts (1990)

In this chapter I draw on the processes and findings from the three studies – the one hundred mothers’ survey, the nine case study families and the six focus group seminars – to address the first two of the three research questions initially articulated at the end of Chapter 4:

1. What would constitute a robust conceptual framework for resilient wellbeing?
2. What observable situations and experiences influence the development of resilient wellbeing from birth to three years?

After an account of ‘headline’ findings in Chapter 9, responses to the third question, about the possible implications of the study, will form the basis of Chapter 10: What next in the garden? Implications for research, policy and practice.

See Table 3.14 below for ways in which references are made to Study 2 data, i.e. the location codes. In addition, see Appendix 3.9: Study 2 coding frame for further coding details.

Table 3.14: Location codes for Study 2

	<b>Codes</b>
1. Type of data	<b>Family film</b> <b>Video footage</b> <b>Audio tape</b> <b>Observation</b> <b>Seminar</b>
2. Family	<b>A, B, C, E, F, G, H, J, or K</b>
3. Occasion of data (except for films)	<b>V1</b> = Visit 1 <b>V2</b> = Visit 2 <b>V3</b> = Visit 3 <b>V4</b> = Visit 4
4. Position of data	e.g. Family film episode = <b>K/1, H/4 etc.</b> e.g. Minutes & seconds on video or audio tape = <b>09:10</b> e.g. Page & no. of observation = <b>2.5</b>

The video data were edited into family films primarily to show at the Family Meetings. The purpose of this was to generate discussion which has been used as part of the Study 2 data; and also to give to the family as a 'thank you' for their collaboration. The films were divided into episodes which facilitated referencing for this thesis.

The films were grouped as follows:

Family Wellbeing 1 contained families A and B

Family Wellbeing 2 contained families E and F

Family Wellbeing 3 contained families G and H

Family Wellbeing 4 contained families J and K.

Each family's film contained six to eight episodes. The reference numbers in the text below refer to these episodes (e.g. Family film G/4).

### **8.1 What would constitute a *robust conceptual framework* for resilient wellbeing?**

I have described in Part 1 how my review of the literature generated the constructs I have proposed, together with the concept of 'companionable learning'. In my quest for a robust conceptual framework, I wanted to arrive at a working model for laying 'resilient' foundations for wellbeing development in the earliest years. By this I meant the foundations for a sense wellbeing that would continue to develop even under 'normal' difficult conditions. It was this thinking that led me to seek a *robust* framework, for *resilient* wellbeing.

In Part 2, I described the studies with which I would test the framework that I proposed at the end of Chapter 4. In the sections that now follow I show my *findings* in the three studies, in relation to the framework.

### **8.1.1 All four constructs were important, to children and companions**

The Study 1 mothers saw all four constructs as important to *their* wellbeing. The four constructs were found to be of nearly equal importance (see Figure 3.6: Averaged proportions of total scores for the four constructs in 100 mothers). This was an important finding, partly in terms of long-term wellbeing; and also as mothers' current states of mind regarding attachment are powerfully correlated to their children's wellbeing (Charlwood & Steele, 2004).

In Study 2 the interviews with the children's companions, including their mothers, coded strongly - although with individual variations - to all four constructs. The child observations also coded satisfactorily to all the four constructs. (For both of these findings, see the charts at Figures 3.7 and 3.8).

### **8.1.2 Agency and communication were central constructs for the babies and very young children.**

The Study 2 data showed that, in contrast to their companions, the children's most often observed constructs were agency and communication (see the charts in Part 5, Family Stories). I observed this over the whole gamut of situations and experiences, but some were particularly rich with these constructs. Free-flow play was one such experience, especially for agency; and an example of this (where Hamza is hiding his cars behind cushions) was seen in Family film A/5. Several other 'rich' situations appear in the child observations. One such situation is mealtimes. In this observation of the two youngest children in the study, the twins, are being given lunch by their mother's friend, while she (M) prepared for an outing. Here the twins (J and T) are aged seven months, and J succeeds in initiating a conversation with his busy mother.

I had been filming while F gave them potato and apricot puree, but now had returned to watching just J as this went on. J did a lot of smiling and chatting, seeming to use this now as a way of attracting F's attention with the spoon. While F was feeding T, J put his fist in his mouth; but when it was his own turn for the spoon he took his fist

out to make room for the spoon. M, who had been busy getting things together to go out, came into the room and stood in front of their chairs. She was looking around and apparently thinking about what she needed to take. J watched her, smiling broadly at her although she was not yet looking at him. But soon she saw him, her face lit up, and she spoke to him. Then he smiled even more delightedly and chatted back to her (Observation K/V2/1.2).

Another frequently observed 'rich situation' was when an adult, usually a companion, was completely focused on the child. Because I came into this category in my observing role, children often responded to me in ways that showed their agency and communication. Rebecca, now aged twenty months, was interested in me and what I was doing. Here she is inventing a game with me about my watch, and communicating her interest in my observation process.

Now R moved over to me, and pointed at my watch which was just visible under the cuff of my jersey. After examining it carefully she pulled down the cuff to cover it up and looked at me expectantly. Picking up the hint I said "Where is it?" and then "peepo!" as she uncovered it suddenly. Smiling broadly she covered it up again - we played this game for a while. Next she became more interested in the watch itself (it is one where you can see all the internal workings), pointing alternately at the dial and the strap. Then she looked carefully at me with my pencil and clip-board with notes and pointed thoughtfully at the last words I had written (Observation F/V2/2.3).

Dylan was also twenty months when I observed him playing with his mother. Here again his agency (persistence in A2.1) and communication are very evident.

There were several moments with the little red bouncy ball. M was throwing it towards D, who retrieved it from the floor with a triumphant shout and threw it back to her. He was really good at throwing, almost always sending it in roughly the right direction – quite an achievement. This was quite exciting for him, and he laughed and shouted. Then M bounced it lightly on his head ..... he shut his eyes tight, completely trusting that it would be fun and not hurt. The ball rolled into the hall, M said "Where's it gone?" and D answered "There!" The ball rolled behind the ironing board in the next room, and both M & I thought that out of sight was out of mind and that he would want to play another game now, but no. Very

persistently he looked around behind the ironing board until he could see it, and then carefully crawled in until he could just reach it and get it out. Now when M threw the ball to him he held up his arms to catch it. Later, there was a football game going on, with the ball rolling between them and being kicked. D's balance and co-ordination were really good doing this (Observation E/V2/2.4).

### **8.1.3 Children's and companions' different construct priorities**

There was a variation in the priority given to certain constructs, between the children and their companions. The child observations showed that the children's most active constructs were agency and communication (see Figure 3.7: All child observations coded to constructs). At the same time the coding of the interviews with (mostly adult) companions showed that *they* prioritized the construct of belonging-and-boundaries (see Figure 3.8: All companions' interviews coded to constructs).

This prioritization of belonging-and-boundaries by adults was also found in the 'Most important' choices of the Study 1 mothers (see Table 3.3b: 100 mothers' 'Most important' choices, by constructs). Here, 'The wellbeing of my family' was the most frequently chosen 'Most important' item; and this item was coded to belonging-and-boundaries. So it can be seen that 'belonging-and-boundaries' was prioritized by adults in both of the studies.

### **8.1.4 Caring as an element of the 'agency' construct**

In both studies the issue of 'caring for others' emerged. The Study 1 mothers prioritized 'The wellbeing of your family' for their own wellbeing nearly twice as often as the next item 'Feeling good about yourself'. This carries a strong caring association. Also, in several reflective conversations with mothers at the end of the interview, they asked "What about caring?" Meanwhile in Study 2, I found that the process of companionable caring in the families was making a very considerable impact on the wellbeing of the companions themselves (Video footage K/V1/06:01; Audio tape J/V3/46:07). This applied both to mothers and



to the children's other companions. One grandmother, who had said of her granddaughter "I'm her buddy, her playmate", also told me that her sister had commented about the child's mother: "I can't believe this is the same girl" (Audio tape C/V2/24:00).

As well as being an aspect of belonging-and-boundaries, it seemed that making a positive difference to *other* people was also a part of 'agency'; an additional aspect to the more accepted concept of making a difference to your *own* life. As a Study 2 mother said in relation to agency: "I belong to my children. That's the only way I can put it" (Audio tape A/V1/47:54).

Although I asked mothers to supply any additional items for their own wellbeing, the very few additions by mothers (see Table 3.4: Additional items, coded to constructs) testified to the relevance and strength of the framework.

Interestingly, the one addition chosen by seven mothers rather than just one, was 'time to myself', which I coded to the agency construct. 'Personal time and space' was a frequently observed element of the agency construct in Study 2; and it was raised in the family meetings as something children also needed. I will return to this point in Chapter 9.

### **8.1.5 The relevance of the Framework to mothers**

One measure of how robust the mothers and companions found the four constructs was the small extent to which items were therefore thought to be irrelevant and were therefore coded to 'nothing to do with wellbeing' (see Appendix 3.2: Mothers' choices for their own wellbeing). The tables in this appendix show that only 8% of choices were allocated to 'Nothing to do with wellbeing'; whereas 44% were allocated to 'Very important', 43% were allocated to 'Quite important', and 5% were allocated to 'Against wellbeing'. Of the 'Nothing to do with wellbeing' choices, over half were coded to belonging-and-

boundaries; and perhaps unsurprisingly they are all on the 'boundaries' side of that construct.

These figures make a strong case for the relevance of the framework to these mothers.

There was an interesting finding in relation to the item 'feeling someone else is in control'. I had included this because of a conversation with an Australian professor (Research diary, Volume 3.19) who had been involved in a study of wellbeing in Palestinian and Afghan children. The research team had found that although the *western* model of wellbeing puts individual agency as a high priority, for children and families in Palestine and Afghanistan the construct of agency was low priority; indeed it often worked *against* their individual sense of wellbeing. However, the issue of *collective* wellbeing had emerged, where the concept of agency – making a difference – although uncomfortable for an individual, could be a comfortable one for a family or a community. While I was giving a series of talks in Australia in May 2006, I found that this idea of *collective* wellbeing struck a chord with aboriginal people in the audiences, some of whom talked with me about it afterwards.

For these reasons, and because it was my intention to include a proportion of Asian mothers in the survey, I included the item 'Feeling someone else is in control' as a possible contributor to a mother's wellbeing. However, I found that, regardless of ethnicity, this was the only item that mothers consistently allocated to the category either of 'against wellbeing' (61% of mothers) or to 'nothing to do with wellbeing' (17% of mothers). In the process several mothers remarked that it was important for them to *share* control with their partners; and in retrospect I think I might have obtained a clearer picture in relation to *collective* agency if the item had read 'Sharing control with someone'.

### 8.1.6 Elaborated construct codes

A main finding in Study 2 in relation to the framework itself can be seen at Table 3.5: Elaborated construct codes (Chapter 7, Section 7.2.3). These were a vital element in answering the question: 'What would constitute a *robust conceptual framework* for resilient wellbeing?'

Before I carried out Studies 1 and 2 I already had the four 'a priori' construct codes from the literature, but the process of examining the Study 2 data gave me a much more detailed picture, and one that was grounded in the families themselves. I had known that if the Framework was to be robust - and indeed useable – it would need to go deeper than simply the original four constructs, and Study 2 was the main way in which they were developed. Definitions of the construct code terms for agency as used in this study can be seen in the Glossary.

### 8.1.7 Study 3 issues in relation to the Framework

In this section I report on the issues that were raised in the Study 3 Focus Group seminars, in relation to the Framework.

Firstly a question was raised by a manager, about possible implications of B1 (i.e. belonging-and-boundaries) in settings. This applied not only to children but to staff as well, and the question was about whether belonging-and-boundaries, as I had described it, sufficiently reflected the *cherishing* role of companions – and whether that aspect of belonging-and-boundaries was problematic for settings, especially in comparison with care in the home (S/3/18:28). Since the development of the elaborated codes, I would argue that the giving and receiving of the cherishing aspect of wellbeing is more suitably placed as part of the agency construct (A3.4: Caring for others). I suggest that it is surely possible to make 'caring for others' part of the provision of a setting, especially when it is perceived as an 'agency' issue, rather than a 'belonging' one.

Something that came up several times near the beginning of Study 2 was criticism of the term ‘agency’; but consequently having to explain it led to some very interesting discussions. I realized that to use some simpler alternative word such as autonomy or confidence would not only be less appropriate but also a missed opportunity to talk about the very things that I wanted to explore. A mother in the Development Group said that although she *had* been confused by the term agency, now she really liked it (S/1/23:00). During the study I met many people who enjoyed discussing the construct and what it meant to them, and who eventually were happy with the term. There was great value in having to discuss ‘agency’.

The last finding to report from Study 3 in relation to framework itself, was a perception, by a daycare manager, of the model as a useful one. Here is what she said:

“It (Birth to Three Matters) is very much how we operate within the Nursery, whereas this is very much more working alongside parents and the community, and how it *all* impacts on the child’s development, and not just focusing totally on what we are providing in Nursery. It’s just sort of opened it up for me, I can see that being very useful, something you could really work alongside parents with. So for me that’s how I can see sort of bridging that gap. I’ve been trying to educate the parents on Birth to Threes, and I’ll be sitting there saying follow it up at home ..... but it’s very much a Nursery-owned, or setting-owned framework, isn’t it, and this is completely (pause) the other way around, yeah” (S/1/18:41).

## **8.2 What observable situations and experiences influence the development of resilient wellbeing from birth to three years?**

The main body of data relating to this question was gathered in Study 2, the case study families. As I analyzed the data in relation to the elaborated construct codes I found clusters around some strong themes. Although the data were collected in two very different ways - by observing the children, and by interviewing the companions - these themes often occurred in both sets of data.

They provide some answers to the question: what does wellbeing development from birth to three look like, and in what situations and experiences does it thrive?

The title of this thesis includes the words ‘companionable learning’; and essentially this question is about finding out about the nature of ‘companionable learning’. While there are a few themes that fall outside the circle of child and companion together, most of the themes relate to this companionable relationship. At this point it might be useful to re-iterate what I mean by companionship, in this case between the very young child and the adult or older sibling: the relationship that develops as a result of regular time together, close knowledge of each other, and a bond of love or affection.

### **8.2.1 Companionable attention**

The first strong theme - possibly the strongest – was children’s need for what I will call ‘companionable attention’, for the development of their wellbeing. At first I referred to this as ‘undivided attention’, but I realized that this would be unhelpful terminology for everyone except the parents of only children; and that in any case, attention of a companionable nature was a better description of what I was seeing. This need for companionable attention was evident in every child in the study; and while I first became aware of it as a need in the children, I subsequently realized that most of the companions felt it too. Their times with their children effectively fed their own wellbeing in a way that was observable.

Table 3.7 above (p.215) shows the answers that mothers gave to the questions, “What are your child’s best moments with you?” and, “What are your best moments with your child?” An examination of the table shows that almost all the responses describe companionable situations and activities, and that very often these were times when the adult was ‘anchored’ to the child, for instance at

mealtimes, in the bath, or when sharing books. As Ivan's mother Kathleen said when I asked about the favourite moments:

“Bath time is probably number one. (long pause). Um. (long pause). Gosh, that's, that's quite a question. Um. Having his milk (pause), and that's when he's just got up from a snooze, usually, his snooze...quite a snugly time. (long pause). Probably meals...”  
(Observation H/V2/6.7).

Here is another example of this need for companionable attention, this time by Rebecca, who wanted her father (here referred to as 'K').

K had sat down again on the other settee. After a bit more drawing, R picked up the clip-board with her picture on it and carried it over to where he sat. Putting it on K's knee she returned to fetch the pencils. At first she carried on drawing as she had been doing before, while the board rested on his knee and he and I talked over her head. But then she carefully put a pencil in each hand and tried drawing with them both at once. K laughed and said “Two hands at once!” Not looking at him but secretly smiling to herself – she had won his attention – she carried on drawing. In a while K got up to do something in the kitchen. When he had gone, R gathered up her drawing things and followed him through. She sat down on the kitchen floor where she could see him, lining up the pencils beside her and balancing the clipboard on her legs stretched out in front of her. It fitted just right between her lap and her ankles, perfect for carrying on drawing *and* keeping an eye on her father! (Observation F/V2/3.6)

Another observation where this need for companionable attention was very evident was when Hamza, whom I was observing, only had me potentially to fill the role of companion. Here is how he went about securing my engagement with him.

Now H stood still and thoughtful in the middle of the room, and then said to me “What shall we do?” After waiting a moment I answered, “I don't know – what *shall* we do?” At this he looked entirely gratified, and I realised that of course my answer had let him know that I was agreeing that we *would* do *something*. Returning to the pile of toys he selected a large yellow dumper truck, and coming back said, “Look this one, a big giant one”. Then he showed me how the dumper works, and the bit on the front where, “Look, steam come

out”. Then wizzing past his mother on the way to fetch something else he said, “Mum, I’m playing with Rosie” – much in the same way that one adult might say to another, “I’m going to be busy for a while”. (Observation A/V2/3.7)

The satisfaction to be gained from these companionable experiences was also seen very clearly in each of the Family Wellbeing films, and here I will identify those episodes that best illustrated it. In Family Wellbeing 1, both children are with their mothers: Hamza and his mother are sharing books about trucks (Family film A/2), and Edward and his mother are having a game with play-dough (Family film B/2). In Family Wellbeing 2, Dylan is having a wonderful game with his mother’s earring (Family film E/5), while Rebecca is playing in the sand-pit with her half brother (Family film F/5). Family Wellbeing 3 shows Brianna building a high tower with her mother (Family film G/4), and Ivan is in the bath (Family film H/2). In Family Wellbeing 4, Sasha loves her songs with her Nan (Family film J/5) while the twins Jack and Thomas revel in their mother’s companionship skillfully extended to both of them (Family film K/2). In all the hours of watching and filming there was hardly an observation where this (often mutual) need for companionable attention was not fundamentally the ‘driver’ of the responses that child and companion made to each other. This context of companionable attention was evidently particularly rich for the development of all the wellbeing constructs.

### **8.2.2 Companionable book sharing**

One of the most companionable situations that I observed - and observed very often - was a child sharing a familiar book with a companion. Here all the constructs are working: the sense of control that comes from knowing what comes next, and from turning the pages when you are ready; the sense of belonging that comes from snuggling in to look at the book together, and the boundaries of shared pace and interest; the rich and often imaginative conversations; and the motor control needed to handle the book and turn the

pages. Here is an account of Brianna, aged 12 months, looking at a book with her mother.

The researcher had brought a board book with creatures in it. M took B on her knee and they looked at it together. B pointed at things on the pages for a minute or two, they looked very comfortable doing this. .... B returned to the animal book, and now spent a long time turning the pages (with M's help), looking at the various pictures. They talked about the sounds the animals make and B became very involved and excited. She patted the pages a lot, and 'talked' to the pictures. .... Back to the book again, she banged the pages, very excited. Then she turned to M and 'talked' about them, with M replying – a wonderful conversation. (Observation G/V1/1.2,1.5, 1.8)

Instances of book sharing were seen in the Family Wellbeing films too. Hamza has a wonderful time with his mother sharing a book about his favourite topic, trucks (Family film A/2). Rachel's half-sister read a book with her about birthdays (Family film F/6). Brianna and her mother were still looking at books together when I resumed filming after the observation recorded above (Family film G/2). Ivan and his father had a very special bedtime routine in which the bottle was followed by their favourite book collection (Family film H/3). Thomas and Jacks' granny had them perched cosily one on each knee for 'Fidgety Fish' (Family film K/5). All these instances of book-sharing showed companionable experiences in which agency, belonging-and-boundaries and communication were all actively present.

### **8.2.3 Play is the central mechanism for agency**

I had found that the two constructs of agency and communication were the most often coded ones in the child observations. I also discovered from repeatedly coding observations of play that it was the central mechanism for the development of children's agency. This was especially marked in relation to A2.1: positive learning dispositions. An example of this development of positive learning dispositions in a free play experience (in which exploring, experimenting, persisting and learning from mistakes are all very evident) was



seen in Family Wellbeing 3 at Family film H/5. When Hamza is seen playing alone with his cars on the sofa (Family film A/5), the observer can clearly see agency in the making the way in which he takes control, exercising his influence and deciding what is to happen - and then confidently executing his decision.

Other film episodes of each child that illustrated this theme of play and agency well were Family film B/6, where Edward is playing with ice on a very hot day; Family film E/6, where Dylan is investigating a watering can; Family film F/7, where Rebecca and her child-minder are having a long talk about her game; Family film G/8, where Brianna is playing with her doll; Family film H/5, where Ivan is playing with water on a hot day; Family film J/4, where Sasha is enjoying the freedom of the garden; and Family film K/4, where the twins are playing on a rug outside.

The ways in which play facilitates the development of wellbeing, and especially of agency, can also be seen in many observations. Here is Alena, observed in her day-care setting with another child (C1):

A looked thoughtfully across the room to where C1 was still 'doctoring' her dolly. Then she walked over to the corner and deliberately sat down on the dolly's bed beside it, and then lay back with the bottle in her mouth, looking expectantly at C1. I said "It looks like you've got real baby in your hospital – is she ill?" Readily picking up the idea, C1 seized the stethoscope and thermometer and 'doctored' A for a while, then at my suggestion tucked her up with a nearby blanket (Observation C/V2/1.3).

My observations of Hamza playing led me to record the following reflections.

In his play H seemed to be working on 2 levels: on one level he was dealing with the factual and representational aspects of his toys, and his enthusiasm for all these wheeled toys went some way to account for his extensive knowledge about them. Also of interest on this reality level was something about the right places for things, as well as how they worked. He knew which figures went with which vehicles ("one, two men"), and their 'right' order.

But on another more subtle level he seemed interested in exploring what things he could make these vehicles do, that were entirely to do with his own control over them - irrespective of what he was *supposed* to make them do. This aspect seemed also to include exploring *alternative places* for things – again, an aspect that originated entirely from his own will and imagination, quite separate from any ‘right’ way to play with them. This ability to take control of things and play with them in his own special way, unconcerned with conventional rules, seemed like a pointer to his developing independence and creativity.

This observation involved a good deal of free play. All the strands of agency seem to be developing actively in such play situations (Observation A/V2/4.9).

#### **8.2.4 Agency: intention and effort**

Several mothers in Study 1 told me that for them, having a sense of purpose or direction was vital for their wellbeing. One mother in Study 2 was also very clear about this, and this made me think about children’s sense of purpose. I found that linked with their play and central to the construct of agency, was the important issue of intention; and related to this, of effort. The children’s play was very much influenced by the strength of their intentions, in terms of learning dispositions: questioning, concentrating, persisting and learning from mistakes. This can be seen most clearly in two instances of Ivan’s play. The first is an observation of his activity at the stage when he could stand up and move around by dint of hanging on to successive pieces of furniture (an activity referred to by his parents as ‘meubling’). Here he has just woken up from his afternoon nap.

Back downstairs, Ivan was definitely ready to get going. Kathleen put him down standing on the floor holding on to the sofa seat at the far end. From there he surveyed the room, apparently planning his route. He edged his way along the sofa in my direction, heading for a chair with a pop-up toy on it and clearly concentrating hard. But on arrival he ignored the eggs and kept going towards his chair, which was almost within reach. Kathleen was discreetly behind him to catch if necessary and occasionally being quietly encouraging, but letting him work out his problems himself. At one point she went up for non-slip socks (he was outraged at the interruption involved in putting them on, but they made a huge difference) and into the

kitchen to put on a CD of Spanish guitar music. Ivan paused only for a moment when he heard this and seemed happy with it, but definitely just as background music to the matter in hand! He continued past the chair via the bars of the playpen, eventually coming to the little table with the small portable TV (Observation H/V2/2.3).

Four months later Ivan was steady on his feet, and it was hot enough to play with a bowl of water and some toys outside the back door. In the film episode his mother realizes he is thirsty and goes to fetch him a drink. But she is a while coming back, and meanwhile Ivan solves the problem of his thirst himself. This was a compelling example of what can be achieved by a strong intention to work something out (Family film H/5).

This episode in which Ivan has plenty of time to work out the solution he sought was a good example of another issue that came up with some frequency. This was *children's* need for personal time and space - something that the mothers in both Study 1 and Study 2 had been very clear about needing as well. The need to step back and watch, to review and to reflect, was evident many times.

I became interested in situations where children had learned how to take this time that they needed, for instance when they are drawing with concentration, as Rebecca did (Family film F/4); or when Brianna's cousin was absently watching the television so that she had time just to hold her doll, and apparently to let her mind wander (Family film G/6). Sometimes I saw children responding to their situation on two levels: still carrying on a conversation with a companion and playing together, while at the same time evidently pursuing a different agenda or line of thought (Family film F/3).

### **8.2.5 Managing the need for both agency and belonging-and-boundaries**

Here was another finding in relation to agency, this time about seemingly inevitable tensions that so often arose between agency and belonging-and-boundaries. These tensions applied, again, both to the children and to their companions. This hardly seemed surprising in situations where children's developing sense of agency is so very important to them. Here the price for exercising internal locus of control and for making things happen the way you want may be to incur disapproval or even rejection in your companion, and this might threaten your sense of belonging.

This scenario was seen in an episode in one of the Family Wellbeing films where Hamza is determined only to eat lunch on his own terms, having been given a glass of 7-Up by his mother in an attempt at persuasion (Family film A/6). There comes a moment when Hamza fears that he has overstepped the mark and a look almost of misery passes over his face as he asks his mother, "Are you angry with me?"

My observations are sprinkled with similar episodes, where children are learning to manage their conflicting needs with more or less success. Ivan's mother is astonishingly patient as Ivan is being difficult about his tea (Family film H/6) but tells me later that she would not have been that tolerant if I had not been there. Edward and his older brother both want to be best at the puzzle and cannot agree on a good compromise, so they fall out – another case where agency wins, but at a price (Family film B/4).

Sometimes, though, the imposition of boundaries seems to be something that a child finds reassuring rather than frustrating. Here is another glimpse of Ivan, who has 'meubled' his way around the room and back to where he started.

Finally back at the near corner of the fireguard, he approached the TV table with caution, eyeing it thoughtfully, touching the little plastic

guard on the corner of the table and checking out again with M. So far so good. Just behind the little table in the corner is a large-ish arrangement of dried leaves and teazles, and C's hand brushed the leaves, making a slight noise. This made him look hard at them and reach out to touch them deliberately. But then M's voice behind him said "Let's leave those". He turned round to look at her, and she was saying again, seriously, "Lets leave those". With only a glance at the leaves he immediately dropped his hand and moved away from the table towards the middle of the room. There was almost a sense of relief and confirmation in the way he did this, as if he was thinking "I *thought* so!" (Observation H/V2/3.7).

An observation of one of the twins, Thomas, made me think that perhaps children's ability to develop agency and communication was likely to depend on a strong sense of belonging-and-boundaries. Here, his mother left the room suddenly, but he was unperturbed. Even at seven months he was able to initiate a conversation with me, and to pick up a rattle and play with it until she returned.

Later on, M went to see J in the other room, leaving T by himself on the sofa with a rattle nearby. He seemed completely unconcerned at her sudden departure, and for a while watched the television screen (it was turned on). Then when he seemed tired of that he looked at me quite deliberately and seemed to start a conversation. After a few minutes of talking together, he picked up the rattle and played with it, looking at it carefully from all angles. He seemed entirely happy and self-sufficient while M was gone, although smiling and pleased to see her when she came back (Observation K/V2/2.7).

### **8.2.6 Best moments together – 'anchored' companions**

The other aspect of belonging-and-boundaries that came up very frequently was B1.6: Having attention and support. At first I only thought about it in relation to the children, but soon I realized that it applied to the children's companions as well. This was repeatedly illustrated by companions' answers to two questions: the first was "When are your child's best moments with you? What does s/he really enjoy doing with you?"; and the second was "You've told me already about the things that your child enjoys doing with you. When are *your* best moments with your child? What do *you* really enjoy doing with him/her?"

I found that for children and for their companions, in almost every case, the answer I was given described a situation in which, by definition, child and adult were mutually engaged, i.e. giving and receiving attention and support. And this was usually in situations that guaranteed *continued* presence, and close physical proximity. The most common exceptions, although overlapping ones, were companions saying that their best moments were whatever the child most enjoyed. (This relates to the one hundred mothers' most often selected priority for their own wellbeing in Study 1: 'The wellbeing of my family'). Table 3.15 below shows children's and companions' best moments with each other. I have put brackets around the only two exceptions where the best moments were *not* essentially about giving and receiving attention – not about being together.

Table 3.15: Children's and companions' best moments with each other

Children	Mothers	Other companions
<ul style="list-style-type: none"> <li>• Doing things together, thinking together, helping mummy out</li> <li>• (Going out and running around)</li> <li>• Tickling games and stuff like that</li> <li>• Chasing and cuddles</li> <li>• Having a bath, having a massage</li> <li>• (Feeding herself)</li> <li>• <i>Physical</i> things</li> <li>• Singing songs, being thrown about!</li> <li>• Nappy changes, being bathed</li> </ul>	<ul style="list-style-type: none"> <li>• Whatever he enjoys</li> <li>• When he wants to do things with me</li> <li>• Playing and making him laugh</li> <li>• Things we do together</li> <li>• Same as Brianna's – when <i>she's</i> happy are my best moments</li> <li>• Each others' undivided attention</li> <li>• Seeing her enjoy herself</li> <li>• Chatting with them, making them laugh</li> </ul>	<ul style="list-style-type: none"> <li>• Going out together</li> <li>• Watching TV together</li> <li>• Going out and playing in the Park</li> <li>• In the back-pack, watching what I'm doing</li> <li>• Lovely cuddles</li> <li>• TV or books together – when I am anchored with her</li> <li>• Football, TV, stories, rough and tumble</li> <li>• Having my undivided attention</li> <li>• When we play together, rather than when I play with her</li> <li>• Bedtime games</li> </ul>

This urgent need for mutual companionship was described by one mother thus: about her child, “he enjoys when we do tickling games and stuff like that, he enjoys that – he enjoys it when I actually give him attention and play with him, do eye contact and peek-a-boo and tickle ..... often he’s not really that interested in doing them unless you’re doing it with him? Basically he wants your attention”(Audio tape E/V1/18:56); and about herself, “I enjoy the playing and being silly, and larger than life, and making him laugh. We are quite similar really” (Audio tape E/V1/41:10). This was the child who most enjoys “laughing, dancing, singing and eating” – all ‘together’ things (Audio tape E/V1/21:00). And finally Bianca’s partner in Family K put it like this: “All games are, is paying them attention; and they feel the attention - see it. It doesn’t matter what you play with them so long as they can feel the attention ... so you don’t *have* to play with them so long as you’re looking at them, smiling, talking to them” (Audio tape K/V2/38:05).

### **8.2.7 Agency and motor control**

In this section about the situations and experiences of companionable learning, it is worth noting the great satisfaction that all the children evidenced in relation to their ever-increasing motor control. Whether it was getting up onto their feet (as Brianna had just done when I visited her at twelve months); or fun out of doors (for instance Sasha going down the slide with tremendous confidence at fifteen and a half months); or even Thomas managing to pick up and explore a rattle at seven months, these physical achievements were all clearly immensely satisfying, and were contributing in no small measure to the children’s sense of agency.

### **8.2.8 The importance of routines**

Many episodes and discussions in Study 2 emphasized the importance, as the families saw it, of thinking about belonging-and-boundaries *together*, rather than as two separate issues. It was as if they needed to be two sides of the same

coin (as in 'rights and responsibilities'). This is illustrated clearly in Brianna's family film where her cousin is insisting, but in an affectionate way, that she put on her shoes (Family film G/5); and again in Family film A, when Hamza's mother is responding to his concern about finding ginger (which he doesn't like) in his lunch while at the same time assuming he will carry on eating it (Family film A/1). Ivan's mother Kathleen in Family H put this balance of belonging and boundaries very clearly in her first interview. I had asked her what she thought were the things that helped Ivan to feel safe, and she replied:

"I think particular *people*. Certainly *people*. Again, I keep coming back to this routine, but I think that is absolutely fundamental. I think knowing what's going on, and being able to predict what's going on is absolutely fundamental. So I think that's the first thing, that there are no surprises and he has some sense of control over what's going on and when its going on. I think having an expectation within that – so within that routine key people can come and go, so Daddy goes off every morning, but he comes back at a predictable juncture in the day ..... so people coming and going within a predictable framework. Having predictable routines where the person always says goodbye, or have a nice snooze, so that you know that's the clue to what is likely to happen" (Audio tape H/transcription page 4).

Later in the study both this same mother and her husband took this theme a little further. I had asked Kathleen *why* routines were so important in her family, and she said:

"The reasons why they are important are because I think it's the foundation of stability for Ivan ..... it means he doesn't have a sense of helplessness, of 'I've no idea what the world is going to throw at me'. So some things are in place, and they *are* going to happen. That leaves space then, it leaves emotional space to explore the world. Because the foundations are stable, you can go off and do other things. He is able to be adventurous because he's not worrying about basics" (Audio tape H/V2/03:05).

This was particularly interesting because it flagged up not only the essential combination of belonging and boundaries, but also because it showed how the child's *agency* relies on the belonging-and-boundaries construct. I had also asked Ivan's father the same question, and his reply, while initially similar to



Kathleen's, also gave me a powerful glimpse into the challenges of parenting for this particular father, right from the start. Here is what he said:

“(Routines) are important for his security. The fact that he has this routine means that he can cope better with other people looking after him ..... providing that they know what the routine is, and they (laugh) they follow it too. And I think they're important for *us* because otherwise you've got this incredibly needy entity there all the time, and what d'you do? You need to impose some structure so that the whole task of looking after this very needy creature is a task that in your own mind is a manageable task, not one that is just utterly beyond being met. So structures I think give everyone concerned a sense of security” (Audio tape H/V2/15:38).

### 8.2.9 Siblings

I was interested in the companionship of siblings, and the impact that this might be having on wellbeing in the families concerned. Table 2.6: Study 2 Families shows a rich diversity in this respect, with three 'only' children, one pair of twins with no other siblings, one child with one older sibling and one with a younger one, one with two older siblings, and two remaining children with a complicated mixture of siblings, half-siblings and cousins all living in the family.

While I gathered that the presence of siblings was sometimes frustrating (especially for the older sibling, as for instance in Hamza's case), I saw evidence to show that the relationship was also satisfying and important. Edward's older brother was seen struggling with his younger brother's demands (Family film B/4); and yet I had observed strong companionship and affection between them too (Family film B/6). Here is an excerpt from an observation during Visit 2, giving a glimpse of the two of them playing a computer game together. Edward is the Study child, the younger brother aged two years and four months; while his brother Jack is four years and seven months.

Jack left his colouring, saying “I want to do it too”. He dragged his chair over to sit beside Edward, and simply watched for a little while as Edward started on a game - rather like doing a jigsaw puzzle -

where you click on a shape (parts of a train engine) and drag the shape over to its place. There followed an amazing demonstration of sharing the game. After another instance of mouse skill on Edward's part, Jack said "That's very good baby!" in a genuinely admiring voice. After a short while, Edward said to Jack: "You have a go", and let go the mouse for him. Almost immediately, Jack was distracted from the game by something else going on in the room. They were just about to start something else, for which Jack needed to click on play. Edward became very impatient with this inattention, grabbing the screen and tapping the 'play' button vigorously with his finger and wanting Jack to keep going – which, as a result, he did (Observation B/V2/2.7).

Still on the computer game, my last section of this observation shows the two boys still in companionable mode.

Once again it was J's turn. When he came to the end of a sequence, E - who had been watching closely - remarked "Ah!" J said "What's happened now?" E replied "Haha, what's happened now?" in the very same intonation, and then added "Nice one!" To which Jack replied "Nice one baby!" Two boys practising how to be cool? (Observation B/V2/3.10).

I observed that the companionship that siblings experienced with each other made a considerable impact on their wellbeing, both positively and negatively. The shared identity of children in the same family (i.e. belonging-and-boundaries), and the opportunities for communication, were very rich. On the other hand, I saw great tensions caused by the clash in 'agency' issues, especially those in the A1 category: the challenges to the self esteem, pride and confidence of older siblings with the advent of a younger 'adorable' baby, and the reduction in their own personal time and space. These tensions caused great friction. However it was clear that the relationship brought added opportunities for A2: learning, and A3: influencing; and the same was true for belonging-and-boundaries and for communication.

In an interview with a mother with three children, I asked whether she had adopted any particular strategies with her older children that might have eased

the positive relationship I had observed between the study child of twelve months and her older brother of four years and ten months. This was her answer:

“I didn’t actually do anything, he is a caring person anyway. My eldest one is more of a ‘leave me alone I’ll be quite happy if there isn’t anybody else’ sort of thing; but Zeb is much more caring. He did acquire a dolly, we had a dolly that we actually bought for my eldest while I was expecting, and he [Zeb] was quite happy to play to play with the dolly. Then once she (Sasha) was born we encouraged him to, like, help do her nappies and that sort of thing, so he was quite happy – yeah.” (Audio tape V2/19:28).

Although prefacing her answer with the statement that she hadn’t actually done anything, Lara then described an ‘apprenticeship’ kind of process (see Chapter 9, Section 9.2.5 below) in which there would have been many opportunities for all of his wellbeing constructs to develop.

### **8.2.10 Mothers’ depletion in the first year**

Nearly all the mothers talked about how utterly depleted they had felt, both physically and emotionally, in the first year. This feature - their depleted wellbeing at such a crucial time in their baby’s development – seemed an important one to think about. The mothers appeared to look back on it as inevitable – just one of those things that happens to you when you have a baby. First, here is an example of a deeply upsetting birth experience that was still making a powerful impact on the mother at the time of the interview:

“It was at thirty-three weeks. When I found out my waters had broken, it was the same sort of shocked-ness as when I found out I was pregnant. I was, like, smiling, oh my god; but I wasn’t scared, I was just, like, worried. I didn’t want to be, like, too worried or, like, scared anyway because I didn’t want them to get, like, shock inside me, and I wanted them to think it was a happy thing, like ‘oooooh, we’re going to be born!’ . . . . .

[and straight after the birth] . . . . . They were whisked off to special care, and I was, like, ‘I want to see my babies, how long do I have to

wait, [shouting] I can't wait two hours' – I was really – oh I'm going to cry again – really intent on *never* leaving them for, like, months [really crying now] and then I had to leave them straight away. I'm sorry ..... “(Audio tape K/V1/38:30).

Here now are some examples of what mothers told me about their first year.

The first mother's child was two years and six months at the time of the interview.

“I was very anaemic, and I think that affected me very badly ..... I felt tired, and depressed ..... I did feel like I'd lost my identity, I'd become somebody else, and I resented it ..... I felt isolated, and getting out of the house helped me – Messy Play, and other mothers ..... Being anaemic coloured my thinking .....It takes six months to feel halfway human, and a year to be yourself again” (Audio tape A/V1/34:13).

The second mother's child was nine months at the time of this (transcribed) interview. I had asked her what she remembered about the first few weeks after her baby was born, and she replied:

“That it was living hell (laughter). And, um, it was just relentless, absolutely relentless. It was like, it was like, um having, suddenly having no time for yourself. Three months of on-going jet lag. Um, and just a vertical learning curve. .... there are big adjustments to make and I think nine months - in some ways you're only just working out which way is up. I mean you're working out which way is up in lots of ways, but, um, I've been very depleted recently, and realised that we would have to rearrange how we allocate house hold jobs...cos I was running around doing everything, um. So things, latent things that you don't notice when there are two of you come to the surface, especially when it's several months in and you've had time to work out whether things are sustainable. So, yeah, so I'd say I've been really badly depleted and I've been coming round from that and having, having to sort out why that happened.” (Audio tape H/V1/p.10).

These excerpts from interviews highlight the impact of these first months on the mothers' own wellbeing. Major issues mentioned that seem particularly relevant to the constructs were about overwhelming challenges, loss of personal time and space, identity, isolation, pain, and physical illness. I found it extraordinary

to think of these mothers – and indeed most mothers, including myself - managing all this at the same time as caring for what one father described as “this incredibly needy entity” (see Section 8.2.8 above).

### **8.3 Summary of Chapter 8**

The question regarding a robust conceptual framework for resilient wellbeing was put to the test in all three studies. Study 1 was especially fruitful in relation to this question, confirming the strength and relevance of the proposed constructs for mothers of young children, and highlighting issues of ‘family wellbeing’. Study 1 also generated additional wellbeing items from mothers. Agency and communication were found to be central constructs for children, while children’s companions were more focused on the construct of belonging-and-boundaries. However, disappointingly few correlations were found (with one exception relating to mothers’ education and their priority choices).

Study 2 confirmed these findings, offering very many insights into the nature of wellbeing both for children and adults. This study generated a detailed and clarifying elaboration of the wellbeing constructs. The focus on processes, contexts and influences highlighted the centrality of companionable attention in the development of resilient wellbeing; the importance of books, and of time and space for children to play; of children’s need for agency, and for ‘anchored’ moments with their companions; and the importance of routines.

In relation to my second research question, I found a rich variety of observable processes, contexts and influences of ‘companionable learning’ that related to the framework. The most fundamentally important of these was the universal need for companionable attention. The ‘best moments’ in which this need was met were often those times when child and adult were ‘anchored’ by a care routine or a daily real-life task. They included book-sharing, play, and very many opportunities for developing a sense of agency and of belonging-and-

boundaries. Routines and boundaries were vital, and sibling companionships were a rich addition. Mothers' physical and mental depletion was, in most cases, an important and challenging aspect of the first year.

## PART 4 HEADLINES AND IMPLICATIONS

“I have never had so many good ideas day after day as when I worked in the garden”.

Erskine, writing in 1943 (1971, p.131)

This final part of the thesis is comparatively brief. In Chapter 9, I highlight the main findings of the research. From the range of findings reported in the previous chapter I have made a selection of ‘headlines’. The selection is variously based on originality, strength of the evidence, and significance within the current UK context. After starting with ‘headlines’ in relation to the wellbeing model itself, I report the main findings in relation to companionable learning. These seven findings are summarised in Figure 4.1 at 9.2 below.

Chapter 10 addresses the third research question. It proposes implications for future research, policy, and practice – and finally, for my own work.

The statements I make here are based on the evidence I collected in this research, in my collaborations with children, mothers, families and colleagues. I do not suggest that the framework and its contents can represent the views of *all* UK mothers with young children. However the framework may be of some value to the wider group. It has been said that, “a theory is as good as it is useful”; and if this new way of thinking about the foundations of resilient wellbeing proves useful as a *starting point* for at least some of the range of people who are involved with families with the youngest children, it will have served its purpose.

## **CHAPTER 9: The pick of the bunch: 'headline' findings**

In this chapter of 'headlines', I discuss findings some of which are new to the field, and some which are to some extent consistent with what is already known. In the latter case, this research may add new perspectives to existing knowledge and understanding. However I would argue that all the 'headline' findings reported in 9.1: The wellbeing model, are new; because of the originality of the model itself.

### **9.1 The wellbeing model**

The model of wellbeing that I am proposing here is an *integrating* model of *holistic* child development. My aim has been to move away from the more separate strands of child development with which we are familiar: emotional, social, cognitive and physical development. Instead, I have proposed an integrating model that identifies separate constructs that are fore-grounded or back-grounded, but not seen in isolation. This offers a holistic model of child development which is possibly more appropriate in the context of the UK government's intention to develop increasingly integrated service provision for children and families.

#### **9.1.1 Four interdependent constructs**

The research showed that the four constructs of wellbeing were found to be a robust structure in the conceptual framework for resilient wellbeing. The constructs are agency, belonging-and-boundaries, communication and physical wellbeing.

The research also showed that these constructs are always interdependent. Taking an analogy of the four legs of a table, if one leg is no longer functional, the whole table becomes precariously unstable.



### 9.1.2 Integrating belonging and boundaries

This 'double-sided' construct is an example of the integrating nature of the model. I had proposed belonging and boundaries as one construct rather than two, because I was concerned by the way in which interventions for children and families often focused either on behaviour or on issues relating to belonging. While I am a firm advocate of appropriate boundaries for children, I would argue that *unconditional* positive regard (Rogers, 1961) is also needed in helping children with a tendency to 'problem behaviour', or indeed a conduct disorder. Having been dismayed by the concept of 'time-out' (Webster-Stratton, 1994) - in the practice of which, in my experience, parents often forget about the essential 'time in again' component' - I sought a way to bring together what I saw as two halves of one concept, rather than two separate ones.

I found the resulting 'belonging-and-boundaries' concept to be very strong in the research data. When one half of the concept was suddenly dominant I was reminded of that sensation that is experienced on a see-saw, when the other person suddenly gets off and their end shoots up skywards, while your end thumps uncomfortably on the ground. I found that the belonging and the boundaries were sometimes well-balanced; but often the balance alternated from one end to the other. This was when tensions occurred between wanting to belong, and not wanting to comply – something I often saw at mealtimes; and sometimes it was about tensions between wanting to belong, at the same time as wanting individual agency. This happened often when children and companions were playing together.

### 9.1.3 Differing construct priorities

The 'belonging-and-boundaries' construct was the most active one for the companions, and I was not surprised by this. However, I was surprised to discover that the most active constructs in my observations of the children

(including the video footage) were coded differently. It was 'agency' and 'communication' that I observed most strongly in relation to the children.

Initially I was surprised, because I had thought that the children would absorb the same priorities as their companions around them; but on reflection I realised that what I had observed did make sense. I would argue that their companions' focus on 'belonging-and-boundaries' gave the children the *freedom* to concentrate on agency and communication, in the *context* of that companionship.

In all my case study families, the companions had prioritised the 'belonging-and-boundaries' construct. It would be interesting to discover what happens in families where the companions do *not* prioritise 'belonging-and-boundaries'. Would the children still be able to focus in the way they had in the case study families? I would hypothesise that in families where this is not a priority, children would be less likely to develop strong agency, and perhaps they would evidence less communication. I hope to pursue this further.

#### **9.1.4 Tensions between 'agency' and 'belonging-and-boundaries'**

I frequently observed situations in which there seemed to be tensions between a child or a companion's need for 'agency', and their apparently equally strong need for 'belonging-and-boundaries'. These two aspects of wellbeing could appear to be in direct conflict, and this was especially the case when the child's need for agency was paramount, but the companion was equally determined on establishing boundaries, and a sense of belonging. At least this situation was 'out in the open', so to speak, whereas an internal tension in child or companion was more complex. Yet perhaps it is this very *internal* tension that generates creativity – the energy and the need to be involved in "exploration, discovery, reflection and expression" (Duffy, 1998, p.139). In the uniquely original aspect of creativity which is children's play, children are developing their agency and

seizing opportunities for communication. Essentially this is ‘doing your own thing’; something that is fundamentally contrary to the construct of belonging-and-boundaries. I speculate as to whether it is this ‘grit’ that generates creativity, and which relies of the construct of communication for its reflection and expression.

## 9.2 ‘Companionable learning’ ... or ‘diagogy’

I see ‘companionable learning’ and ‘diagogy’ as interchangeable terms.

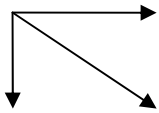
The term ‘diagogy’ was initially proposed in Chapter 4, Section 3.2: The construct of ‘communication’. I suggested that a new term was needed to describe *mutual* learning between child and companion – neither androgogy nor pedagogy, but something essentially different from both. This term for ‘companionable learning’ implies a kind of inter-subjective communication. This characterises the ‘dance’ of interactions between the dyad of child and mother, or the shared dialogue between the child and other affectionate companions (Gerhardt, 2004). ‘Diagogy’ is essentially a *process* of wellbeing development.

In a discussion following my presentation at the 2006 EECERA Conference of a paper titled, ‘Companionable research at home with birth to threes’, chairman of the session remarked, “Of course, we all want to know the outcomes of your research – what will you put into the empty cells of your Framework?”. Below at Figure 4.1 is a version of the Framework that shows the ‘headline’ outcomes of this research, in relation to ‘companionable learning’.

As well as the addition of the text, an important change has been made to the structure of the Framework itself. This relates to the 'wobbly table analogy in Section 9.1.1 above. In Figure 4.1 below, I have removed the lines which, in the original version, had divided the constructs and ecological levels; and which had resulted in a series of separate boxes. By the end of my research I was convinced, more strongly than I had ever been, that boxes are not a helpful format for thinking about the holistic development of young children; and that the integrated model I was now describing needed a more fluid representation.

This version of the Framework retains the elements of the grid (framework and levels) but allows for the identification of observable situations and experiences that involve some or all of the constructs of the framework.

Figure 4.1 Companionable learning / diagogy: practical findings

<b>CHILD'S</b> 	Agency	Belonging- and - boundaries	Communi- cation	Physical
<b>Primary Carer</b>	1. Babies' and young children's wellbeing depends on companionable attention.			
<b>Family &amp; other carers</b>	2. Companionable <i>play</i> is how children's agency develops: sense of self, learning, and influencing.  3. 'Diagogy' is <i>most</i> satisfying when child and companion are 'anchored' with each other.			
<b>Neighbourhood/ community</b>	4. Companions <i>and</i> their children need personal time and space, as well as companionship.  5. Companionable 'apprenticeship' in frequent 'real life' situations helps resilient wellbeing to develop.			
<b>Society</b>	6. Children need to develop a sense of collective wellbeing in their families and their local communities: <i>collective</i> agency, belonging-and-boundaries, communication and physical wellbeing.  7. The wellbeing of UK citizens from birth to three is liable to be affected, directly or indirectly, by the whole range of local and national UK government policies			

### 9.2.1 Babies' and young children's wellbeing depends on companionable attention.

This was the main finding in relation to the question, "If the development of resilient wellbeing is about companionable learning, what does that look like?"

This research has found that companionable learning is about those times when children feel that they are enjoying the full attention of their companions – a kind

of 'mindfulness'. This accords with the research on children's early relationships which was reviewed in Chapter 3, Section 3.3. The importance of attachment has been extensively documented since Bowlby wrote about it (Bowlby, 1969); and its possibilities elaborated by Dunn in relation to children's siblings and peers (Dunn, 1993, Dunn, 2004). In this research, I put forward the suggestion that the perception that attachment is about the relationship between child and primary carer, while vitally important, does not go far enough.

I support a wider vision of attachment that extends to all the child's companions, i.e. those people that the child spends time with regularly and knows well, and with whom love or affection is shared. The practical application of this vision in settings for the youngest children's care and education outside the home is supported by the principles now articulated in the UK's Early Years Foundation Stage Themes and Principles (DfES, 2007). This document stresses the importance of loving and secure relationships with parents and/or a key person. It is helpful that the key person approach is promoted in this way, although much needs to be done to bring together the theory and the practice.

It is interesting to consider how central the three 'ABC' constructs are to relationships based on mutual companionable attention. Both parties' sense of self and ability to influence is confirmed by the other. Belonging-and-boundaries are part of the fabric of the relationship, which takes place by way of communication in a range of forms – the many spoken and unspoken languages of early childhood (Malaguzzi, 1996).

Whether at home or outside the home, children demonstrate constantly their fundamental need for companionable attention (Trevarthen, 2005). They are extraordinarily good at soliciting this; and if unsuccessful in attracting the kind of companionable attention they profoundly need, they would often rather be accorded disapproving attention than none at all. I was frequently astonished at

the strength and continuity of this need, in all the children I observed; and admiring of the ways in which they managed to get what they needed, even if only from a passing researcher.

Children and their companions need time together in affordable circumstances; they need a safe environment in which to be together; and they need reasonably easy access to each other.

### **9.2.2 Companionable *play* is how children's *agency* develops: sense of self, learning, and influencing.**

In the children's play with their companions the use of age-appropriate communication, and the development of agency, were the vital constructs. By companions here I mean not only the family members, friends and neighbours I have described, but also the 'persons' of the child's imagination - those actors in the possible alternative worlds constructed by the child. It is in this play that agency thrives: the heightened sense of self, the unconscious employment of learning dispositions, and the sense of purpose in action.

Not so long ago, 'play' was held by many to be a time-wasting alternative to the more important activity of learning. The word 'play' became provocative in pedagogical discussions. 'Just playing' was the misleading phrase. Now, play is acknowledged to be of vital importance for children's development; and yet, the reason *why* this should be the case is for many people, even early years professionals, sometimes not easy to articulate.

In this research I believe I have found a satisfactory and, I think, clear explanation of the central importance of play in the youngest children's development. Agency, with its components of sense of self, learning, and influencing, is one of the four vital constructs of wellbeing. My explanation is

that I see play as an absolutely fundamental process in which children's agency develops.

Much might be written about play and agency, and yet these crucially important factors in every child's wellbeing hardly need elaborating here, nor is there space to do so. This research shows that opportunities for companionable play are central to the development of a child's resilient wellbeing; and that it is through the medium of companionable play that both children's and their companions' wellbeing is actively nurtured.

### **9.2.3 'Diagogy' is *most* satisfying when child and companion are 'anchored' with each other.**

I was fascinated to discover that when I asked companions to tell me about the things that the child most enjoyed doing with them, their answers could be categorised almost entirely as situations that guaranteed the companions' continuing physical presence, for instance going out for a walk, or bath time. Equally fascinating were their answers about their *own* best moments with the child, because those answers fell into the same category. On reflection this is hardly surprising, at least in relation to the children, given their need for companionable attention. These 'anchored' situations *guaranteed* companionable attention.

More puzzling was the companions' preference for such situations. However I had analysed evidence of adult wellbeing in relation to the components of the constructs, and naturally 'caring for others' featured very often in these observations. Indeed the observations of the companions were very rich in evidence of wellbeing in their caring role: pride, confidence, achievement, security and trust, and appropriate responsibilities, were just a few of the frequently recorded codes, together with the whole range of inductive and expressive communication. It was clear that for the children and the



companions I observed, the dialogic that they experienced together was generally a deeply satisfying experience.

When I asked the children's companions what they most wanted for their child in the future, the usual answer was, "That s/he is healthy and happy". In his book on the psychology of happiness, Csikszentmihalyi (1992) describes a process of total involvement with life, which he terms 'flow'. The book examines the process of achieving happiness, presenting examples within a theoretical framework, of how life can be made more enjoyable. I suggest that one example of 'flow' is the experience of child and companion in these satisfying, 'anchored' joint activities.

It is also interesting to consider this finding in the context of the EPPE study's term, 'sustained shared thinking', which was described in the following way:

"'Sustained shared thinking' is where two or more individuals 'work together' in an intellectual way to solve a problem, clarify a concept, evaluate an activity, extend a narrative etc. Both parties must contribute to the thinking and it must develop and extend the understanding. It was found that the most effective settings encourage 'sustained shared thinking' which was most likely to occur when children were interacting 1:1 with an adult or a single peer partner" (Sylva, 2003, p.3).

The report also suggest that in some very middle class settings parents who were pro-active towards their children's learning engaged in 'sustained shared thinking' with their children at home. This would seem to suggest that it is the parents who initiated these 'dialogic' situations. However, a very different perspective is offered by Gopnik et al:

"[babies] are very effective and selective in getting the kinds of information they need. They are designed to learn about the real world that surrounds them, and they learn by playing with the things in that world, most of all by playing with the people who love them" (Gopnik et al., 1999, p. 201).

This picture of the *child* as initiator is much closer to my own observations of 'sustained shared thinking', companionable learning, or what I would call 'diagogy'. My observations showed that 'sustained shared thinking' is exactly what these youngest children desperately want and need; and indeed I observed a good deal of it happening, in the course of the research. It is surely a matter for policy makers and practitioners to support the companions of the very youngest children in understanding this need, and facilitating ways to provide it.

#### **9.2.4 Companions *and* their children need personal time and space, as well as companionship.**

It was no surprise to be told by very many mothers of the importance of their own personal time and space. Even a cursory reflection on the challenges of meeting a baby's needs in the first year is enough to generate a sense of wonder that so many mothers manage to enjoy that difficult time; and a reminder that so many are seriously in need of a great deal of support that is often simply not available. However, it was the finding that children, too, need personal time and space that was thought-provoking for me. Once I had realised that children's need for time and space was a factor in their wellbeing I began to see it frequently. The children's way of dealing with this was usually a kind of frozen mental and physical stillness or 'absence'; a response not unlike the sudden stillness of a computer crashing.

The more I observed this happening the more concerned I became at the ready use of this strategy. (The same applies to my computer, but that is an irrelevance here). This was children's learned response to certain situations. They were the result of an over-emphasis on stimulation, which is thought to benefit children's optimal development in the early years. What will be the effect, in the primary classroom or indeed the playground, of this learned response? Will these children employ this now-familiar strategy of 'switching off' in the face of an overload of stimulation?

As importantly, children need time to ‘process’ their experiences. It is this reflective activity that generates an internal locus of control, and a sense of empowerment. It also enables them to become accustomed to a sense of purpose. These things are important elements of wellbeing, and result from those inner conversations that are a vital aspect of communication – communing with oneself.

This need for reviewing and reflecting is reminiscent of the HighScope ‘plan, do, review’ model (Schweinhart & Weikart, 1994). Writing about planning and reflection using HighScope, Epstein defines reflection as “remembering, accompanied by evaluation” (Epstein, 2003). While my own experience with the HighScope process led to concerns about its limitations, I none-the-less retained as part of my practice the reviewing element, and found that it was an essential aspect of children’s learning. If children have neither the time nor the space, both mental and physical, for these processes, their development is likely to be severely curtailed.

### **9.2.5 Companionable ‘apprenticeship’ in frequent ‘real life’ situations helps resilient wellbeing to develop**

I report this as a ‘headline’ finding in spite of the fact that I saw very little ‘apprenticeship’ in the research. Perhaps it is for this very reason that I report it. As I coded the little I saw, I began to understand what a rich context it was for children’s developing wellbeing; and I realised that ‘apprenticeship’ was probably the best-kept secret in the field of wellbeing in early childhood.

Rogoff defines apprenticeship as “children’s routine guided participation in socio-cultural activity” (Rogoff, 1990, p. viii). For me, this means cooking together, laying the table together, shopping *together* rather than under sufferance, putting the washing into the machine, joint efforts with the Hoover.

For homes and settings fortunate enough to have a patch of earth it means digging and planting and watering and weeding – and harvesting. Children’s routine involvement in real-life tasks is a wonderfully rich context for *all* the wellbeing constructs. I became aware that ‘apprenticeship’ situations did not just have great value for cognitive development in the conventional sense; they were a rich source of opportunities to develop all kinds of agency; a feeling of belonging and the consequent boundaries; a great deal of communication, and often the need for considerable physical skill.

I was surprised that it was hardly ever *these* kinds of situations that the companions in my research had selected for me to observe, and to film. Predominantly they selected more conventionally cognitive activities, such as rolling out play-dough, or book-sharing. There were also, as I have mentioned, ‘anchoring’ activities such bath-time and going out. Yet ‘apprenticeship’ situations are anchoring too. I conclude that as a society we have adopted a view of household tasks that relegates them to chores to be minimised. This has happened in conjunction with the idea that children need a lot of stimulating activities for their development; and ‘apprenticeship’ situations certainly do not, we feel, fall into this category. But although we ourselves might like to dispense with the ‘chores’ of daily living, this is certainly not the case for very young children. ‘Apprenticeship’ is quite the opposite for them. Like boys’ important work with dad at the weekend, apprenticeship involves the very things in which children are most interested: being involved for the duration of a task with someone they love, doing important things just like they do.

The impression of ‘nothing new under the sun’ that this topic generates is born out by a return to the writing of Isaacs, who put this argument most succinctly over fifty years ago. Taking the perspective of the child, she wrote:

“His efforts to understand the activities of the grown-ups and, above all, his interest in the primary biological processes of the household – the shopping and cooking and preparation of meals, the washing and cleaning and use of fire and water – form the nucleus of his intellectual interests. From these develops his wish to read and write; his later understanding of number and geography and history, of literature and the human arts, is rooted in these primary interests in the life of his family and home.” (Isaacs, 1954, p.20)

In the context of increasing numbers of very young children spending longer hours in daycare, this is a challenging situation. Children’s companions at home – parents, extended family, even childminders – would find it comparatively easy to explore this way of supporting the development of their children’s resilient wellbeing. But how can apprenticeship be made to work in institutional settings? This is an interesting question that I hope to pursue further.

#### **9.2.6 Children need to develop a sense of *collective* wellbeing in their families, and local communities: *collective* agency, belonging-and-boundaries, communication and physical wellbeing.**

Some of the children in this research enjoyed the benefit of frequent visits to and from extended family members, while others regularly visited external groups, for example church groups or centres offering a range of services for families with young children. Companions’ accounts of visits to these places left me in no doubt as to their value in terms of wellbeing. It was not simply that this was a broadening of the child’s experience; more than that, the regular experience of greetings and partings from familiar people and places outside the home was making an important impact of the child’s sense of identity, as part of a family, within a community. However, there will be very many children and families who would not choose such experiences, or who do not have the opportunity for them.

None-the-less, it was clear that, even for the very young children in this research who *did* have these experiences, a sense of wellbeing in its various

aspects was being generated that was not only individual, but also collective. This was reminiscent of the interest in the possibilities of this model of wellbeing on, for instance, the Aboriginal community, that was shown by people from communities where the culture was very much more focused on family and community than in our western culture of individualism (see 8.1.5 above). The importance of neighbourhood and community is often illustrated by the African proverb, “It takes an entire village to raise a child”. This message was emphasised within the research review edited by Shonkoff and Phillips (Shonkoff & Phillips, 2000) and born out by its very title, ‘From Neurons to Neighbourhoods’.

This vision of security in families and in the local community is often very far from the truth, however. There is increasing concern about the lack of safety on our streets, and the breakdown of the extended family and of family life generally. I would argue that we are a sociable species; and that, as this study shows, we *need* a sense of belonging. Is it any wonder that, with the option of ‘family belonging’ on the decrease, our children and young people are turning to other ‘families’ for their sense of where they ‘fit’ in the broader scheme of things? But how do these ‘families’ (peer groups, or even gangs) look, through the wellbeing perspective I am proposing? Is there a sense of agency? Often, yes. Is there a sense of belonging-and-boundaries? Definitely yes – of their own kind. However, where there is resistance to membership of family or school, and little awareness of being a citizen, the child’s perceived boundaries may be significantly different. Furthermore, what about communication, and health?

The concept of wellbeing as an ecological concept is important here (Prilleltensky & Nelson, 2000). I argue that we need *collectivist* values for the promotion of child and family wellbeing; and that in practice, this means raised awareness ‘on the street’ of the long-term impact of early childhood experiences in the community. We need not only safe families, but also safe communities where very young children’s wellbeing is seen as a major priority.

**9.2.7 The wellbeing of *UK citizens from birth to three* is liable to be affected, directly or indirectly, by the whole range of local and national UK government policies**

This finding is neither a surprise, nor is it new (Babb et al., 2006), although possibly it is not 'mainstream' in one respect. This is the perception of babies and young children, not as *potential* citizens, but as citizens *now*. Policies in general do not impact only on adults, they affect the youngest citizens too. A prime example of this is the issue of balancing work and family life, which is especially pressing for working mothers of young children, and fathers working long hours, especially in the light of this research. Then there are issues of racial and ethnic diversity, taxation, law and order, transport, and planning and housing policies. Companions in this research raised all these areas, in addition to the more predictable issues of maternity and paternity leave, and the quality and availability of daycare.

This research reflects a holistic view of the child. It has generated an *integrating* model of wellbeing; and as such, it highlights the need for integrated services. This government is to be applauded for its acknowledgment and, to a certain extent, its understanding of this need; and for its investment in policies to deliver on it. The target of a Sure Start Children's Centre in every community by 2010 is one such policy, and - with many provisos relating to the funding, management and staffing of such centres – is a visionary step forward. These centres are described by the government as places where children under 5 years old and their families can receive seamless, holistic, integrated services and information; and where they can access help from multi-disciplinary teams of professionals. This is exactly what is needed.

However, there is so much in the way of new policy that runs counter to the needs of the youngest children and their families. Perhaps a new policy is needed: the requirement to scrutinise all new policy and legislation through the lens of child wellbeing. Experiencing childhood in the UK might be quite

different if all policies had to 'pass the test' of generating opportunities for agency, belonging-and-boundaries and communication, for the youngest children – or at least not damaging such opportunities.

Raising awareness of the needs of the youngest children and their families need not be as complicated as it sounds. Using the concept of 'diagogy' as a prime need for the youngest children's wellbeing, could be a solution. For example, how would public transport be affected? How would such a requirement impact on prison visiting arrangements for families? What about the development of casinos? And what effect would this requirement have had on the decision whether or not to spend a huge additional sum of public money, not on conventional law and order, nor on health or education, but on renewing the submarines for launching trident missiles? A society whose policies actively facilitate the youngest children's 'diagogy' - with their companions and in their communities - is helping to build the foundations of resilient wellbeing in its citizens.

### **9.3 'Companionable' research was a fruitful process**

One of the 'headline' findings was that the 'companionable' methodology I adopted was a fruitful process. In general, enough has been said about this already. The underlying outcome was the richness of the 'diagogy' that I enjoyed with the companions. However, it is worth mentioning another aspect, relating to the ground-swell of interest in 'the child's voice' in research (Formosinho & Araujo, 2006, Roberts-Holmes, 2005). I want to highlight the almost accidental, and yet possibly most important, outcome in this regard. This was the use of the video camera, specifically because of the way that it gave these babies and very young children a voice in this research.



The review of the 'headline' findings of this research generated implications for policy generally, for early years training, for practitioners, for research and for my own work. These implications are the subject of Chapter 10.

## CHAPTER 10: WHAT NEXT? IMPLICATIONS

“A gardener’s work is never at an end; it begins with the year, and continues to the next.”

Evelyn (1699, p.3)

Chapter 10 addresses the third research question, focusing on possible implications of this research. These messages for dissemination are grouped into the following categories: local and national government *policy* for families with the youngest children; for *training* to work in the early years; for *practitioners* providing services for families with the youngest children; for *research* about wellbeing in families with the youngest children; and finally, implications for my own work. This last chapter of the thesis ends with a return to the bird’s-eye view of the landscape which was both the context and the purpose of this research.

### 10.1 Implications for policy

I found that the wellbeing of children from birth to three – the youngest UK citizens - is liable to be affected, directly or indirectly, by the whole range of local and national UK government policies and priorities for expenditure (Chapter 9, Section 9.2.7). Building on the need for *collectivist* values for the promotion of child and family wellbeing (Chapter 9, Section 9.2.6) I argue that there is a strong case for ‘testing’ local and national policies - and DfES guidance such as The Early Years Foundation Stage for children from birth to five (DFES, 2007) - in relation to the development and nurture of wellbeing in children and families. Many UK children’s experiences of growing up - especially in disadvantaged areas - would be transformed if policies and legislation were required to pass the ‘wellbeing test’: ultimately, can they be shown to contribute to families’ agency, their belonging-and-boundaries, their communication in the context of the community, and their physical wellbeing?

Policies and legislation that further disadvantage the youngest citizens and clearly undermine their wellbeing should be thrown out.

## **10.2 Implications for early years training**

Two implications for training that arise from the findings described in Chapter 9 are mentioned here. One is in relation to the wellbeing model itself, and the other to practice with the youngest children and their families.

### **10.2.1 Awareness of wellbeing as a holistic model of child development**

Training for working in the early years needs to include a greater awareness of the *nature* of wellbeing from birth to three (see Chapter 9, Section 9.1 for a summary of the main findings in relation to the model developed here). While the importance of wellbeing is increasingly emphasised, there has been little clarity about what this actually means; and therefore considerable confusion about this fundamentally holistic approach to children's development. More integrating models of child development are needed to meet the needs of children and families. This research offers one such model, the value of which lies partly in its potential for the development of more integrated services for children and families. Another aspect of its value lies in the clarity with which the model reveals companionable *play* as a vital process for the development of that part of wellbeing that is about a sense of agency: the sense of self, learning, and influencing. The development of integrated services and the central importance of play in early childhood are vital aspects of work with children and families. They need highlighting in the expansion of interagency training at this time.

### **10.2.2 A theory of ‘diagogy’ in professional development**

Holistic and integrating models of child development are powerful and useful only in so far as they permeate practice in early years settings. The concept of ‘diagogy’, or companionable learning (outlined in Chapter 9, Section 9.2) needs inclusion in material for initial training and for professional development of practitioners. The importance of ‘diagogy’ is underlined by its resonance with neuroscience findings, and with the current emphasis on the importance in early childhood of relationships and the key person approach. This extension of the *model* of wellbeing into *practice* with the youngest children could make a positive impact on quality of provision in early childhood settings.

### **10.3 Implications for practitioners**

The findings described in Chapter 9 suggest the following four implications for practitioners.

#### **10.3.1 The practice of ‘diagogy’ with babies and young children**

By the practice of ‘diagogy’, I mean the practice of the *processes* of wellbeing development - sometimes here called companionable learning – that involve child and companion learning in sustained episodes of thinking *together*, about areas of mutual interest. This practice entails ‘companionable attention’ on both sides. Findings in relation to this practice are in Chapter 9, Section 9.2, where they are discussed.

#### **10.3.2 Children’s need for personal time and space**

There has been much appropriate concern about adequate stimulation for the youngest children; and yet this study shows that this is not the whole story. Children need time and space for themselves, to pause, reflect, and ‘process’ their experiences; and to feel a sense of belonging in particular places that they can call their own. This need is discussed in Chapter 9, section 9.2.4.

Implications for practitioners include the arrangement of the physical environment, and the 'pace' of a child's day. In taking this need into account in balanced and appropriate ways, practitioners will be supporting the development of children's internal locus of control and their sense of empowerment. These are especially important aspects of wellbeing in early childhood.

### **10.3.3 Provision of 'apprenticeship' experiences**

'Apprenticeship' experiences of real-life tasks are rich in opportunities for 'diagogy'. Shopping, cooking, and washing up together are examples of situations in which all the wellbeing constructs are likely to feature. There are many possibilities - at their own pace and level – even for the youngest children. Other examples, for instance, are tasks such as gardening together, mending things, sorting the washing. The rationale for these kinds of 'apprenticeship' activities is discussed in Chapter 9, section 9.2.5. While home is the most obvious context for 'apprenticeship' activities of this kind, there are also many possibilities open to practitioners in settings. These need to be explored and exploited in order to support the development of children's wellbeing in everyday ways.

### **10.3.4 Observation codes for wellbeing**

The elaborated codes for wellbeing that were generated by the analysis of Study 2 (see Table 3.5 in Chapter 7, Section 7.2.3) are a potential tool for practitioners' analyses of their own observations. While the practice of carrying out observations is growing, the question of how to make the best use of such observations often remains a challenge. Keeping a research diary, and using a format for analysis similar to the second analysis clip log examples shown at Appendix 3.7, and using the list of elaborated codes in Table 3.5, practitioners have a straightforward tool for analysing their observations in relation to the child's wellbeing development. In this process, observations are recorded in the

research diary, similar in format to those in Appendix 3.8. Rich episodes are selected and transferred to the clip log format for coding. This may be an illuminating alternative to the kinds of analyses that involve ticking boxes relating to provision, or children's activities. The analysis of a child's developing wellbeing during an observed episode can become a tool for practitioners, both for reflection and for discussion.

#### **10.4 Implications for research**

The first two implications for research mentioned below were generated mainly by the piloting procedures of Study 1. I would have liked to pursue them at the time, but did not, for fear of losing the focus of this particular research. While they could with justification have been added to 10.5.3 below as implications for my own future work, I prefer to place them here. I suggest that these are subjects for research that is needed in a general sense, rather than simply as an extension of this particular study.

##### **10.4.1 Research into men's wellbeing**

From my few interviews with fathers in the piloting stage of Study 1 and my interviews and discussions with older male siblings, fathers and grandfathers in Study 2, I became aware of their somewhat different perspectives and priorities for wellbeing, as compared with the mothers and other female family members. While I was unable to prioritise adult gender issues relating to wellbeing in this research, I believe that there would be much to learn from such a study, drawing on this model of wellbeing.

##### **10.4.2 Research into adolescents' and young adults' wellbeing**

Similarly, in my session with secondary students described towards the end of Appendix 2.4 under the heading 'Pilot with Year 10 students', I was aware of a strand of enquiry into the development of wellbeing that I would very much have

liked to pursue, in relation to the perspectives of adolescents and young adults. I did not pursue it, for reasons outlined at the end of Appendix 2.4. This also is a line of enquiry that I believe would generate a rich response, and that is an important one to pursue.

### **10.4.3 'Companionable' methodology**

Certain aspects of the methodology I used were, in some respects, innovative. The deliberately collaborative and positive approach may be of interest to other researchers who want to explore working in a 'diagogical' way with children and families. All too often in the past, research has been done *to* children, rather than *with* them. The balance of power between child and researcher has been unmistakably in favour of the latter. My increased awareness of the importance of ethics and citizenship as issues in research – especially in relation to children and families – led me to make a genuine attempt to examine these issues.

In relation to ethical principles (see Table 3.16/4: Ethical principles as strategies, in Appendix 3.16) the most effective strategies were careful recruitment and extensive piloting, together with the benefits of the Development Group. However, possibly the most significant aspect of 'companionable' methodology was the use of the video camera, which transformed my understanding of the youngest children by giving *them* a voice in the research. This study has something to say to the research community about power relations in research. It offers a model that is innovative partly in its approach, and partly in the use of different technologies.

### **10.5 Implications for my own work**

This investigation has reached the end of the growing season. Next year I plan to continue in the following three ways.

### 10.5.1 Additional 'articles of faith'

In reviewing my nine 'articles of faith' that I articulated in Part 1 (see Table 1.2 in Chapter 1, section 1.4), I find that I have not changed my mind about any of them. However, this is not to say that my thinking has not changed as a result of this research. Rather, it has widened to include a further four 'articles'. The first implication for my work is that these items (shown in Table 1.4 below) are indicators of the ways in which I will change my own practice as a result of this research.

Table 4.1: My additional 'articles of faith'

10	A holistic model of child development <i>combining</i> cognition and affect is a powerful basis for thinking about and working with the youngest children.
11	Babies' and young children's most basic need after food, sleep, warmth and light, is companionable attention.
12	Babies and young children need their own personal time and space, as well as companionship.
13	Belonging-and-boundaries <i>together</i> are essential for life-long resilient wellbeing.

### 10.5.2 Dissemination

I see dissemination of the research as an important part of the research process. This may be possible in a variety of publications, in different formats, for the following readerships: policy makers, trainers and their students in the early years, practitioners; and possibly, eventually, for parents. A book for trainers, students and practitioners (with illustrative video material) is planned as the next step, with a publication date in 2008-9.

### 10.5.3 Further research

I hope to carry out further research in relation to wellbeing from birth to three in collaboration with practitioners. One such project, funded by Oxfordshire County



Council, is already under way. This model of action research has many features in common with the Effective Early Learning (EEL) project (Pascal & Bertram, 1997). Two groups, one of childminders and one of Children's Centre staff, are trialling the model of wellbeing in their own action research. The purposes of this project are as follows: to support practitioners in developing resilient wellbeing in the children with whom they work, through conducting their own action research; to pilot an action research model for use with early childhood practitioners supported by coordinators/advisers; and to investigate the usefulness of this particular model of wellbeing. The two research questions are: 'What situations and experiences best nurture the development of wellbeing in the earliest years, in homes and settings?' and 'What can support practitioners' own professional wellbeing?' This project is funded for six months, and may lead to opportunities for further research. In addition it is generating further material for the proposed book, about the use of the framework by practitioners.

## **10.6 Return to the landscape**

I began this thesis by using an analogy of acquiring a wild garden that I would explore, and begin to cultivate. The garden was set in a landscape that I knew would cast both sunshine and shadow over my efforts. After a long period of labour in the garden I now return to a bird's-eye view of the whole landscape.

Lack of child wellbeing in the UK, both within families and outside them, should be a *pressing concern* of every adult in our society. With many others, I have argued that childhood experiences impact on later wellbeing; and there is accumulating evidence that those experiences are, for many children, disastrously unsatisfactory. As a society, we are storing up trouble.

The deficits of childhood have not been the focus of this research, nor did they need to be. We know, from a variety of sources including the recently published

UNICEF report, “An overview of child well-being in rich countries” (UNICEF, 2007), that all is not well for many children in the UK, who are reported as among the unhappiest and unhealthiest in Europe. Child poverty remains above 15%; the UK is at the foot of the rankings for young people’s risk behaviours (smoking, being drunk, using cannabis, fighting and bullying, and sexual behaviour) by “a considerable distance”; the UK is in the bottom third of the rankings for educational wellbeing; and children’s subjective wellbeing in the UK (and in Poland) was found to be markedly lower than in other countries.

What is happening here? I argue that what is happening for many children is a lack, in early childhood, of certain experiences that lay the foundations for later living (Caspi, 2000); of opportunities for agency, for belonging-and-boundaries, and for communication. This urgent need from birth - a need that I observed in this research - is often not met. The result is an increasingly desperate search, culminating, in adolescence and young adulthood, in low subjective wellbeing with resulting risk behaviours. Supporting young people in relation to their wellbeing at this later point in their lives is notoriously problematic, both for parents and professionals; and we know that, although it is never too late, such efforts make less impact in adolescence than in early childhood.

The *youngest* children need experiences of individual *and* collective wellbeing, through the processes, situations and experiences of companionable learning described in this thesis. They need those experiences in their families, and in their communities. The seeds of active citizenship are sown very early, in each child’s sense of individual and collective agency and belonging-and-boundaries; and through their communication in the wider world. These are the foundations of resilient wellbeing.

## REFERENCES

- Abbott, L. & Langston, A. (Eds.) (2005) *Birth to Three Matters: Supporting the Framework of Effective Practice*. Maidenhead, Open University Press
- Ainsworth, M. (1978) *Patterns of attachment: a psychological study of the strange situation*. Hillsdale, N.J., Erlbaum
- Arafeh, S. & McLaughlin, M. (2002) *Legal and Ethical Issues in the Use of Video in Education Research* Washington, DC., National Center for Education Statistics
- Athey, C. (1990) *Extending Thought in Young Children*. London, Paul Chapman Publishing
- Babb, P., Butcher, H., Church, J. & Zealey, L. (2006) *Social Trends 36* London, Office for National Statistics
- Ball, C. (1994) *Start Right: The Importance of Early Learning* London, RSA
- Bandura, A. (1997) *Self-Efficacy: The Exercise of Control*. New York, W.H. Freeman and Company
- Benn, T. (2004) *Today Programme* BBC
- Berg, B. (2004) *Qualitative Research Methods for the Social Sciences*. Boston, Pearson Education, Inc.
- Berry, D., Fazili, A., Farhad, S., Nasiry, F., Hashemi, S. & Hakimi, M. (2003) *The Children of Kabul: Discussions with Afgan Families Kabul, Save the Children* UNICEF
- Bettelheim, B. (1987) *A Good Enough Parent*. London, Thames and Hudson
- Bick, E. (1963) Notes on Infant Observation in Psychoanalytic Training, in: M. Harris Williams (Ed) *Collected Papers of Martha Harris and Esther Bick*. Strath Tay, The Clunie Press
- Blakemore, S.-J. (2000) *Early Years Learning*, POST, (140)
- Blakemore, S.-J. & Frith, U. (2005) *The learning brain: lessons for education*. Oxford, Blackwell Publishing
- Bourdieu, P. (1979) *Distinction: A Social Critique of the Judgement of Taste*. London, Routledge & Kegan Paul

- Bourdieu, P. (1990) *The Logic of Practice*. Cambridge, Polity Press
- Bourdieu, P. (1998) *Practical Reason: On the Theory of Action*. Cambridge, Polity Press
- Bowlby, J. (1969) *Attachment*. London, Penguin Books
- Bretherton, I. (1992) The Origins of Attachment Theory, *Developmental Psychology*, (28), pp. 759-775
- British Educational Research Association (2004) *Revised Ethical Guidelines* Nottingham, BERA
- British Psychological Society (1992) *Ethical Principles for conducting Research with Human Participants* Leicester, BPS
- British Psychological Society (2000) *Code of Conduct, Ethical Principles and Guidelines* Leicester, BPS
- British Psychological Society (2006) *Code of Ethics and Conduct* Leicester, BPS
- Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design*. London, Harvard University Press
- Bronfenbrenner, U. (Ed.) (2005) *Making Human Beings HUMAN: Bioecological Perspectives on Human Development*. London, SAGE Publications
- Brookes, J. (1977) *The Small Garden*. London, Marshall Cavendish
- Brosterman, N. (1997) *Inventing kindergarten*. New York, Harry N. Abrams
- Bruce, T. (1991) *Time to Play in Early Childhood Education*. London, Hodder and Stoughton
- Bruer, J.T. (1999) *The Myth of the First Three Years*. New York, The Free Press
- Bruner, J. (1962) *On Knowing: Essays for the Left Hand*. Cambridge Massachusetts, Belknap Press
- Bruner, J. (1996) *The Culture of Education*. Cambridge Mass, Harvard University Press
- Bryman, A. (1988) *Quantity and Quality in Social Research*. London, Routledge

- Buchanan, A. & Hudson, B. (2000) *Promoting Children's Emotional Wellbeing*. Oxford, Oxford University Press
- Buonfino, A. & Hilder, P. (2006) *Neighbouring in Contemporary Britain* York, Joseph Rowntree Foundation
- Burkitt, I. (1991) *Social Selves: Theories of the Social Formation of Personality*. London, SAGE Publications
- Burroughs, G.E.R. (1975) *Design and Analysis in educational research* Birmingham, University of Birmingham School of Education
- Carr, M. (1995) Dispositions as an Outcome for Early Childhood Curriculum *5th European Conference on the Quality of Early Childhood Education*. La Sorbonne, Paris, EDRS
- Carr, M. (2001) *Assessment in Early Childhood Settings Learning Stories*. London, Paul Chapman
- Caspi, A. (2000) The Child Is Father of the Man: Personality Continuities From Childhood to Adulthood, *Journal of Personality and Social Psychology*, 78, pp. 158-172
- Caspi, A., Moffitt, T.E., Newman, D.L. & Silva, P.A. (1996) Behavioral observations at age 3 predict adult psychiatric disorders: Longitudinal evidence from a birth cohort., *Archives of General Psychiatry*, 53, pp. 1033-1039
- Charlwood, N. & Steele, H. (2004) Using Attachment Theory to Inform Practice in an Integrated Centre for Children and Families, *European Early Childhood Education Research Journal*, 12(2)
- Clark, M. (1976) *Young Fluent Readers*. London, Heinemann Educational Books
- Clough, P. & Nutbrown, C. (2007) *A Student's Guide to Methodology*. London, SAGE Publications
- Cohen, L. & Manion, L. (1994) *Research methods in Education*. London, Routledge
- Cohen, L., Manion, L. & Morrison, K. (2000) *Research Methods in Education*. London, RoutledgeFalmer
- Creswell (2003) *Research Design: Qualitative, Quantitative and Mixed Method Approaches*. London, SAGE Publications

- Crockenberg, S. & Leerkes, E. (2000) Infant Social and Emotional Development in the Family Context, in: C.H. Zeanah (Ed) *Handbook of Infant Mental Health*. London, The Guildford Press
- Csikszentmihalyi, M. (1992) *Flow: The Psychology of Happiness*. London, Rider
- David, T. (1996) Researching early childhood: method matters, *International Journal of Early Childhood* 28, pp. 1-7
- David, T. (Ed.) (2003) *What Do We Know About Teaching Young Children?* Nottingham, British Educational Research Association
- David, T., Gooch, K., Powell, S. and Abbott, L. (2003) *Birth to here Matters: Literature Review Research Report 444*, London, DfES
- DeHart, G., Sroufe, A. & Cooper, R. (2004) *Child Development: Its Nature and Course*. New York, McGraw-Hill
- Dettling, A.C., Gunnar, M.R. & Donzella, B. (1999) Cortisol levels of young children in full-day child care centers: Correlations with age and temperament, *Psychoneuroendocrinology*, 24(5), pp. 519-536
- Dewey, J. (1897) My Pedagogic Creed, *The School Journal*, LIV(3), pp. 77-80
- Dewey, J. (1966) *Democracy and education*. New York, The Free Press
- Dey, I. (1993) *Qualitative Data Analysis* London, Routledge
- DfES (1990) *Starting with Quality*, London, HMSO
- DfES (2003a) *Birth to Three Matters: A Framework to Support Children in Their Earliest Years* London, DfES
- DfES (2003b) *Every Child Matters*. London, The Stationery Office
- DfES (2004) *Choice for parents, the best start for children: making it happen* London, HMSO
- DfES (2005) *A Sure Start Children's Centre for every community: Phase 2 planning guidance (2006-08)* London, Sure Start
- DfES (2006) *The Early Years Foundation Stage: consultation on a single framework for services to children from birth to five* Nottingham, DfES

- DfES (2007) *The Early Years Foundation Stage: Setting the Standards for Learning, Development and Care for children from birth to five*, Nottingham, DfES
- Donaldson, M. (1978) *Children's Minds*. London, Fontana Press
- Duffy, B. (1998) Fostering Creative Development, in: I. Siraj-Blatchford (Ed) *A Curriculum Development Handbook for Early Childhood Educators* Stoke on Trent, Trentham Books
- Dunn, J. (1993) *Young Children's Close Relationships: Beyond Attachment*. London, SAGE
- Dunn, J. (2004) *Children's Friendships: The Beginnings of Intimacy*. Oxford, Blackwell Publishing
- Dweck, C. & Leggett, E. (1988) A social-cognitive approach to motivation and personality, *Psychological Review*, 95(2), pp. 256-273
- Early Childhood Education Forum (1998) *Quality in Diversity in Early Learning* London, National Children's Bureau
- Elias, N. (2001) *The Society of Individuals*. London, Continuum
- Epstein, A. (2003) How Planning and Reflection Develops Young Children's Thinking Skills [www.naeyc.org/resources/journal](http://www.naeyc.org/resources/journal), National Association for the Education of Young Children
- Erskine, J. (1971) *The Complete Life* Manchester, Ayer Publishing
- Evangelou, M., Brooks, G., Smith, S. & Jennings, D. (2005) *Birth to School Study: A Longitudinal Evaluation of the Peers Early Education Partnership (PEEP) 1998-2005* Oxford, University of Oxford
- Evangelou, M. & Sylva, K. (2003) *The Effects of the Peers Early Education Partnership (PEEP) on Children's Developmental Progress* London, DfES
- Evelyn, J. (1699) *Kalendarium Hortense, or Gardener's Almanac* London, Blackmoor's Head
- Feinstein, L. (2000) *The Relative Importance of Academic, Psychological and Behavioural Attributes Developed in Childhood*. London, Centre for Economic Performance, LSE

- Fonagy, P., Steele, M., Steele, H., Higgitt, A. & Target, M. (1992) The Emanuel Miller Memorial Lecture 1992: The Theory and Practice of Resilience, *Journal of Child Psychology and Psychiatry*, 35(2), pp. 231-257
- Ford, M. & Thompson, R. (1985) Perceptions of Personal Agency and Infant Attachment: Toward a Life-Span Perspective on Competence Development, *International Journal of Behavioral Development*, 8, pp. 377-406
- Formosinho, J. & Araujo, B.S. (2006) Listening to Children as a Way to Reconstruct Knowledge About Children: Some Methodological Implications, *European Early Childhood Education Research Journal*, 14(1), pp.21-31
- Freire, P. (1970) *Pedagogy of the Oppressed*. London, Penguin
- Froebel, F. (1906) *The Education of Man*. London, Appleton
- Gammage, P. (2004) *Well-being: the generic perspective; power and protection* Adelaide, Department for Early Childhood Services
- Gammage, P. & Kreig, S. (2001) *REFLECT: an observation system for teachers of young children* Adelaide, S.A., Department of Education and Training, S.A.
- Geisler, C. (2003) *How Ought We to Understand the Concept of Rhetorical Agency?* Minnesota, Northwestern University
- Gerhardt, S. (2004) *Why Love Matters: How affection shapes a baby's brain*. Hove, Routledge
- Giddens, A. (1998) *The Third Way: The Renewal of Social Democracy*. Cambridge, Polity Press
- Giddens, A. (2006) *Sociology*. Cambridge, Polity Press
- Goldberg, D. & Williams, P. (1988) *A user's guide to the general health questionnaire*. Windsor, NFER-Nelson
- Gonzalez-Mena (1997) Independence or Interdependence?, Child Care Information Exchange [www.ChildcareExchange.com](http://www.ChildcareExchange.com) , 09.97, pp. 61-63
- Gopnik, A., Meltzoff, A. & Kuhl, P. (1999) *How Babies Think*. London, Phoenix



- Griffey, S. (2002) *The Relationship between Attachment and Resilience in Learning* Faculty of the Graduate School of Education. Bristol, University of Bristol (unpublished thesis)
- Grotberg, E. (1995) *A Guide to Promoting Resilience in Children: Strengthening the Human Spirit, Early Childhood Development: Practice and Reflections series*, Bernard van Leer Foundation
- Guba, E. & Lincoln, Y. (1981) *Effective Evaluation: Improving the Usefulness of Education Results Through Response and Naturalistic Approaches*. London, Jossey-Bass
- Halsey, A.H., Lauder, H., Brown, P. & StuartWells, A. (Eds.) (1997) *Education: Culture, Economy, and Society*. Oxford, Oxford University Press
- Hannon, P. (1995) *Literacy, Home and School*. London, Falmer Press
- Hannon, P. (2003) Developmental neuroscience: implications for early childhood intervention and education, *Current Paediatrics*, (13), pp. 58-63
- Harker, L. & Kendall, L. (2003) *an equal start: improving support during pregnancy and the first 12 months* London, The Institute for Public Policy Research (ippr)
- Hay, D. & Nye, R. (1998) *The Spirit of the Child*. London, Fount Paperbacks.  
HMSO (2006a) *Children and Adoption Act* HMSO
- HMSO (2004) *Children Act* London, HMSO
- HMSO (2006a) *Children and Adoption Act* London, HMSO
- HMSO (2006b) *Education and Inspections Bill* London, HMSO
- Hobson, P. (2002) *The Cradle of Thought: Exploring the Origins of Thinking*. London, Pan Books
- Hodgson Burnett, F. (1911) *The Secret Garden* Kingswood Surry, The Windmill Press
- Holmes, J. (1993) *John Bowlby & Attachment Theory*. London, Routledge
- Howe, D. (1999) *Attachment Theory for Child and Family Social Work*. London, Macmillan Press

- Howe, R. & Recchia, H. (2006) Sibling Relations and Their Impact on Children's Development, Encyclopedia on Early Childhood Development, [www.excellence-earlychildhood.ca/documents/Howe-RecchiaANGxp.pdf](http://www.excellence-earlychildhood.ca/documents/Howe-RecchiaANGxp.pdf) (April 13, 2006)
- Hudson, L. (1975) *Human Beings*. London, Jonathan Cape
- Hughes, D. & DuMont, K. (1993) Using Focus Groups to Facilitate Culturally Anchored Research, *American Journal of Community Psychology*, 21(6)
- Isaacs, S. (1954) *The Educational Value of the Nursery School*. London, The British Association for Early Childhood Education
- Jackson, B. (1979) *Starting School*. London, Croom Helm
- Johnson, B. & Howard, S. (1999) Resilience - a slippery concept, *AEU (SA Branch) Journal*, (May 26 1999 p.8)
- Johnson, H. & Howard, S. (1999) *Resilience: Definitional Issues*, AARE Conference paper, Melbourne
- Kasser, T. (2002) *The High Price of Materialism*. London, The MIT Press
- Katz, K. (1988) *What should young children be doing?* American Educator
- Katz, L.G. (1995) *Dispositions: Definitions and Implications for Early Childhood Practices Perspectives*, ERIC/ECCE, ERIC
- Laevers, F. (2005) *Wellbeing and Involvement in Care: a Process-oriented Self-evaluation Instrument for Care Settings* Leuven, Kind & Gezin and LEUVEN UNIVERSITY RESEARCH CENTRE FOR EXPERIENTEL EDUCATION
- Laevers, F., Debruyckere, G., Silkens, K. & Snoeck, G. (2005) *Observation of Wellbeing and Involvement in Babies and Toddlers* Leuven, Belgium, CEGO Publishers
- Little, T.D., Hawley, P.H., Henrich, C.C. & Marsland, K. (2002) Three views of the agentic self: A developmental synthesis, in: E. Deci & R. Ryan (Eds) *Handbook of Self-determination Research*. Rochester, City of Rochester Press
- Luthar, S. (2005) Resilience at an Early Age and Its Impact on Child Psychosocial Development, Encyclopedia on Early Childhood Development, [www.excellence-earlychildhood.ca/documents/LutharANGxp.pdf](http://www.excellence-earlychildhood.ca/documents/LutharANGxp.pdf) (November 30, 2005)

- Macdonald, A.M. (1977) *Chambers Twentieth Century Dictionary* Bath, The Pitman Press
- Magee, B. (1973) *Popper*. London, Fontana
- Malaguzzi, L. (1996) *The Hundred Languages of Children* Municipality of Reggio Emilia, Reggio Children
- Marty, A., Readdick, C. & Walters, C. (2005) Supporting secure parent-child attachments: the role of the non-parental caregiver, *Early Child Development and Care*, 175(3), pp. 271-283
- Marvin, R., Cooper, G., Hoffman, K. & Powell, B. (2002) The Circle of Security project: Attachment-based intervention with caregiver-pre-school dyads, *Attachment and Human Development*, 4(1), pp. 107-124
- Massey, B. (2005) *Minutes of the Joint Meeting of the All Party Parliamentary Group for Children*, 08.02.2005 London, House of Commons
- Masten, A.S. & Gewirtz, A. (2006) Resilience in Development: The Importance of Early Childhood, *Encyclopedia on Early Childhood Development*, [www.excellence-earlychildhood.ca/documents/Masten-GewirtzANGxp.pdf](http://www.excellence-earlychildhood.ca/documents/Masten-GewirtzANGxp.pdf) (March 15, 2006)
- Meade, A. (2000) *The Brain Debate* Washington, Fulbright lecture
- Meade, A. (2001) One Hundred Billion Neurons: How Do They Become Organised? in: T. David (Ed) *Promoting Evidence-Based Practice in Early Childhood Education: Research and its Implications*. London, JAI
- Meghji, S. (2006) Amendment to force schools to promote children's wellbeing *Children Now*, London, National Children's Bureau
- Miles, M.B. & Huberman, A.M. (1994) *Qualitative Data Analysis: an Expanded Source book*. London, Sage Publications
- Miller, A. (1979) *The Drama of Being a Child* London, Virago
- Miller, R. (2000) *Researching Life Stories and Family Histories*. London, SAGE
- Morris, P. (Ed.) (1994) *The Bakhtin Reader*. London, Arnold
- Moss, P. & Petrie, P. (1997) *Children's Services: Time for a New Approach*. London, Institute of Education, University of London

- Murray, L. & Andrews, L. (2000) *The Social Baby*. Richmond, UK, CP Publishing
- National Audit Office (2006) *Sure Start Children's Centres: Report by the Comptroller and Auditor General/HC 104 Session 2006-2007 19 December 2006* London, The Stationery Office
- New Zealand Ministry of Education (1996) *Te Whariki: Early Childhood Curriculum* Wellington, Learning Media
- Noddings, N. (1984) *Caring: a feminine approach to ethics and moral education*. London, University of California Press
- Noddings, N. (2003) *Happiness and Education*. Cambridge, Cambridge University Press
- Nutbrown, C., Hannon, P. & Morgan, A. (2005) *Early Literacy Work With Families*. London, Paul Chapman Publishing
- OECD (2001) *Starting Strong: Early Childhood Education and Care* Paris, OECD
- OECD (2006) *Starting Strong II: Early Childhood Education and Care* Paris, OECD
- Opie, I. and P. (1955) *The Oxford Nursery Rhyme Book* Oxford, Oxford University Press
- Paley, V.G. (1992) *You Can't Say You Can't Play*. Cambridge Massachusetts, Harvard University Press
- Pascal, C. (2003) Effective Early learning: An Act of Practical Theory, *European Early Childhood Education Research Journal*, 11(2), pp. 7-28
- Pascal, C. & Bertram, A.D. (1997) *Effective Early Learning: Case Studies of Improvement*. London. Hodder and Stoughton
- Patton, M.Q. (1982) Qualitative Methods and Approaches: What Are They? *New Directions for Institutional Research: Qualitative Methods for Institutional Research*, 34, pp. 3-16
- Piaget, J. (1959) *The Language and Thought of the Child*. London, Routledge & Kegan Paul
- Pollard, A. (1996) *The Social World of Children's Learning: Case Studies of Pupils from Four to Seven*. London, Cassell

- Pollard, E.L. & Davidson, L. (2001) *Foundations of Child Well-Being Action Research in Family and Early Childhood*. Paris, UNESCO
- Prilleltensky, I. & Nelson, G. (2000) Promoting Child and Family Wellness: Priorities for Psychological and Social Interventions, *Journal of Community and Applied Social Psychology*, 10, pp. 85-105
- Pugh, G. (2005) Policies in the UK to promote the well-being of children, in: J. Scott & H. Ward (Eds) *Safeguarding and Promoting the Well-being of Vulnerable Children*. London, Jessica Kingsley
- Putnam, R. (1993) *Making Democracy Work: Civic Traditions in Modern Italy*. New Jersey, Princeton University Press
- Ree, H. (Ed.) (1984) *The Henry Morris Collection*. Cambridge, Cambridge, University Press
- Reid, J. (2004) *Choosing Health: making healthy choices easier* Department of Health (Ed) Norwich, TSO (The Stationery Office)
- Reid, S. (1997) *Developments in Infant Observation: The Tavistock Model* Hove, Brunner-Routledge
- Religious Society of Friends (Ed.) (1995) *Quaker Faith and Practice*. London, Yearly Meeting of the Religious Society of Friends (Quakers) in Britain
- Rhode, M. (2004) Infant Observation as Research: Cross-Disciplinary Links, *Journal of Social Work Practice*, 18(3), pp. 283-298
- Rich, D., Casanova, D., Dixon, A., Drummond, M., Durrant, A. & Myer, C. (2005) First hand experience: what matters to children  
[www.richlearningopportunities.co.uk](http://www.richlearningopportunities.co.uk) Rich Learning Opportunities
- Roberts, B. (1996) *'Untitled' collage*
- Roberts, R. (1990) *Unpublished diary entry*
- Roberts, R. (2001) *PEEP Voices - a Five-Year Diary*. Oxford, Peers Early Education Partnership
- Roberts, R. (2006) *Self-Esteem and Early Learning: Key People from Birth to School*. London, Paul Chapman Publishing
- Roberts-Holmes, G. (2005) *Doing Your Early Years Research Project*. London, Paul Chapman Publishing

- Robson, C. (2002) *Real World Research*. Oxford, Blackwell Publishing
- Rogers, C. (1961) *On Becoming a Person*. London, Constable
- Rogoff, B. (1990) *Apprenticeship in Thinking: Cognitive Development in Social Context*. Oxford, Oxford University Press
- Rogoff, B. (1995) Observing sociocultural activity on three planes: participatory appropriation, guided participation, and apprenticeship, in: J. Wertch, P. delRio & A. Alvarez (Eds) *Sociocultural Studies of Mind*. Cambridge, Cambridge University Press
- Rolfe, S. (2001) Direct observation, in: G. MacNaughton, S. Rolfe & I.C. Siraj-Blatchford, P. (Eds) *Doing Early Childhood Research: International Perspectives on Theory and Practice*. Buckingham, Open University Press
- Rutter, M. (1995) Clinical implications of attachment concepts, retrospect and prospect, *Journal of Child Psychology and Psychiatry*, 36, pp. 549-571
- Rutter, M. (1999) Resilience re-considered: conceptual considerations and empirical findings, in Shonkoff, J. & Meisels, A. (2000) *Handbook of Early Childhood Intervention*. Cambridge, Cambridge University Press
- Rutter, M. (2006) *Genes and Behavior: Nature-Nurture Interplay Explained*. Oxford, Blackwell Publishing
- Rutter, M. & Smith, D. (Eds.) (1995) *Psychosocial Disorders in Young People: Time Trends and Their Causes*. Chichester, John Wiley & Sons
- Sameroff, A. (2005) Early Resilience and Its Developmental Consequences, Encyclopedia on Early Childhood Development [www.excellence-earlychildhood.ca/documents/SameroffANGxp.pdf](http://www.excellence-earlychildhood.ca/documents/SameroffANGxp.pdf) (December 9, 2005)
- Schluter, M. & Lee, D. (1993) *The R Factor*. London, Hodder and Stoughton
- Schmidt, M., Demulder, E. & Denham, S. (2002) Kindergarten Social-Emotional Competence: Developmental Predictors and Psychosocial Implications, *Early Child Development and Care*, 172, pp. 451-462
- Schoon, I. (2006) *Risk and Resilience: Adaptations in Changing Times*. Cambridge, Cambridge University Press

- Schweinhart, L. & Weikart, D. (1994) A Summary of Significant Benefits: The High/Scope Perry Pre-School Study Through Age 27, in: C. Ball (Ed) *Start Right: The Importance of Early Learning*. London, RSA
- Seddon, G. (1976) *Your Indoor Garden* London, Mitchell Beazley Publishers
- Shonkoff, J. & Meisels, A. (Eds.) (2000) *Handbook of early childhood intervention*. Cambridge, Cambridge University Press
- Shonkoff, J. & Phillips, D. (2000) *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. Washington D.C., National Academy Press
- Shore, R. (1997) *Rethinking the Brain: New Insights into Early Development*. New York, Families and Work Institute
- Silva, P. (1996) *From Child to Adult: The Dunedin Multidisciplinary Health and Development Study*. Oxford, Oxford University Press
- Silva, P. & Stanton, W. (Eds.) (1996) *From Child to Adult: The Dunedin Multidisciplinary Health and Development Study*. Auckland, Oxford University Press New Zealand
- Siraj-Blatchford, I. (1994) *Praxis Makes Perfect: Critical Educational Research for Social Justice*. Ticknall, Derbyshire, Education Now Books
- Siraj-Blatchford, I.C., P. (2000) *Supporting Identity, Diversity and Language in the Early Years*. Buckingham, Open University Press
- Skemp, R. (1979) *Intelligence, Learning and Action*. Chichester, John Wiley
- Smith, T. (2007) *National Evaluation of Neighbourhood Nurseries Initiative: Integrated Report SSU/FR/2007/024* London, DfES
- Spencer, N. (2000) *Poverty and Child Health*. Oxford, Radcliffe Medical Press
- Steiner, C. (1997) *Achieving emotional literacy*. London, Bloomsbury
- Stern, D. (1985) *The Interpersonal World of the Infant*. New York, Basic Books
- Stewart-Brown, S. (2000) Parenting, well-being, health and disease, in: A. Buchanan & B. Hudson (Eds) *Promoting Children's Emotional Well-being*. Oxford, Oxford University Press
- Strauss, A. & Corbin, J. (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. London, SAGE Publications.

- Summerfield, B. & Babb, P. (2003) *Social Trends* Norwich, TSO (The Stationery Office)
- Sure Start (2005) *Early Findings on the Impact of Sure Start Local Programmes on Child Development and Family Functioning Volume 13*. London, HMSO
- Sylva, K. (1994) The Impact of Early Learning on Children's Later Development', in: C. Ball (Ed) *Start Right: The Importance of Early Learning*. London, RSA
- Sylva, K. (2003) *The Effective Provision of Pre-School Education (EPPE) Project: Findings from the Pre-School Period* London, University of London Institute of Education
- Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2004) *The Effective Provision of Pre-School Education (EPPE) Project* London, DfES
- Thoreau, H. (1995) *Walden; or Life in the Woods* New York, Dover Publications Inc.
- Tobin, J. (1989) *Pre-school in three cultures*. New Haven; London, Yale University Press
- Trevarthen, C. (2002) Learning in Companionship, *Education in the North: The Journal of Scottish Education*, New Series(10), pp. 16-25
- Trevarthen, C. (2004) Learning about ourselves from children: why a growing human brain needs interesting companions, *Research and Clinical Centre for Child Development, Annual Report, 2002-2003*(26), pp. 9-44
- Trevarthen, C. (2005) Stepping away from the mirror: Pride and shame in adventures of companionship: Reflections on the nature and emotional needs of infant subjectivity., in: C.S. Carter, L. Ahnert, K.E. Grossman, S.B. Hardy, M.E. Lamb, S.W. Porges & N. Sachser (Eds) *Attachment and Bonding: A New Synthesis*, Vol. 92, Dahlem Workshop Report. Cambridge, MA, The MIT Press
- Trevarthen, C. (2006) *'Doing' education - to know what others know* London, Early Education.
- Trevarthen, C. & Aitken, K. (2001) Infant Intersubjectivity: Research, Theory, and Clinical Applications, *Journal of Child Psychology and Psychiatry*, 42(1), pp. 3-48



- UNICEF (2007) *An overview of child well-being in rich countries* I.R. Centre (Eds) Florence, Italy
- Vandenbroek, M. (in press) *Beyond Anti-Bias Education: Changing Concepts of Diversity and Equity in European Early Childhood Education* University of Ghent
- Vygotsky, L.S. (1962) *Thought and Language*. Cambridge, Mass., The M.I.T. Press
- Vygotsky, L.S. (1978) *Mind in Society: The Development of Higher Psychological Processes*. Cambridge, Massachusetts, Harvard University Press
- Waldfogel, J. (2004) *Social Mobility, Life Chances, and the Early Years*, CASE, CASE paper 88
- Waldfogel, J. (2006) *What Children Need*. London, Harvard University Press
- Weare, K. & Gray, G. (2003) *What Works in Developing Children's Emotional and Social Competence and Wellbeing?* Research Report RR456. London, DfES
- Webster-Stratton, C. (1994) *Troubled Families – Problem Children: Working with Parents – A Collaborative process*. Chichester, John Wiley and Sons Ltd
- Werner, E. (2000) Protective Factors and Individual Resilience, in: J. Shonkoff & S. Meisels (Eds) *Handbook of Early Childhood Intervention*. Cambridge, Cambridge University Press
- Wertsch, J., Rio, P.d. & Alvarez, A. (Eds.) (1995) *Sociocultural Studies of Mind*. Cambridge, Cambridge University Press
- Whitehead, M. (2000) Keep in touch *Nursery World* 03.02.2000
- Wikipedia (2006) Human agency [http://en.wikipedia.org/wiki/Human\\_agency](http://en.wikipedia.org/wiki/Human_agency)
- Winnicott, D.W. (1964) *The Child, the Family, and the Outside World*. London, Penguin Books
- Winnicott, D.W. (1971) *Playing and Reality*. Hove, Brunner-Routledge
- Wisneski, D. & Goldstein, G. (2004) Questioning community in early childhood education, *Early Childhood Development and Care*, 174(6), pp. 515-526

Yates, T. (2006) Resilience at an Early Age and Its Impact on Child Development: Comments on Luthar and Sameroff, Encyclopedia on Early Childhood Development, [www.excellence-earlychildhood.ca/documents/YatesANGxp.pdf](http://www.excellence-earlychildhood.ca/documents/YatesANGxp.pdf) (February 9, 2006).

**APPENDICES**

**and**

**FAMILY STORIES**

## APPENDICES

### PART 2

Appendix 2.1	Study 1 questionnaire	1
Appendix 2.2	General Health Questionnaire 12	5
Appendix 2.3	Further Study 1 piloting	9
Appendix 2.4	Wellbeing items for Study 1	16
Appendix 2.5	Study 1 interview procedure	18
Appendix 2.6	Study 2 leaflet text and permission form	20
Appendix 2.7	Procedures for Study 2 visits	23
Appendix 2.8	Visit 1 schedule	29
Appendix 2.9	Visit 2 schedule	35
Appendix 2.10	Visit 3 schedule	46
Appendix 2.11	Visit 4 schedule	54
Appendix 2.12	Wellbeing explanation	57
Appendix 2.13	Oxfordshire Local Authority permission letter	58
Appendix 2.14	Seminar presentation	59

### PART 3

Appendix 3.1:	Statistical checking procedures	65
Appendix 3.2:	Mothers' choices for their own wellbeing in Study 1	68
Appendix 3.3:	Investigation of correlations between mental health scores and construct scores	77
Appendix 3.4:	Mothers' education and construct priorities	78
Appendix 3.5:	Exit questionnaires	81
Appendix 3.6:	Ideas for analysis of Study 2	82
Appendix 3.7:	Clip log examples	84
Appendix 3.8:	Examples of child observation notes	87
Appendix 3.9:	Study 2 coding frame	89
Appendix 3.10:	Working papers for coding constructs and families	94
Appendix 3.11:	Wellbeing perspectives	99
Appendix 3.12:	Families' physical environment issues	104
Appendix 3.13:	Family Meetings issues	107
Appendix 3.14:	Study 3 coding frame	109
Appendix 3.15:	Study 3 findings, grouped by question and seminar	110
Appendix 3.16:	Ethical principles as strategies	116

**Appendix 2.1: Study 1 questionnaire**RESILIENT WELLBEING QUESTIONNAIRE (2<sup>nd</sup> draft 26.05.04)

Age:      Gender:      Ethnicity:      Place in family:

Part A:

This is about how you usually feel. Please tick the boxes below.

	How often do you .....	All the time	Most days	Some times	Hardly ever	Never
1	Feel content?					
2	See yourself as a survivor?					
3	Like learning about new things that interest you?					
4	Feel independent?					
5	Feel capable?					
6	Have a feeling of belonging, being wanted?  (eg with person/people/ particular place/organisation)					

7	Behave in ways that reflect responsibility to that person/people/place/organisation?					
8	Enjoy sharing your ideas and feelings with (an)other(s)					

Everyone has mixed feelings of wellbeing, and different reasons for those feelings. Please can you say something about yours?

A1 What are the things in your life that help you to feel content?

A2 What are the things in your life that stop you feeling content?

A3 Can you say any more about your sense of belonging: e.g. to people, a place, or both?

Part B

This is about the time between when you were born and your 10<sup>th</sup> birthday.  
 You may have to guess some of the answers from what you know of your family – try to be fair!

B1 Who looked after you most of the time?

(Mother/Father/other (please say what relationship))

B2 What sorts of things did you do together?

B3 Who else knew you well then?

(please say what relationship)

Please tick the boxes below. The spaces below the questions are for adding memories if you like.

	<i>All the time</i>	<i>Most days</i>	<i>Some times</i>	<i>Hardly ever</i>	<i>Never</i>
<i>Before your 3<sup>d</sup> birthday .....</i>					
1 <i>Did you play with other people?</i> <i>(children or adults, incl. your parents)</i>					
2 <i>Did you go anywhere regularly outside your home?</i>					

3 *At home, was the TV on?*

4 *Did you have books and stories?*

5 *What about nursery rhymes?*

6 *Would there have been any regular  
'rules' (e.g. bedtimes, table manners,  
safety)?*

7 *Did your family have meals together?*

Is there anything else you can remember about the time between when you were born and your third birthday that you would like to add?

Thank you for completing this questionnaire.



**Appendix 2.2: General Health Questionnaire 12**

Three issues now arose, that needed a solution. Firstly, there was a problem about trustworthiness arose. This was the possibility that a mother would take part in the survey on a particularly bad day, or possibly be feeling seriously depressed, which would be likely to make quite a considerable difference to her selections; and a mother had remarked that her answers might have been quite different yesterday, or last week. It seemed important to try in some way to investigate a mother's current mental health in order to judge the 'trustworthiness' of her answers.

Secondly, how would I actually know when a participant might welcome the support of one the Centre services? This was an ethical question that emerged as soon as the pilot interviews began; it was clear that asking mothers to think both about their priorities for their own wellbeing, and about their childhood experiences, might generate a need for more support than the investigator could offer.

Thirdly, I thought it would be appropriate to try and discover a way of finding out whether there appeared to be any relationship between a mother's current mental health, her priorities for her own wellbeing, and her childhood experiences in relation to the wellbeing framework. In order to address these issues I decided to use the GHQ 12 from the General Health Questionnaire, developed by Goldberg and Williams (1988) in addition to the original activity. This questionnaire can be seen at the foot of this appendix. The interview would then take slightly longer, but only by a few minutes.

GHQ 12 is a good measure of psychological wellbeing in the population. It is a shortened version of The General Health Questionnaire, in which the participant is asked to rate twelve items in relation to how they have been feeling recently (see explanation below). My doubts about using this

instrument centred around the negativity of some of the questions, the most negative being number 11: “Have you recently been thinking of yourself as a worthless person?” However there have been six validity studies of the twelve-item version of the General Health Questionnaire (Goldberg , and Williams pp. 49-50), showing it to be extremely reliable, so I decided to use it.

I was aware, however, of my inclination to soften the ‘worthless person’ question by sounding rather apologetic about it, even though I realised that doing so might constitute a potential bias. However, even so, the GHQ12 served its main purpose, which was to flag up for me if I had been talking to someone who might be in need of the sort of support offered by the Centre. If there appeared a strong relationship between these scores and childhood experiences (which ultimately there did not), this issue would need to be re-visited.

In relation to scoring GHQ 12 there were three options – modified Likert, simple Likert or a discriminant function analysis. I thought simple Likert would be the best, because it is more reliable than modified Likert, and less laborious than a discriminant function analysis.

## HOW HAVE THINGS BEEN FOR YOU?

Please give your answers on the basis of how things have been for you over the past few weeks. (Circle the statement that applies to you)

	HAVE YOU RECENTLY:			
1. <i>Been able to concentrate on what you're doing?</i>	<i>Better than usual</i>	<i>Same as usual</i>	<i>Less than usual</i>	<i>Much less than usual</i>
2. <i>Lost much sleep over worry?</i>	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
3. <i>Felt that you are playing a useful part in things?</i>	<i>More so than usual</i>	<i>Same as usual</i>	<i>Less useful than usual</i>	<i>Much less useful</i>
4. <i>Felt capable of making decisions about things?</i>	<i>More so than usual</i>	<i>Same as usual</i>	<i>Less so than usual</i>	<i>Much less capable</i>
5. <i>Felt constantly under strain?</i>	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>
6. <i>Felt you couldn't overcome your difficulties?</i>	<i>Not at all</i>	<i>No more than usual</i>	<i>Rather more than usual</i>	<i>Much more than usual</i>

7. Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8. Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
9. Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
10. Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11. Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12. Been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

**Appendix 2.3: Further Study 1 piloting**

Having added GHQ 12 to the interview, the resulting survey was further piloted with 22 parents in a Nursery School next to a new Neighbourhood Nursery, on a small somewhat isolated estate in Oxford. 'Most important' items were identified and taken into account at the next review stage, as were additional items contributed by the participants. The allocation of items to categories was also modified further as a result of this stage of the pilot, and tested again. The activity proved to be an excellent way to meet parents, all of whom appeared to enjoy doing it and to develop an interest in the study. "It certainly makes you think", remarked one mother as she left.

In terms of interview content, there remained the question of what personal details would be appropriate to collect from the participants. Various models were investigated, in particular the approach taken in the Peers Early Education Partnership (PEEP) Birth to School Study (Evangelou et al., 2005). It was a case of identifying only essentials, because of the time constraint. The following items were decided:

gender

age

school leaving age

qualifications

occupation

housing

ethnicity

gender and ages of children

It was decided to ask these questions at the end, and to finish with the question about participants' children. This meant that each interview ended on

a positive note, as it offered a way into a conversation in which the participant was confident, and I was extremely interested.

One issue to emerge from the piloting was about recruiting mothers to take part in the interview. I found that an agreement by the staff of the centre, and a leaflet about the study in a prominent place, did not inspire sufficient confidence in mothers for them to agree to take part. A more pro-active approach by the staff was needed, in which they themselves would approach the mother initially, explain about the study and the interview, and offer to introduce the mother to the investigator. As well as being essential, this 'vote of confidence' did have to be earned. I found that the best way to do this was for me to run the interview with at least one of the staff (preferably with a child under five as then they could be a genuine participant); and this participant member of staff could then relay the experience genuinely to other staff members, and to mothers. This had the very satisfactory effect of some mothers actually requesting the interview; and of meeting the ethical principle of participants' confidence in me as the investigator.

One example of notes made after a period of piloting in one Centre, contained two reflections and questions about issues that had arisen, and my provisional answers:

1. At the end of her interview a mother wanted to tell me "one more thing". Her husband had had a bad accident 3.5 yrs ago, when he incurred some brain damage. He has been in hospital ever since. Recently he has been moved from the Oxford hospital to one in Northampton. This has made it very hard for them to see him regularly, as they had been doing before. In this ward the patients' drugs are reduced, and it is a locked ward. The mother has lost all confidence in the way her husband is being treated. She has observed many bruises. She wanted to tell me that throughout this 3.5 yr experience, at no point has anyone at either hospital acknowledged that the process might be difficult for her and offered support, nor has anyone enquired about the

impact on the children. As I am interested in the kinds of support that young children and their families would like, she thought I should know this.

Question: If I do this with 100 parents I am likely to be given a range of contextual information. Is this valid to use, as this part of the study is not really set up to collect such information? If I can use it, what will be the best way to record and think about it?

My answer: this would be unmanageable data and not appropriate to this design. I will need to rely on Study 2 for this sort of detail. (NB In spite of this decision, I still made notes of such conversations, which did in fact happen quite often – but the notes (and the conversations) were necessarily brief and incomplete, and indicate that the decision was the right one).

2. After doing the GHQ12 questionnaire, a mother told me that she is epileptic and that she is midway between using one drug and another. At the moment she is on a bit of both, and feeling very unwell and miserable. She wanted me to know that this would have greatly affected her answers.

Question: Do I assume that by the time I have interviewed 100 parents these kinds of things will be less significant? Or should I control for it in some way? (But what if she hadn't told me?)

My answer: I realised that this was the reason for doing GHQ 12 in the first place. I also realised that when mothers told me of very difficult and 'untypical' situations, their GHQ scores did in fact reflect this. For the main purpose of Study 1 (robustness of the Framework) it might be appropriate, in one analysis at least, to exclude the very low and very high scores, of which there were very few.

## Pilot with Year 10 students

Another concern at the piloting stage was in relation to the participants. This research was set up to study the development of resilient wellbeing from birth to three. Because of attachment issues, and the impact a mother's state makes on the baby, it was felt to be appropriate to investigate the wellbeing priorities of mothers. However I was aware of such a large gap in this study of wellbeing, between age three and the average age of the mother interviewed. My concerns here were about testing the robustness of the wellbeing framework that I was proposing, and about exploring implications for policy. This was especially the case as the initial concern that generated this study was one relating to adolescents and young adults, i.e. "What is it that most young people have, that enables them to keep on track? What is missing for the ones who tumble off the roller-coaster? Is there anything to be done?" (see Introduction, p.2).

I wanted to know whether these constructs I was proposing (agency, belonging and boundaries, communication and the physical dimension) made sense to these students. If I was to engage in a study of *the foundations* of wellbeing, was I proposing constructs that would still be relevant, when, to pursue the building analogy, the walls of the building were going up and the roof going on? And at this very early stage in the study I felt it was important to explore the needs and various alternatives for data collection. For these reasons this seemed an important avenue to consider.

Consequently a way of collecting the data about wellbeing priorities (but, for ethical reasons, not about childhood or mental health), from secondary school students was developed and piloted. Here is the account of what happened.

I telephoned the Head to ask for permission to spend about 40 minutes with a group of about twelve sixth formers. He agreed, and put me in touch with a member of staff with whom I arranged a time and place. This teacher remained with me through the session – this was very helpful, and probably



ethically essential. The majority of the thirteen students were in Year 10, twelve of whom were girls.

I explained about my research, and what I would be asking them to do (as for the first element of the interview described below). The activity went smoothly, followed by an interesting discussion initiated by the students themselves. This discussion seemed a natural consequence of all doing the activity together in the same room, but I was unprepared for it. The two main issues they talked about were firstly, difficulties of effectively offering support to 'hard-to-reach' families; and secondly, they thought that support from family and friends was a lot more help than services provided by someone you don't know.

I said I would feed back to them through the member of staff their collective choices (by most frequent allocation to the 'most important' category); and at the same time I would include parents' collective choices so far – which is what I did. They were interested, as I was, to know whether there would be a difference between their priorities for wellbeing, and parents' priorities.

## Year 10 students' wellbeing priorities

In answer to the question "What do you need for a sense of wellbeing?" (i.e. feeling alright in yourself and with other people, and reasonably 'coping'), these were the categories identified by students as the six MOST IMPORTANT.

Colour key: On both lists   Only students   Only parents

	STUDENTS	PARENTS
1 <sup>ST</sup>	Feeling good about yourself (A)	Feeling secure with someone you can trust
2 <sup>ND</sup>	Feeling safe (B)	Feeling healthy
3 <sup>RD</sup>	Able to understand your family (C)	Feeling safe
4 <sup>TH</sup>	Laughing (P) Understanding yourself (A)	Feeling in control of yourself
5 <sup>TH</sup>	Feeling in control of yourself (A) Listening to stories, music etc (C) Feeling secure with someone you can trust (B) Wellbeing of your family* (B) Feeling wanted (B)	Laughing
6 <sup>TH</sup>	Feeling confident (A) Able to talk about your ideas, feelings & beliefs (C)	Feeling confident Understanding yourself

	Able to understand others' ideas, feelings & beliefs (C)	Sharing your problems Feeling special to someone Feeling you belong Having responsibilities
--	--	--

\* This category was added after the parent interviews, so was not available to for parents to choose.

It should be stressed that this pilot was carried out very early in the research, so that the findings for parents with which the students' choices had been compared were extremely few in number. The table shows that the most frequently chosen construct for the students' wellbeing was that of 'agency', closely followed by 'belonging and boundaries'. An examination of the *final* findings for mothers' choices for their own wellbeing, rather than these early findings, (see Chapter 7.1.4) shows the reverse: that the *mothers'* most important construct is 'belonging and boundaries', followed by 'agency'. However, at the time it was clear that the constructs *had* made sense to the students.

Having conducted this one investigation with secondary students, were further interviews with groups of such students going to be central to the research? While I found this a fascinating line of enquiry, none-the-less I decided that this one session had been enough to indicate that the constructs did indeed make sense to the students; but that a great many more interviews would be needed to test students' different perceptions of wellbeing at this age. This student perspective was not central to the research questions, and moreover it would involve a disproportionate expenditure of time and resources. Consequently I dropped it for the time being. Like the fathers, this may be another investigation for later.

**Appendix 2.4: Wellbeing items for Study 1****AGENCY**

- 61. *Being organised*
- 62. *Learning new things*
- 63. *Being creative*
- 64. *Able to say no*
- 65. *Feeling confident*
- 66. *Feeling in control of yourself*
- 67. *Influencing your family*
- 68. *Having choices*
- 69. *Understanding yourself*
- 70. *Feeling good about yourself*

**BELONGING**

- 71. *Feeling safe*
- 72. *Sharing your problems*
- 73. *Feeling someone else is in control*
- 74. *Feeling special to someone*
- 75. *Wellbeing of your family*
- 76. *Feeling wanted*
- 77. *Having support*
- 78. *Feeling you belong*
- 79. *Mostly keeping to the rules*
- 80. *Having responsibilities*

**COMMUNICATION**

- 81. *Enjoying stories, music, etc.*
- 82. *Making people laugh*
- 83. *Able to ask questions*
- 84. *Able to talk about your ideas*
- 85. *Able to explain your feelings & beliefs*
- 86. *Able to understand others' feelings and beliefs*
- 87. *Knowing when & how to ask for help*
- 88. *Being a good listener*
- 89. *Enjoying conversations*
- 90. *Able to understand your family*

**OTHER**

- 51. *Feeling healthy*
- 52. *Feeling fit*
- 53. *Not worrying about money*
- 54. *Having a clean & tidy house*
- 55. *Not too tired*
- 56. *Laughing*
- 57. *Having routines*
- 58. *?*
- 59. *?*
- 60. *?*

Twenty-six of these items were derived from components in the Birth to Three Matters Framework (DfES, 2003a); the ten items that were added as a result of piloting the activity with parents are listed below; and the remaining 4 were left blank for participants' additional priorities.

Items added (with their categories) were:

- 53. Not worrying about money (Other)
- 54. Having a clean and tidy house (Other)
- 55. Not too tired (Other)
- 56. Laughing (Other)
- 61. Being organised (Agency)
- 67. Influencing your family (Agency)
- 73. Feeling someone else is in control (Belonging)
- 76. Feeling wanted (Belonging)
- 82. Making people laugh (Communication)
- 90. Able to understand your family (Communication)

### **Appendix 2.5: Study 1 interview procedure**

With me nearby, a member of staff explains to the mother what I am doing (s/he has a leaflet, and preferably s/he has gone through the process him/herself) and asks if she has 30 mins to spare and would be willing?

I check whether we will have child/ren with us, or maybe someone is around who can watch – the member of staff may be able to offer. (If not, we may need my toy bag).

In the room, there needs to be a table and 2 seats. I sit on the mother's right, and not between her and the door. I have already laid out the instructions and put things ready.

I make sure I know the mother's name, and a little about her child/ren.

I explain what I am doing (see next point): about the sorting game, and a few other questions. Fine to stop anytime. Confidential & anonymous.

First, SORTING INTO MOTHER'S PRIORITIES: I explain that the basic question is "What do you need for a 'sense of well being' (i.e. feeling alright in yourself and with other people, and reasonably 'coping')? I hand items one by one, reading them as I do. Mother allocates each item to 'Very', 'Quite', 'Not', 'Against'. Mother adds any missing priorities to blank slips. When completed, mother picks out 6 slips from 'Very' to allocate to 'Most'.

Second, CHILDHOOD EXPERIENCES: I ask mother if she would mind thinking briefly about her own childhood. If yes, I say I am particularly interested in the 6 priorities she has chosen, and ask if she would be willing to think about the time when she was under 10 yrs? (Absolutely fine to say no). .Acknowledge necessarily hazy, but who was around? Where did they live? About parents, what style of parenting? Please allocate each of the 6 items to 'Yes most of the time', 'Sometimes', or 'No hardly ever'. I write Y, S or N on the items and return them to the 'Most important' heading. All items are then clipped to their headings and returned to the envelope.

Third, HOW HAVE THINGS BEEN FOR YOU RECENTLY? (GHQ12). I hand the mother a pencil, and 12 slips one at a time. For each slip she is asked to circle the response that best describes how she feels.

Fourth & last, BACKGROUND INFORMATION. I remind mother that this is all confidential and anonymous, and that when I have entered lots of people's answers into the computer I shall be looking for patterns. A little background information will be very helpful, please may I ask some things like age, ethnicity? (This ends comfortably with details about children).

If GHQ scores are very low, or the mother is clearly upset by any aspect of the interview, I draw her attention as sensitively as possible to people or services in the Centre that could support her.

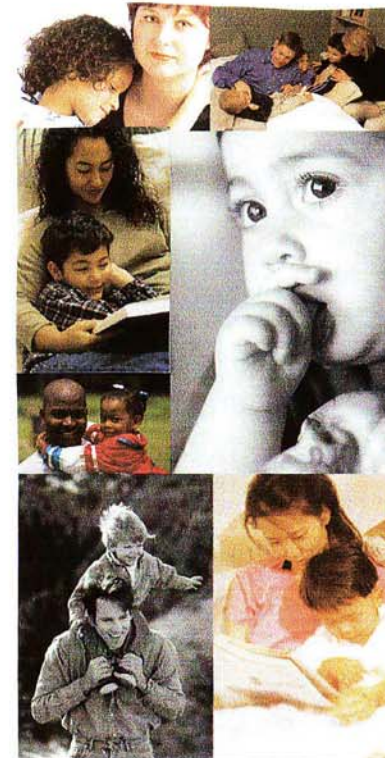
I thank very warmly.

**Appendix 2.6: Study 2 leaflet text and permission form**

For further information or to contact the researcher Rosie Roberts, please telephone 07889 473453

The Children's Wellbeing Study is supervised by Professor Christine Pascal of the University of Worcester, at the Centre for Research in Early Childhood St Thomas Centre, Bell Barn Road Birmingham B15 2AF  
Tel: 0121 4640020

**CHILDREN'S WELLBEING STUDY**





**ABOUT THE STUDY .....**

We know from research that children's experiences in the first three years make a long term difference, particularly those involving other people. This is when their sense of wellbeing is beginning to take shape. But which experiences make a difference, and why?

The purpose of this study is to find out more about the foundations of children's wellbeing. This information will be useful for parents and for the people who support families with the youngest children. The study is located in the University of Worcester.

**WOULD YOU LIKE TO HELP?**

Do you have a child under 5?

One part of the study aims to find out more about how mothers think about their own wellbeing. Would you be able to spare 30 minutes to do a kind of card game and answer a few questions? All information will be kept strictly confidential and anonymous.

If you are interested and able to help please tell a member of staff, or the researcher Rosie Roberts.

Thank you.

**Permission slip**

I agree to take part in the Wellbeing Study with

.....

I give permission for the use of information during  
the course of the study, as described in the leaflet.

I understand that if a difficulty arises that I cannot resolve  
with the researcher, I can contact the supervisor of the study

Professor Christine Pascal, at

The Centre for Research in Early Childhood

tel: 0121 4640020

Name (please print):

Signed:

Date:

Relationship to child:

**Appendix 2.7: Procedures for Study 2 visits**

The flexible design of this study meant that the development of each visit schedule grew out of reflection on the data already collected – or not collected.

## Visit 1

The objectives of Visit 1 were as follows:

1. To gather information about the history so far, especially in relation to the Framework;
2. to take a 'snapshot' of the child's current wellbeing (including video);
3. to gather information about the family background;
4. to explain the Framework, share an outline plan for remainder of study and consult on ways forward; and
5. to set up the date of the next visit in February, and agree which companion will be involved.

These objectives, and the consequent schedule, were derived principally from two sources: first, from an investigation of first interviews in other studies, in particular of the data gathered at the start of Peers Early Education Partnership (PEEP)'s Birth to School Study (Evangelou et al., 2005). The second source was the second research question, 'What would constitute a robust conceptual framework for resilient wellbeing, and why is this important in children's early development?'

Although these schedules were, in principle, identical for each family, there were occasions when they had to be adjusted in order for them to make sense to particular participants, e.g. in the case of a non-English speaking grandmother who was interviewed through a translator, and with a sibling aged four years. However the essential content remained the same.

Examples of these adjusted schedules are included in Appendices 2.12-15.

In one family the focus child was in fact children – identical twins. The mother was very anxious, especially at the outset, that she and the companions should talk about the twins as two individuals rather than as one unit, and so she was interviewed twice, once about each child. Later on both with her and with the companions, we agreed that it was more practical to revert to one interview, but with different sections within it.

Although the tasks in the schedules are described in terms of two visits, one family was only able to allocate one (lengthy) visit; while others needed more than two visits to complete them all. But in general the grouping of the tasks into two visits was found, after the piloting, to be the most satisfactory. The visits generally lasted about two hours.

In Visit 1, mother and child were filmed together. For all films of the child and his/her ‘companions’, the companion had been asked: *“May I film you and (child) doing some everyday thing together that you both really enjoy? What would you like to be doing?”* As well as conducting interviews I also carried out observations using the Tavistock Model (Reid, 1997), in both Visits 1 and 2.

Having previously completed the Tavistock Clinic Diploma in Psychoanalytical Observational Studies, I was familiar with this model. Its power lies in the principle that students are actively discouraged from premature attempts to make explanations. Instead, they are encouraged and supported to focus on what is *actually* happening in the observation, rather than on what they think *should* be happening. The model follows that of psychoanalytic clinical work in that notes are not made during the observation itself. Instead, the observer records in as much detail as she can recall, all the events that took place during the observation. She needs to maintain the delicate balance of an essentially *responsive* relationship with the family, while making every effort not to initiate anything as a result of her presence. This method enables the observer to pay extraordinarily close attention to what is happening for the

target child (although I must confess that I find it best to have a discreet notebook in which I occasionally scribbled the odd word without looking, as an 'aide memoir'). Examples of the resulting observations can be seen at Appendix 3.8.

#### Visit 1

The Visit 1 interview with the mothers can be seen at Appendix 2.12: Visit 1 schedule. At the end of the scheduled questions the proposed Framework was explained and discussed; and two final matters were raised. One was the possibility of the mother keeping a 'Wellbeing Diary', and each mother was given a booklet for that purpose; the other was to arrange the next visits.

#### Visit 2

In Visit 2, I video-observed the child, and filmed him/her with the next 'companion(s)'. The mother was interviewed again, and companions' (mostly fathers, partners or grandparents) were also interviewed (see Appendix 2.13: Visit 2 schedule). With the companions I also I explained the proposed Framework, and asked for comments.

After the interview there was also a discussion about our imminent filming session, enabling the 'companions' to clarify issues of when, where, and what they would like to happen.

#### Visit 3

Visit 3 followed the same pattern as Visit 2, with a third interview with the mother, another 'companion' interview and videoing session, and a video observation of the child (see Appendix 2.14: Visit 3 schedule).

#### Visit 4

Visit 4 involved two visits: a preliminary one, and the main Family Meeting. The preliminary visit contained several tasks: doing the adult wellbeing activity with mother again, now it had been fully developed; and filming the 'end' 3-minute clip of the child, in order to complete the edited family film, comparing it with the very first clip used to open the film. As the Family Meetings entailed a great deal of preparation, the preliminary visit also included collaborating with the mothers to resolve the following issues: who would attend the Family Meeting (everyone I have talked with / filmed, and anyone else who might be

interested too?); where shall we meet (at home?); when shall we meet (which day of the week would suit most people best? possible date?); time and length of meeting (2 hours maximum, 1 hour maximum for audio tape); mode for showing the Family Film and for the family copy (DVD or VHS?).

The Family Meetings were for all the people that I had interviewed during the course of the year, as well as anyone else whom the mother thought would be interested and whom she wanted to ask. For instance in one family I had interviewed the paternal grandmother and had filmed her and the paternal grandfather; but both sets of grandparents were invited to the Family meeting. The Meetings themselves fell into three parts. First there was a section about the family itself, followed by a section about the framework, followed by a section about possible implications of the research. This schedule can be seen at Appendix 2.15: Visit 4 schedule.

In the section about the child, I asked the family to watch the twenty-minute film about the child, and to tell me whether they thought it was a 'good enough' representation of their child. Each film contained three main episodes based on footage from the three visits. These were preceded by a few introductory minutes showing the child at the very start of the study; and were followed by a few more concluding minutes of footage taken from the recently filming during the preliminary meeting for the Family Meeting.

Then I gave the family some feedback about their child, with examples, based solely on what they had told me and on my observations. This was a mirroring exercise, with no critical judgements and plenty of enthusiasm. Lastly in this section I consulted all of them about the environmental issues that I had raised with the mothers in Visit 3.

The next section was about the framework. I briefly outlined its content at this final stage, and invited comments. Then I gave a short feedback about their

child in relation to the framework, during which I raised one or two 'thorny issues' that had arisen and about which I asked for the family's opinions. This was followed by a second showing of the film which we stopped and discussed after each episode, especially in relation to the framework.

Finally I said that I would be looking for possible implications, for practitioners, managers of services, researchers and policy makers; and that I was interested in how they saw their child's wellbeing, as well as their own in relation to their child. I went around the circle of family members asking each person to tell the rest of us about at least one thing they really minded about in relation to these things, and that their answers might constitute a message to the people who make decisions that will affect them.

At the end of this process we talked about the proposed summary of the research, a 'Report to Parents'. We also talked about whether they wanted to grant permission for me to use the video material more widely than simply for the study. (I had warned the mothers that I would be raising this). It would mean that their material would be in the public domain, and the implications of this were discussed. I gave them the final permission slip (see the foot of this Appendix), emphasised that it was important that no-one signed it until they were quite sure that they wanted to, and suggested the mother might want to keep it while the family thought about it, and send it back to me in due course.

## FAMILY G

We agree that the video and audio recordings made during the Wellbeing Study may be used by the researcher if needed, for the purposes of

- a) presentations in relation to child development, parenting and associated subjects
- b) advocating support for families with the youngest children
- c) development of book and training materials

We understand that in giving this permission we are accepting that this material will be in the public domain.

NAME (please print)

SIGNATURE

DATE




## **Appendix 2.8: Visit 1 schedule**

HOME VISIT 1 (probably in 2 parts)

### AIMS

1. To gather information about the history so far
2. To form a 'snapshot' of child's current wellbeing
3. 3, To obtain relevant information about the family background
4. To explain the Framework, share outline plan for remainder of study and consult on ways forward
5. To set up next visit: in February: date + which 'companion'?

### TASKS

1. Interview mother
2. Observe child – typical day
3. Film child, possibly eating lunch / tea (2 minutes)
4. Explain Framework
5. Arrange February visit: When? Who?
6. Leave folder + blank notes pages

INTERVIEW WITH MOTHER

Lets start with today .....what has today has been like for the two of you so far?

ABOUT (child) .....

1. I'd like to ask you how s/he **is getting on** – what new things is s/he enjoying doing at the moment?
2. What about **sleeping**, is s/he a good sleeper?
3. And what about **feeding / eating**?
  - A) How is feeding going now?
  - B) Is/was s/he breast-fed or bottle-fed or both?  
  - B) How does s/he let **you know what s/he wants**? What happens usually?
4. About **feeling safe – feeling that s/he belongs**
  - A) What do you think are the things that make (child) **feel safe – feel that s/he belongs?** (particular people, things, places?)
  - B) Have you noticed the sort of times when this feeling of safety and belonging goes wrong?
5. Have there been any **big changes or family developments** that might have affected him/her – in his/her environment, or for people around him/her?
6. When are his/her **best moments with you?** What does s/he really enjoy doing with you?
7. About his/her **important people** (NB note these)
  - A) Please can you tell me a bit about who his/her **important people** are, and what they most enjoy doing together?
  - B) Does anyone else live in the household that you haven't mentioned? (*Pets!?*)
8. Do you think you have told me the main important things about, what s/he is really like? Is there **anything else** you'd like to tell me about him/her?

ABOUT YOU AS (child's) MOTHER

9. Thinking back to **your pregnancy** with ..... Did you feel well most of the time? Did you enjoy being pregnant?
  
10. Did you have (child) in hospital? B) How was **the birth**?
  
11. Thinking back **to just after (child) was born** remember how you felt then? ..... 's mother make you feel very different about yourself?  
A) Can you  
B) Did being
  
12. What are the main things you remember about this that **first year**?  
What helped the first few weeks? Since then  
A) In  
B)
  
13. Do you think there was anything that could have helped?  
A) In the first few weeks?  
B) Since then
  
14. How is **your health** now?
  
15. How are you **managing now**? Do you feel that you are in control of things most of the time, or are things still very unpredictable?
  
16. I'd like to ask you about **your sense of belonging**. Would you say that you belong in a particular place, or with particular people? Please could you tell me a little about your sense of belonging?
  
17. Would you say you're a natural **communicator**? A) Do you tend to tell people things? Chat a lot?
  
18. You've told me already about the things that ..... enjoys doing with you. When are **your best moments with (child)**? What do you really enjoy doing with him/her?
  
19. Is there **anything else** that you would like to tell me about yourself that you think would be relevant to the study?

ABOUT FAMILY

Now, please may I ask you some questions about the family?

Home address (incl. postcode)

Tel

What languages do you speak at home?

Does anyone have any special medical condition that might affect how you care for your child?

Do you RENT or OWN your house?

Does the family own a car? YES / NO

Is the family on any benefit? YES / NO

If yes, see card for no. no.

Child's d.of.b

Child's ethnicity

Child's birth weight kg / lbs oz

Special medical details YES / NO

If yes, enter details

Position in birth order

Child's siblings and d.of.b

## ABOUT THE STUDY

It seems that wellbeing has 3 main parts, and these are what I am studying.

**AGENCY** (being able to make a difference – includes how person learns, how organised they are able to be, how confident they are, their self-esteem)

**BELONGING** (how safe someone feels, a tendency to share problems, feeling special and wanted, whether they are comfortable feeling part of what is going on around them)

**COMMUNICATION** (how good someone is at talking, listening, understanding and communicating with other people)

There are probably other parts to wellbeing too, that may not fit with A, B & C. I hope we can find out more about those too.

The plan so far is that I will visit you 3 times more, with a main visit and a follow up in February, and June. This will be to see you both again, and to talk and make a little film with X & X. Then in October I hope that as many people as possible who know (child) well could be here to watch the best bits of the films of (child), and to talk together about how we think wellbeing develops.

When I'm here in a few days to film you & (child), I'd also like to ask you what you think about this 'ABC of wellbeing', and whether you think we should be thinking about other things too?

1. *WHITE-BRITISH*
2. *WHITE-EUROPEAN*
3. *BLACK-CARRIBEAN*
4. *BLACK-AFRICAN*
5. *BLACK-BRITISH*
6. *ASIAN-BRITISH*
7. *INDIAN*
8. *PAKISTANI*
9. *BANGLADESHI*
10. *CHINESE*
11. *MIXED RACE*
12. *OTHER*

1. CHILD BENEFIT
2. INCOME SUPPORT
3. CONTRIBUTION BASED JOBSEEKER'S ALLOWANCE
4. INCOME BASED JOBSEEKER'S ALLOWANCE (Individual / joint)
5. COUNCIL TAX / HOUSING BENEFIT
6. INCAPACITY / DISABILITY (various)
7. WORKING TAX CREDIT
8. CHILD TAX CREDIT
9. OTHER

**Appendix 2.9: Visit 2 schedule**

HOME VISIT 2 (February 2005)

(in 2 parts)

*PART A*

*(About 2 hrs)*

*Interview mother*

*(offer schedule)*

*Interview C2 (offer*

*schedule)*

*Arrange film +*

*family's feedback*

*visit*

*Observe child*

*PART B*

*(A few days later, for  
about 30 mins)*

*Film child with C2 (15*

*mins max)*

*Ask for feedback on  
thinking together so far*

*Provisionally arrange*

*June visit (leave*

*details)*

*Leave new diary*

2<sup>nd</sup> INTERVIEW WITH MOTHER

Date:

Tape position:

(Diary?)

1. How s/he **is getting on** – what new things is s/he proud of being able to do at the moment?
2. How have things been for you **since my last visit**? Is your health alright?
3. Please may I ask you about **routines**. Do you think they are important – for (child), for you, for the family generally? Please can you tell me about any that you have, and why?
4. What does (child) do that most makes you **feel like hugging her/him**? How do you let her/him know when you are pleased with her/him - do you know what your signals are?
5. Are there things s/he does that you find **hard to put up with**?
6. Even very young children have **different relationships with different people**. Can you tell me some ways that your relationship with (child) is different from the one s/he has with other people?
7. (*If appropriate*) Please can you tell me about how (child) **gets on with (siblings)**? Do you think you were able to influence things between them in the early days? What helps now?
8. Would you say you have **a community beyond your family**? Neighbours perhaps? Do you go anywhere regularly with (child) where s/he might feel s/he is accepted and belongs, such as friends' houses, church/temple/meeting place, even local shops?
9. Looking ahead to when s/he is older – **what are your hopes** for (child)'s long-term wellbeing?



10. Picking up on making things happen, how important do you feel **your role as a parent** is, in relation to his/her long-term wellbeing? Does anything help? Or make it harder? Do you have a job that is a factor in this?

11. Is there **anything else** you'd like to tell me that might help the study, about (child), or about you?

12. Is there any feedback you can give me about the Framework I am using for the study?

Who will be (child's) 3<sup>rd</sup> Companion?      Permission slips?

Another diary?

OK for remainder of Visit 2?

INTERVIEW WITH ..... (2nd companion)

Time:

Tape position:

1. Please can you tell me about your **regular times together**? When are they, and what sort of things do you usually do together?
2. I'd like to ask you how s/he **is getting on** – what new things is s/he proud of being able to do at the moment?
3. Please can you tell me how s/he let you know what s/he feels and wants? Does s/he have **ways of telling you things and persuading you**?
4. What do you think are the things that make (child) **feel safe – feel that s/he belongs**? Have you noticed any times in general when this feeling of safety and belonging is threatened?
5. When are (child's) **best moments with you**? What are his/her favourite times?
6. Now some questions **about you** in relation to (child) .....
7. Please may I ask you **about routines**. Do you think they are important – for (child), for you, for the family generally? Please can you tell me about any that you have, and why?
8. Children learn very quickly how to get the attention of the people around them, and how to please them. What does (child) do that most makes you **feel like hugging her/him**? How do you let (child) know when you feel like that - do you know what your signals are?
9. Are there any things s/he does that you find **hard to put up with**?

10. Even very young children have **different relationships with different people**. Can you tell me some ways that your relationship with (child) is different from the one s/he has with his/her mother?
  
11. *(If appropriate)* Please can you tell me about how (child) **gets on with (siblings)?** Do you think you were able to influence things between them in the early days? What helps now?
  
12. Looking ahead to when s/he is older – **what are your hopes** for (child)'s wellbeing?
  
13. Picking up on making things happen, how important do you feel **your role as a parent / grandparent** is in relation to his/her long-term wellbeing? Does anything help? Or make it harder? Is your job a factor in this?
  
14. Do you think you have told me the main important things about (child) ..... what s/he is really like? Is there **anything else** you'd like to tell me that might help the study, about (child); or about you?
  
15. Please can I tell you about **the Framework** I am using for the study? I would very much like to know what you think about it.

***Is it alright if I bring the video camera in a few days time, to film you and (child) doing some everyday thing together that you both really enjoy? What would you like to be doing?***

***And also perhaps we could talk about the Framework again, if you have had any thoughts about it in the meantime?***

## SCHEDULE FOR FAMILY WITH TWINS

HOME VISIT 2 (February 2005)

(in 2 parts)

<p>PART A</p> <p>(About 2 hrs)</p> <p>Interview mother (offer schedule)</p> <p>Interview C2 (offer schedule)</p> <p>Arrange film + family's feedback visit</p> <p>Observe child</p>		<p>PART B</p> <p>(A few days later, for about 30 mins)</p> <p>Film child with C2 (15 mins max)</p> <p>Ask for feedback on thinking together so far</p> <p>Provisionally arrange June visit (leave details)</p> <p>Leave new diary</p>	
---	--	---	--

2<sup>nd</sup> INTERVIEW WITH MOTHER

Date:

Tape position:

(Diary?)

1. How is (twin) **getting on** – what new things is he proud of being able to do at the moment?
2. How is (twin) **getting on** – what new things is he proud of being able to do at the moment?
3. How have things been for you **since my last visit?** Is your health alright?
4. Please may I ask you about **routines**. Do you think they are important – for (twin) & (twin), for you, for the people around you generally? Please can you tell me about any that you have, and why?
5. What does (twin) do that most makes you **feel like hugging him?** How do you let him know when you are pleased with him - do you know what your signals are?
6. What does (twin) do that most makes you **feel like hugging him?** How do you let him know when you are pleased with him - do you know what your signals are?
7. Are there things (twin) does that you find **hard to put up with?**
8. Are there things (twin) does that you find **hard to put up with?**
9. Even very young children have **different relationships with different people**. Can you tell me some ways that your relationships with (twin) & (twin) are different from the ones they have with other people?
10. Would you say you have **a community beyond the 3 of you?** Neighbours perhaps? Do you go anywhere regularly with (twin) & (twin) where they might feel they are accepted and belong, such as your parents' house, friends' houses, church/temple/meeting place, even local shops?

11. Looking ahead to when they are older – **what are your hopes** for their long-term wellbeing?
  
12. Picking up on making things happen, how important do you feel **your role as their mother** is, in relation to their long-term wellbeing? Does anything help? Or make it harder?
  
13. Is there **anything else** you'd like to tell me that might help the study, about (twin) & (twin), or about you?
  
14. Is there any feedback you can give me about the Framework I am using for the study?

Who will be (child's) 3<sup>rd</sup> Companion?      Permission slips?

Another diary?

OK for remainder of Visit 2?

INTERVIEW WITH ..... (2<sup>nd</sup> companion)

Time:

Tape position:

1. Do you have **regular times with** (twin) **&** (twin)? What sort of things do you usually do together?
2. How do you think (twin) **is getting on** – what new things is he proud of being able to do at the moment?
3. How do you think (twin) **is getting on** – what new things is he proud of being able to do at the moment?
4. Please can you tell me how they let you know what they feel and want? Does they have **ways of telling you things and persuading you**?
5. What do you think are the things that make (twin) **feel safe – feel that he belongs**? Have you noticed any times in general when this feeling of safety and belonging is threatened?
6. What do you think are the things that make (twin) **feel safe – feel that he belongs**? Have you noticed any times in general when this feeling of safety and belonging is threatened?
7. When are their **best moments with you**? What are their favourite times?

8. Now some questions **about you** (in relation to (twin) & (twin))
  
9. Please may I ask you **about routines**. Do you think they are important – for children, for you, for people in a family generally? Please can you tell me about any that you know the twins have, and why?
  
10. Children learn very quickly how to get the attention of the people around them, and how to please them. What does (twin) do that most makes you **feel like hugging him**? How do you let him know when you feel like that - do you know what your signals are?
  
11. Children learn very quickly how to get the attention of the people around them, and how to please them. What does (twin) do that most makes you **feel like hugging him**? How do you let him know when you feel like that - do you know what your signals are?
  
12. Are there any things (twin) does that you find **hard to put up with**?
  
13. Are there any things (twin) does that you find **hard to put up with**?
  
14. Even very young children have **different relationships with different people**. Can you tell me some ways that your relationship with (twin) & (twin) is different from the one they have with their mother?
  
15. Looking ahead to when they are older – **what would be your hopes** for their wellbeing?
  
16. Picking up on making things happen, how important do you feel **your role as a friend** is, in relation to their long-term wellbeing? Does anything help? Or make it harder?
  
17. Do you think you have told me the main important things about (child) ..... what s/he is really like? Is there **anything else** you'd like to tell me that might help the study, about (child); or about you?
  
18. Please can I tell you about **the Framework** I am using for the study? I would very much like to know what you think about it.



Is it alright if I bring the video camera in a few days time, to film you and (child) doing some everyday thing together that you both really enjoy? What would you like to be doing?

And also perhaps we could talk about the Framework again, if you have had any thoughts about it in the meantime?

**Appendix 2.10: Visit 3 schedule**

HOME VISIT 3 (June 2005)

(in 2 parts)

<p>PART A (About 1 hr)</p> <p>Interview mother (offer schedule)</p> <p>Film child</p> <p>Arrange C3 visit</p> <p>Discuss plan &amp; date for October (a) Set- up visit &amp; cards with mother (b) Family meeting + remaining cards</p>		<p>PART B (A few days later, about 45 mins)</p> <p>Interview C2 (offer schedule)</p> <p>Film child with C2 (15 mins max)</p> <p>Feedback?</p>	
---	--	---	--

MOTHERS' 3<sup>RD</sup> INTERVIEW

Before we start, may I show you the updated version of this page about the Framework (NB 'agency')? Lots of people talk about how important it is to them that their child is happy, and towards the end of this interview I'd like to ask you about what happiness means for you ..... but first,

- 1 How have things been for you **since my last visit**? Is your health alright?
  
- 2 How is (child) **getting on** – how is s/he? What new things is s/he proud of being able to do at the moment?
  
- 3 Please may I ask you about (child's) **playing**?  
**How** does s/he play? And **when**? And **what with**?  
 Is there anyone s/he **enjoys playing with** especially (including you)?  
 Does s/he talk when s/he is playing?  
 Who decides things?  
 Are there **any rules**?  
 Does s/he do '**pretending**'?
  
- 4 So far in our talks we have been thinking about (child) and his close 'companions' at home. Now I'd like to ask you about the wider picture; his/her physical environment and the local community. On these cards you'll see some headings:
  - The **house** you live in
  - Your baby equipment
  - The **things** your child plays with
  - New **technology** (including the TV)
  - Your local **environment** – local streets and spaces
  - Familiar **local people** - neighbours, shops etc.
  - Local **transport** facilities
  - **Public services**, such as clinics, groups, daycare

We won't have time to talk about all of them, so please could you just pick out the things that you think really make a difference, and tell me why? I'd like to

know whether anything is particularly important to you, either because it works well, or because it's a problem.

- a) Playing
  - b) Child's talking & listening
  - d) Family meals, bedtimes & routines
  - f) Physical development & health
  - g) Going out
- 5 Many mothers of young children say that they wish they had 2 things: more **energy**, and more **time sometimes for their own needs and interests**. Are these things issues for you? Have you found any strategies that help you?
- 6 Another thing mothers say is that they hope their **child will be happy**.  
 A) What do you think being happy is about?  
 B) Do you think 'being happy' is anything to do with the 4 ideas of the Framework? Might it be the same? Or do you think being happy is about something different?
- 7 This is our last interview like this! Is there **anything else** you'd like to tell me that might add to the study, about (child), or about you?
- 8 Please can we think for a minute about **the Family Meeting** I mentioned last time? Would it be possible to invite everyone I have talked to (and anyone else who might be interested too) for about an hour and a half, sometime in October or November? In the meeting:
- I will give a **brief explanation** of what has come out of all our meetings
  - We will see a **short film** of (child)
  - We will have a **discussion**  
and
  - Afterwards if possible, do the **adult wellbeing activity** with the other 2 companions (or make a later date).

Things to sort out:

- Who might come?
- Where shall we meet?
- When: which day of the week? Possible date?

9 Finally, please **may I come and see you briefly** – about 45 minutes - sometime in early October? This would be to

- finalise the arrangements for the Family Meeting
- do the adult wellbeing activity with you again, now it has been fully developed
- The 'end' 3-minute film clip of (child) – to compare with the very first one.

Will that be alright? **Date?**

WK October 3-6

WK October 10-13

INTERVIEW WITH ..... (3<sup>rd</sup> companion)

Time:

Tape position:

1. Please can you tell me about your **regular times together**? When are they, and what sort of things do you usually do together?
  
2. I'd like to ask you how s/he **is getting on** – what new things is s/he proud of being able to do at the moment?
  
3. Please can you tell me how s/he let you know what s/he feels and wants? Does s/he have **ways of telling you things and persuading you**?
  
4. What do you think are the things that make (child) **feel safe – feel that s/he belongs**? Have you noticed any times in general when this feeling of safety and belonging is threatened?
  
5. When are (child's) **best moments with you**? What are his/her favourite times?

Now some questions **about you** in relation to (child) .....

6. Please may I ask you **about routines**. Do you think they are important – for (child), for you, for the family generally? Please can you tell me about any that you have, and why?
7. Children learn very quickly how to get the attention of the people around them, and how to please them. What does (child) do that most makes you **feel like hugging her/him**? How do you let (child) know when you feel like that - do you know what your signals are?
8. Are there any things s/he does that you find **hard to put up with**?
9. Even very young children have **different relationships with different people**. Can you tell me some ways that your relationship with (child) is different from the one s/he has with his/her mother?
10. (*If appropriate*) Please can you tell me about how (child) **gets on with (siblings)**? Do you think you were able to influence things between them in the early days? What helps now?
11. Looking ahead to when s/he is older – **what are your hopes** for (child)'s wellbeing?
12. Thinking about making things happen, how important do you feel **your role** is in relation to his/her long-term wellbeing? Does anything help? Or make it harder? Is your job a factor in this?
13. Do you think you have told me the main important things about (child) ..... what s/he is really like? Is there **anything else** you'd like to tell me that might help the study, about (child); or about you?
14. Please can I tell you about **the Framework** I am using for the study? I would very much like to know what you think about it.

SCHEDULE FOR 4 YR-OLD 2ND COMPANION

INTERVIEW WITH .....

1. **How are you getting on?** What are you good at, at the moment?
  
2. Please can you tell me about **the games you and (child) play** together? **What else** do you do with him?
  
3. What do you think (child) is good at?
  
4. When you play together **who decides things**: him, or you – or both of you? What does he do to persuade you when he wants something?
  
5. You know how sometimes you feel safe but sometimes you don't ..... like when you first go to school, or you have to do something for the first time? Can you tell me what do you think helps (child) to **feel safe?** Do you know what upsets him?
  
6. What does (child) especially like doing with you?



7. **Does your family have any rules** about when things happen? (like getting up, going to school, mealtimes, bedtimes). What do you think about having rules – do you like it?
  
8. What does (child) do that makes you **feel you really love** him? What do you do to show him that you love him too?
  
9. Are there any things you wish (child) wouldn't do?
  
10. You & Mum are both (child)'s friends. Are you a different *sort* of friend from Mum? What's **special about you & (child) together**, that's different from him & Mum?
  
11. **How do you & (child) get on together** - are there things you quarrel about? Is there anything that helps you to be friends?
  
12. One day (child) will go to school, like you. What do you think will help him to **get on well at school**?
  
13. Do you think there is anything you could do to **help** him **get on well at school**?
  
14. Let's pretend I have never met (child), and don't know anything about him. Can you tell me a bit about your brother – **what he's like**?

## **Appendix 2.11: Visit 4 schedule**

### PLAN FOR VISIT 4 A: re FAMILY MEETINGS

To arrange in set-up meetings (Oct 3 – 13)

1. Who might come to the Family Meeting? (Everyone I have talked with / filmed, and anyone else who might be interested too?)
2. Where shall we meet? (at home?)
3. When: which day of the week? Possible date? (2 pilot families in Sep, the rest Oct 17 – Nov 6)
4. Time & length of meeting: 2 hrs max? (1 hr max for audio tape)
5. Mode for showing film? (DVD or CD)
6. Mode for the family copy? (DVD or CD)

Also in the set-up meeting:

7. Do the adult wellbeing activity with mother again, now it has been fully developed
8. The 'end' 3-minute film clip of (child) – to finish off the film, comparing with the very first one used to open the film.

## VISIT 4B: THE FAMILY MEETINGS (c. 2 hrs)

Explain:

**3 parts** (hand out note)

- a) We'll see the film twice; 1<sup>st</sup> time, like the child? 2<sup>nd</sup> to discuss it
- b) Feedback re what I've seen & heard, you must be wondering – but I'm **not judging child** (*compared with others*), and **not judging parenting**
- c) All of us are studying how this child is developing, so **sharing ideas**
- d) Don't need 'an agreed' family position!
- e) Go round: anything you expect, or want to cover, or questions?

1. THE FAMILY

- **Show film** for 1<sup>st</sup> time.  
Q: Is it a 'good enough' reflection of the child?
- **General feedback** re child, and companions, all based on film content & observations (do e.g.s).
- **Environment issues:** (OK to film?)  
Explain structure (*give out sheets & pencils*), feed back mother's answers + discussion (particular issues?)

-----

2. THE FRAMEWORK

- **Framework sheet;** (*hand out*) **explain + comments?**
- **Brief feedback** on child re Framework (*give out pie charts*)
- **Show film again: comments?** (OK to film + child? Pause it any time anyone wants to, and at least after each episode).

### 3. IMPLICATIONS?

For

- Govt. policy makers, national & local (very wide)
- Managers and practitioners in family services (direct support)
- Researchers & academics (what we need to know more about?)

So, interested in .....

a) What are your child's wellbeing needs? And

b) What are *your* wellbeing needs, in relation to your child? (relevant to the child)

Go-round, asking for at least one thing you *really* mind about – a message to the people who make decisions that will affect you.

### 4. FINAL INFORMATION TO FAMILIES

- Planning a "Report for Parents in the Wellbeing Study": a summary of the parts of the thesis likely to be of interest to families, together with anything directly relating to that family. Yet to plan in detail though. Probably ready by Christmas 2006.
- Also possibly *all* of a family's video material, depending on their permissions. (Assuming OK to quote anonymously?)
- PERMISSIONS: explain, then ask family if anyone against or uncertain? **If OK, circulate sheet + pen**, to sign. If not, leave the sheet with the mother.

### 6. THANKS

## **Appendix 2.12: Wellbeing explanation**

THE WELLBEING STUDY: BASIC IDEAS AND QUESTIONS  
(Wellbeing = feeling alright in yourself and with other people,  
& reasonably 'coping')

### IDEAS

- **AGENCY** (i.e. feeling you can make a difference to your own life - includes things like confidence, curiosity, learning dispositions, self-discipline, sense of identity and self-esteem)
- **BELONGING AND BOUNDARIES** (security, making relationships, trusting others, sharing problems, feeling special and wanted, accepting and contributing to routines and rules)
- **COMMUNICATION** (how good a person is at talking, listening, watching, understanding and communicating with other people in various ways)
- **HEALTH** (eating, sleeping, co-ordination, exercise, being outside, immunisations)

### QUESTIONS

- Is this what wellbeing is about? Maybe there are other things?
- How do babies and young children begin to develop or learn these things?

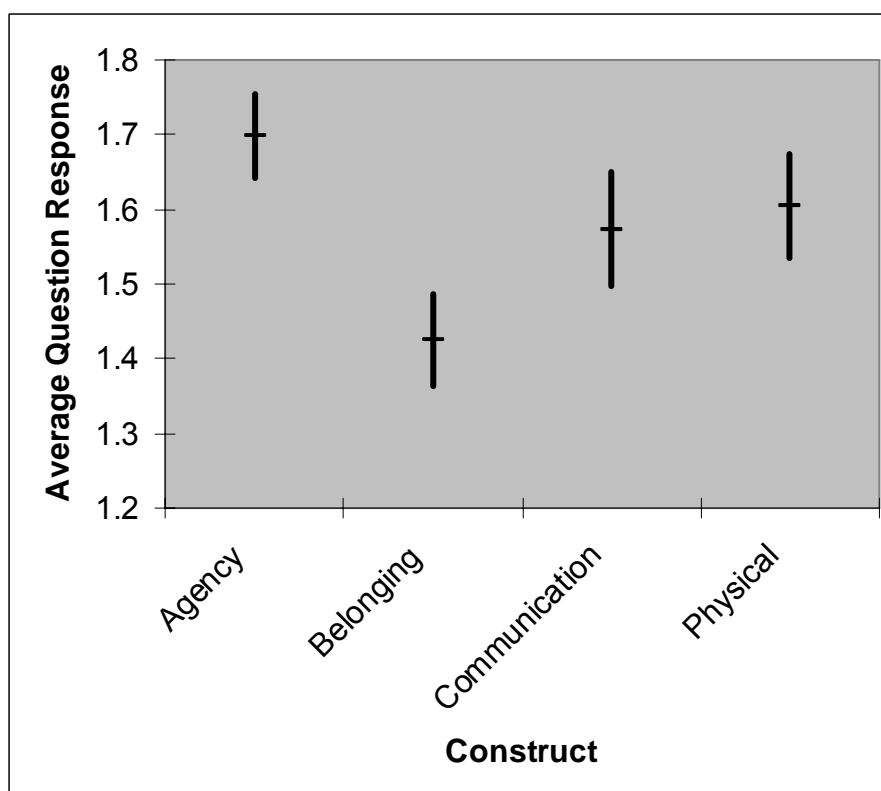
***Appendix 2.13: Oxfordshire Local Authority permission letter***

***Appendix 2.14: Seminar presentation***

### ***Appendix 3.1: Statistical checking procedures***

The following confidence interval graph relates to scores in the population of mothers with the combination of demographic factors seen in the Study 1 sample. It also indicates the likely precision of these average scores.

Table 1: Confidence interval graph



The confidence interval graph shows a greater apparent average Agency score as a priority for mothers, as compared to a lower Belonging score.

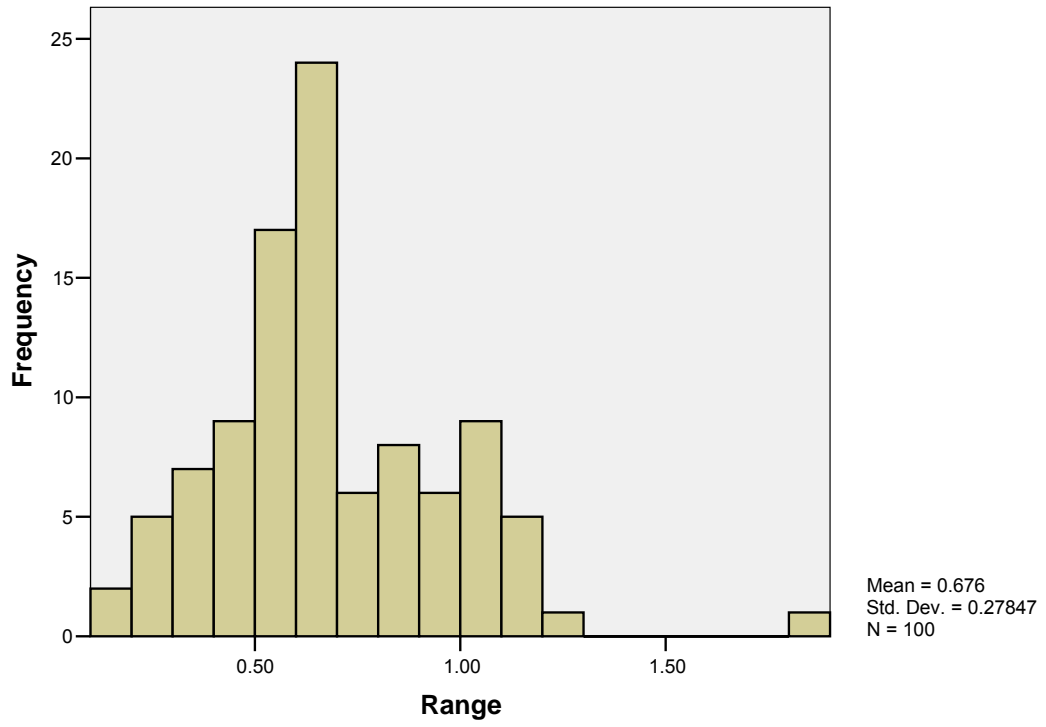
In order to check this finding, the range of construct scores reported by each individual was examined, by looking at the thirty-seven adjusted scores in terms of some summary measures as follows:



For the 100 respondents, the mean range (maximum score – minimum score) across the 4 constructs was 0.68 with a standard deviation of 0.28. (This is based on the adjusted values which theoretically lie on the range 0-3 = max score of 3 on 10 questions divided by that number of questions). The thinking behind this is that small ranges would indicate individuals with relatively similar values for each construct, whereas large ranges would indicate individuals who were quite unbalanced in terms of their pattern of scores. So we are interested in seeing if there is a reasonably consistent pattern of Max-min ranges across all 100 people.

The minimum range was 0.1, the maximum was 1.8, and the first and third quartiles were 0.50 and 0.87 respectively. As you'll see from the histogram below, the maximum value is something of an outlier, with most individuals having a somewhat smaller range across the 4 constructs. Thus, my conclusion would be that there is a reasonably consistent pattern of moderate differences between the 4 construct scores for each individual. Therefore it is probably quite reasonable to summarise the mean scores in the pie chart as shown at Figure 3.6 in Chapter 7, Section 7.1.3.

Histogram



**Appendix 3.2: Mothers' choices for their own wellbeing in Study 1**

This appendix shows the choices mothers made for their own wellbeing, before they reached their 'most important' choices. (These remain in the main text in Chapter 7).

Tables 2 - 6 below show the number of times that mothers allocated items to particular categories, and the constructs to which I had allocated those items (which was unknown to the mothers).

Here again (Table 1) is the complete table of items used in Study 1. Mothers were asked about their priority items for their own wellbeing; whether the items were deemed '*nothing to do with wellbeing*', '*against wellbeing*', '*quite important*', '*very important*'; or '*most important*'.

Table 1: Wellbeing items for Study 1

<b>AGENCY</b>	<b>BELONGING</b>
61. Being organised 62. Learning new things 63. Being creative 64. Able to say no 65. Feeling confident 66. Feeling in control of yourself 67. Influencing your family 68. Having choices 69. Understanding yourself 70. Feeling good about yourself	71. Feeling safe 72. Sharing your problems 73. Feeling someone else is in control 74. Feeling special to someone 75. Wellbeing of your family 76. Feeling wanted 77. Having support 78. Feeling you belong 79. Mostly keeping to the rules 80. Having responsibilities
<b>COMMUNICATION</b>	<b>OTHER</b>
81. Enjoying stories, music, etc. 82. Making people laugh 83. Able to ask questions 84. Able to talk about your ideas 85. Able to explain your feelings & beliefs 86. Able to understand others' feelings and beliefs 87. Knowing when & how to ask for help 88. Being a good listener 89. Enjoying conversations 90. Able to understand your family	51. Feeling healthy 52. Feeling fit 53. Not worrying about money 54. Having a clean & tidy house 55. Not too tired 56. Laughing 57. Having routines 58. ? 59. ? 60. ?

In analysing these findings I allocated scores to mothers' choices on the following basis: 'Nothing to do with wellbeing', -1; 'Against wellbeing', 0; 'Quite important', +1, 'Very important'; +2; and finally, 'Most important', +3.

I begin with an examination of the category 'nothing to do with wellbeing', proceed through 'against wellbeing' to 'quite important' and 'very important'; and finally, to 'most

important'. 'Nothing to do with wellbeing' is a particularly significant category for this survey. One purpose of the survey was to test the relevance of the proposed framework to mothers of young children, and so a comparatively high percentage of mothers for any item in this 'nothing to do with wellbeing' category would indicate its lack of relevance. I needed to discover whether or not most of the items were in fact relevant to these mothers. The comparatively few items in Table 2 below, and the few times out of a possible 100 that they were chosen, leave a considerable majority of items, spread across all four constructs, that were relevant.

The tables below show the number of times that mothers allocated items to particular categories, and the constructs to which I had allocated those items (which was unknown to the mothers). They do not include items that were chosen less than ten times, nor have I included more than twelve items in any table, as the remainder constituted 'scree'.

Table 2: Those items chosen as '*nothing to do with wellbeing*'

<b>Items chosen as '<i>nothing to do with wellbeing</i>'</b>	<b>% of mothers</b>	<b>WELLBEING CONSTRUCT</b>
79 / Mostly keeping to the rules	30	<b>BELONGING AND BOUNDARIES</b>
63 / Being creative	19	<b>AGENCY</b>
73 / Feeling someone else is in control	17	<b>BELONGING AND BOUNDARIES</b>
82 / Making people laugh	14	<b>COMMUNICATION</b>
80 / Having responsibilities	13	<b>BELONGING AND BOUNDARIES</b>
88 / Being a good listener	10	<b>COMMUNICATION</b>
54 / Having a clean and tidy house	10	<b>PHYSICAL</b>

The category '***against wellbeing***' was found to be of a very different order from the other four categories. While the others indicated the relative positive importance to the

mothers of the items allocated to them, this category investigated the relative *negative* importance to the mothers of the items.

The category as a whole was rarely chosen, compared with the other categories. Just eight items were allocated to it by only one or two mothers; these items were:

- Having a clean and tidy house
- Having routines
- Having responsibilities
- Able to say no
- Having support
- Making people laugh
- Influencing your family

The first four of these were each chosen by two mothers, and the first three seem understandable in terms of restricted freedom. 'Able to say no' is more puzzling, as are the last three which were each chosen by one mother. Possibly these extremely minority answers reflect current events for these mothers, or perhaps a different perception from my own as to what those items represent. The table below shows another understandable choice by ten mothers: 'Mostly keeping to the rules'. However the item 'Feeling someone else is in control', chosen by 61 mothers (i.e. by 61% of the mothers) as against their wellbeing, is clearly one that warrants further discussion. I will return to this in Chapter 8, Section 8.1.5.

Table 3: 100 mothers' allocation of items to the '*against wellbeing*' category

Items chosen as 'against wellbeing'	% of mothers	WELLBEING CONSTRUCT
73 / Feeling someone else is in control	61	<b>BELONGING AND BOUNDARIES</b>
79 / Mostly keeping to the rules	10	<b>BELONGING AND BOUNDARIES</b>

Turning now to mothers' choices for the items that *are* important to them,

The 'quite important' category contained items that mothers had not allocated to the other categories. It is therefore the least meaningful category; but may be of interest in identifying items that, although relevant, were *not* important (or irrelevant or negative) for these mothers in comparison with other items. The 12 items most frequently identified in this way can be seen in the Table 4 below.

Table 4: 100 mothers' allocation of items to the '*quite important*' category

<b>Items chosen as '<i>quite important</i>'</b>	<b>% of mothers</b>	<b>WELLBEING CONSTRUCT</b>
54 / Having a clean and tidy house	60	PHYSICAL
52 / Feeling fit	56	PHYSICAL
67 / Influencing your family	54	AGENCY
61 / Being organised	51	AGENCY
53 / Not worrying about money	50	PHYSICAL
80 / Having responsibilities	50	BELONGING AND BOUNDARIES
81 / Enjoying stories, music etc.	50	BELONGING AND BOUNDARIES
79 / Mostly keeping to the rules	49	BELONGING AND BOUNDARIES
57 / Having routines	48	PHYSICAL
82 / Making people laugh	48	COMMUNICATION
78 / Feeling you belong	47	BELONGING AND BOUNDARIES
72 / Sharing your problems	47	BELONGING AND BOUNDARIES

Table 5 below shows the mothers' most frequently identified '*very important*' priorities (after their six '*most important*' items had been extracted



Table 5: 100 mothers' allocation of items to the '*very important*' category

<b>Items chosen as '<i>very important</i>'</b>	<b>% of mothers</b>	<b>WELLBEING CONSTRUCT</b>
66 / Feeling in control of yourself	57	AGENCY
69 / Understanding yourself	56	AGENCY
90 / Able to understand your family	56	COMMUNICATION
71 / Feeling safe	56	BELONGING AND BOUNDARIES
89 / Enjoying conversations	55	COMMUNICATION
84 / Able to talk about your ideas	51	COMMUNICATION
56 / Laughing	50	PHYSICAL
64 / Able to say no	48	AGENCY
85 / Able to explain your feelings and beliefs	47	COMMUNICATION
83 / Able to ask questions	47	COMMUNICATION
51 / Feeling healthy	46	PHYSICAL
65 / Feeling confident	46	AGENCY

Table 6 below shows the most frequently identified '*most important*' priorities for the 100 mothers' own wellbeing, the number of mothers who allocated them to this category, and the constructs to which they belonged. These items (with a limit of six choices in this category for each mother) were extracted by the mothers from their previous choices of '*very important*' items.

It is important to bear in mind that in the category of '*most important*', the maximum number of items that each mother *could* choose was six; whereas mothers were free to allocate as many of the remaining items as they liked to any other category. So in theory (although it did not happen) having extracted their six '*most important*' choices,

mothers *could* have allocated all the remaining 31 items to any one of the other categories. In fact, most mothers allocated items across all of the other possible categories of *'most important'*, *'very important'*, *'quite important'*, *'nothing to do with wellbeing'* and *'against wellbeing'*. Occasionally there were no items allocated to the latter two categories, and for almost all mothers the majority of items were allocated to *'very important'* (see Table 5 above).

It will be seen that the above tables tell us about mothers' choices in relation to each category. The percentage totals in the *'most important'* table below, representing mothers' six most important items, are not comparable with the percentage totals in the other tables. These findings are undoubtedly of particular interest and relevance to the first research question: 'What would constitute a robust conceptual framework for resilient wellbeing?'. These findings will be discussed further in Chapter 10.

Table 6: 100 mothers' choices of items to the '*most important*' category

Items chosen as 'most important'	% of mothers	WELLBEING CONSTRUCT
75 / Wellbeing of your family	63	BELONGING AND BOUNDARIES
70 / Feeling good about yourself	39	AGENCY
51 / Feeling healthy	33	PHYSICAL
71 / Feeling safe	30	BELONGING AND BOUNDARIES
90 / Able to understand your family	28	COMMUNICATION
65 / Feeling confident	25	AGENCY
66 / Feeling in control of yourself	23	AGENCY
74 / Feeling special	22	BELONGING AND BOUNDARIES
56 / Laughing	22	PHYSICAL
77 / Having support	20	BELONGING AND BOUNDARIES
55 / Not too tired	19	PHYSICAL

### **Appendix 3.3: Investigation of correlations between mental health scores and construct scores**

This investigation examined whether a high - or low - mental health score was associated with particular priorities for mothers; for instance, perhaps mothers with more robust mental health (high GHQ12) scores would feel 'agency' to be particularly important. Construct scores were investigated by extremes of GHQ-12, in the following way.

Top and bottom quintile (20% of sample = 20 individuals) of GHQ-12 score were identified for the 100 mothers participating, described as "High" and "Low" groups respectively. Differences in mean scores for 4 constructs (Physical, Agency, Belonging and Communication) were examined by two-sample t-test. As the 4 constructs were examined separately, analysis was based on the original scores rather than adapted scores normalized for different numbers of questions.

Table 1: Correlations between mental health scores and construct scores

	<b>High</b>		<b>Low</b>		
<b>Construct</b>	<b>Mean</b>	<b>SD</b>	<b>Mean</b>	<b>SD</b>	<b>p-value</b>
Physical	10.8	2.46	11.6	2.46	0.310
Agency	17.8	3.51	16.8	3.02	0.295
Belonging	14.0	3.65	14.0	2.08	0.958
Communication	16.7	4.07	15.2	2.45	0.182

The high p-values in Table 1 show that no significant association emerged.

### **Appendix 3.4: Mothers' education and construct priorities**

Were there any correlations between the mothers' demographic information and their construct priorities? At first it was thought that there were no correlations, but on further examination a correlation was found between the mothers' education and their construct priorities in relation to the 'physical' construct.

Only 4 mothers had no qualifications at all, and a further 6 had qualifications below GCSE level. To ensure a reasonable number of individuals per group, these two levels of the maternal education factor were grouped with the GCSE equivalent group, to form a new categorization with the following levels & numbers:

<b>Qualification Level</b>	<b>Number</b>
1 = At or below GCSE	32
2 = A Level equivalent	22
3 = Graduate	25
4 = Postgraduate	21

The 4 mean construct scores (unadjusted, as used above) across these 4 qualification groups were then compared by a one-way ANOVA (analysis of variance), which detects if there is a departure from the situation in which all 4 group mean construct scores are equal to each other – thus one group being higher or lower than 3 which are all equal should be enough to trigger a significant finding, as would any larger scale differences over 3 or 4 groups.

In the event of any differences being detected, it is possible to diagnose what has caused this by looking at differences between pairs of groups using 95% confidence intervals – i.e. compare groups 1 and 2, 1 and 3, 1 and 4, 2 and 3, etc. These are typically corrected for multiple testing (the tendency of multiple analyses of the same

data to produce a higher than expected rate of false positive results by chance), in this case using an approach called Tukey's method.

	Education Level								p-Value
	1		2		3		4		
Construct	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Physical	12.1	2.70	11.5	2.82	10.3	1.93	10.7	2.10	0.039
Agency	17.2	2.31	16.4	3.65	17.2	3.13	16.7	2.61	0.762
Belonging	14.4	3.56	14.5	3.40	14.1	2.71	13.9	2.81	0.911
Communication	16.5	3.84	15.5	3.56	15.7	3.92	14.8	4.28	0.460

There appears to be moderate evidence that there are differences in mean 'physical' construct scores for the different levels of maternal education. The p-value is less than 0.05, but not by very much, so the level of evidence for this difference is not large. There are no apparent differences in the other 3 constructs. To look at what is driving this result, we use the pairwise confidence intervals described above:

Pairwise 95% confidence intervals between 'physical' construct scores for education levels, using Tukey's method

Difference From Level	To:	2	3	4
1		-1.17, 2.36	0.07, 3.48	-0.41, 3.17
2		-	-0.69, 3.05	-1.16, 2.73
3		-	-	-2.28, 1.49

This identifies that the main difference, driving the significant result in the previous table, is the comparison of education level 1 to level 3, since the confidence interval does not contain zero. Thus, the interval is estimating that on average the scores reported by the mothers at the lowest education level (at or below GCSE) are somewhere between 0.07 points and 3.48 points higher than those from mothers in level 3 (Graduate). Although the intervals for 1 vs 4 and 2 vs 3 do cross zero, they have rather similar magnitudes.

**Appendix 3.5: Exit questionnaires**



**Appendix 3.6: Ideas for analysis of Study 2**

My original intention was to transcribe all interviews and observations to make them accessible for analysis in a software package; and for some months I pursued the possibility of importing the transcriptions into a software package for analysing qualitative data called NVivo. (NVivo is a recent package developed by the makers of NUD\*IST, and is more flexible and less code-dependent than NUD\*IST). Many contacts and strenuous efforts were made over a period of six months to locate a way of learning how to use NVivo, together with subsequent support. But although the hunt extended to the Universities of Oxford, Worcester, Birmingham and Cambridge, in the end I was defeated by the sheer amount of time I had spent, without success. The potential 'helping tool' was becoming a problem in itself; and so I decided to devise another method. In retrospect this decision had advantages because, as is often the case, the new method opened up many new opportunities.

This new method stemmed partly from a growing conviction that relying on transcriptions as the main method of capturing data would not be the best use of necessarily finite time. As Robert Miller points out (Miller, 2000) "If you elect ... to do the transcription yourself, note that it will take at least three times as long to transcribe a tape as it took to carry out the interview." (and in the case of this slow-typing investigator, make that five times as long). The new method also stemmed from the decision to rely partly on videoing as a means of data collection. The videoing methodology in this study was heavily influenced by the methodology being developed in a current international study called the 'Children Crossing Borders' project. My processes of analysis and interpretation were also influenced by that project, in which the first level of analysis is to create 'clip logs'. I experimented with this strategy, which proved very useful both for the video footage in Study 2 and for interviews; and also for the recorded seminar discussions in Study 3. Not only did it prove highly manageable, but also seemed more 'fit for purpose' than the software options had been. Examples of clip logs can be found at Appendix 3.7.

The purposes of this process of analysis and interpretation were as follows:

- It enabled me to find my way around the large volumes of data easily and systematically
- It allowed me to gain a sense of the robustness and balance of my 'a priori' constructs as they appeared in family life
- It gave me a way of examining the data that showed which 'companionable learning' situations and experiences related to the 'a priori' constructs of wellbeing
- It helped me to identify possible implications for research, policy and practice.

Having experimented with the process of transcribing interviews and video tape even without the use of NVivo, I rejected it. I decided that continually to revisit the raw data throughout the analysis, rather than using transcripts, would be both more vivid and more reliable. This required an extremely systematic approach to data storage and retrieval. The data were divided into episodes in order to be coded. The question arose as to what constituted an episode (Dey, 1993, p. 95). In the audio-taped interviews I decided to divide the data into answers to each question asked; while for the video tapes and the written observations, I found that the passage of events fell clearly into episodes. For instance, the child's attention moves from her doll to her brother eating crisps (Family J); or the film moves from play in the garden to teatime indoors (Family E). This made a more helpful basis for coding and analysis than a more routine division, for instance by the time elapsed.

The analysis and interpretation of the data in Study 2 was an iterative cycle. Although it was ongoing from the first data collected, there were two main periods of activity. The first level of analysis was when the series of Visits 1-3 were complete and the data collected. This level enabled me to edit each family's film, and to prepare for the discussions in the Family Meetings. The second period of activity was when absolutely all the data were collected, and the elaborated construct codes began to emerge.

The final coding frame for Study 2 is explained in Chapter 7.2.3.

**Appendix 3.7: Clip log examples**

One pair of clip logs is shown. They are two successive analyses of *the same clips*, showing the difference between the first and second levels of analysis.





**Appendix 3.8: Examples of child observation notes****FAMILY J****VISIT 2**

Date	23.03.05
Time	10 am
Place	Home
People	Child, mother, younger brother

Child = C, Mother = M, Brother = Z

	NOTES	Framework	Level
1	<p><u>Looking out at the garden</u></p> <p>C was in the kitchen, standing at the French doors leading to the garden. For some minutes she stood looking out, watching for the birds, M said. She had hiccups, but seemed unaware of it. After a while she turned to look over her shoulder at me and smiled, then transferred her attention to Z who was standing beside her with a packet of 'Tangy Tomatoes' that M had just given him. M opened another packet and gave it to C, then led the way back into the front room and sat down on the beanbag by the TV.</p> <p>Later C was again and the garden door looking out at a pair of starlings on the grass. M said to her "Are there any birdies?" and C said a kind of hello "Ba ba ba" greeting to the birds she could see.</p> <p>M lifted her up and together they looked out, with M pointing and talking about the birds and C listening and pointing too.</p>	B,C	4
2	<p><u>TTs, telly and M &amp; Z – early multi-tasking!</u></p> <p>The 2 children and M were in the front room, Z sitting in the chair facing the TV, and C standing in front of her mother with the packet in her left hand, and in her right clutching 3 of the TTs very tightly. Then she put both hands together and hunching up her shoulders did an elaborate squeeze – M said "Be careful, you'll squash them" and C looked pleased and stopped squeezing, then looked carefully at the rather squashed ones in her hand. Although the TV was on and was right beside her, and Z was certainly watching it, she looked at it only occasionally, just the odd glance. She dropped one of the TTs at her feet, got down to pick it up and then instead of getting up again stayed kneeling, with one hand on M's knee. She stayed there for several minutes, all the time watching M who was talking to me. I had the impression that she was doing all three things at once – keeping an eye on the TV and eating TTs as well as watching M.</p>	A, C	4

3	<p><u>Thirst</u></p> <p>Z needed a drink and he and M went back into the kitchen area. Dropping the bag of TTs, C followed. She stood watching as M filled a glass (plastic) for Z and handed it to him. Then she filled a beaker for C, who lifted up both arms as M held it out to her. She had a long drink, holding it at first with both hands and completely steady on her feet. Then she held it with one hand only, and finally let go altogether but still held it in her mouth while she went on drinking – quite a balancing act. Next she held out the beaker to M, who took it and then gave it back to her. C waited a moment and then held it out to her again and M, who had retrieved the packet of TTs, held out the packet so that C could exchange it for the now nearly empty beaker.</p>	A, Z	3
4	<p><u>Making friends</u></p> <p>Standing in the kitchen area, C started playing a game with me. She held out the packet of TTs to me with a broad smile. Tentatively I held out my hand for the packet, but immediately she firmly moved it away out of my reach, still smiling. Then she held it out again, and this time I was allowed to touch it before it was withdrawn. We played this game that she had started for a little while, and then she dropped the packet and took the beaker that M handed to her with the remaining juice. M and Z went back into the front room and she followed them, but stopped beside the sofa and sat down to look at something.</p>	A, C	3
5	<p><u>Keeping her balance</u></p> <p>Wanting to stand up again, she transferred the beaker from left hand to right, and with her left hand holding the edge of the sofa she levered herself up onto her feet again – this seemed odd as she stands up so very easily without holding on to anything – perhaps it was how he used to do it and it gave her satisfaction to do it the old way while knowing she could do it so much more easily if she chose? Earlier while C had been standing looking out through the door into the garden, she looked back over her shoulder at all of us behind her, and stayed like that looking at us for several minutes ..... her feet were still pointing forwards while she looked back over her shoulder, and at no point during the few minutes was there the slightest wobble. Later Z brought a chair to sit down next to her but knocked it over with a great clatter right next to her by mistake. She was completely unworried by this, apparently unconcerned by the sudden noise and possibility of falling over it, and completely comfortable with the kind of rough-and-tumble atmosphere he brought with him. She seemed completely to have her balance not only physically but also in the way she managed around her older brother.</p>	A, B, Z	4

### **Appendix 3.9: The coding framework**

The initial 'open coding' categories (Strauss & Corbin, 1990, pp. 61-74), used during the first period of analysis activity, can be seen in the table below. The initial categories were captured on clip log sheets. These clip log sheets became the basis of the first main period of activity, and an examination of the examples of them at Appendix 3.7 will show their format. Each log identified family, visit series and date, type, location and brief description of data, 'a priori' codes, interest codes, and notes.

Table 1: Initial open coding categories

<b>Location codes</b>	<b>Construct codes</b>	<b>Interest codes</b>
Date	<b>A</b> = Agency	<b>5</b> = Relevant and rich (i.e. 'VERY thick')
Occasion (which visit) and people present	<b>B</b> = Belonging and boundaries	<b>4</b> = Relevant and good (i.e. 'thick')
Type of data (audio or video tape or written observation)	<b>C</b> = Communication	<b>3</b> = Relevant but ordinary
Clip log position (place on tape)	<b>Z</b> = Physical	<b>2</b> = Interesting but irrelevant (to constructs/questions)
Description of episode (identifying 'actors' and summary of episode)		<b>1</b> = Discard (footage of the floor, faulty film etc.)

For the next main period of activity, axial coding was undertaken (Strauss & Corbin, 1990) (pp. 96-115), during which various refinements and expansions were carried out. Eventually, four broad coding categories were used the data, to identify:

- i) The 'actor'
- ii) The location of the data
- iii) The interest level
- iv) The themes (i.e. the elaborated constructs)

The details of these codes can be seen below.



### i) 'Actor' codes

These codes contained four identifiers: family, gender, target child or companion, and companion category.

Table 2: Four code categories

	<b>Codes</b>
1. Family	<b>A, B, C, E, F, G, H, J or K</b>
2. Gender	<b>m = male or f = female</b>
3. Target child or companion	<b>ch = target child or c = companion</b>
4. Companion category	<b>1 = mother</b> <b>2 = adult</b> <b>3 = grandparent</b> <b>4 = companion under 18</b>

Thus Ivan, the target child in Family H, would be coded *H/m/ch*; whereas Ivan's grandmother would be coded *H/f/c4*.

### ii) Location codes

The location codes are shown below. Each family's notes, schedules, clip logs and observations are stored in a dedicated file which is organised by visits; and each family's video and audio tapes are stored in a discreet container. The codes below enabled the researcher to move straightforwardly from file to data.

Table 3: Location codes

	<b>Codes</b>
1. Family	<b>A, B, C, E, F, G, H, J, or K</b>
2. Type of data	<b>F</b> = family film <b>VF</b> = video footage <b>AT</b> = audio tape <b>OBS</b> = observation
3. Occasion of data	<b>V1</b> = Visit 1 <b>V2</b> = Visit 2 <b>V3</b> = Visit 3 <b>V4</b> = Visit 4, or <b>Film episode</b> = 1-7 (on DVDs)
4. Position of data	e.g. <b>09:10</b> = minutes & seconds on video or audio tape e.g. <b>2/5</b> = page & no. of observation

### iii) Interest codes

The interest codes were part of the clip log format already explained, i.e.

Table 4: Interest codes

Interest codes
5 = Relevant and rich (i.e. 'VERY thick')
4 = Relevant and good (i.e. 'thick')
3 = Relevant but ordinary
2 = Interesting but irrelevant (to constructs/questions)
1 = Discard (footage of the floor, faulty film etc.)

### iv) Elaborated construct codes

Initially, the main construct codes for wellbeing attributes and processes were the four 'a priori' constructs: agency, belonging and boundaries, communication and the physical dimension. Later, during the processes of analysis, these codes were elaborated as a result of closer examination of observations coded to the four 'a priori' constructs. The final codes for wellbeing attributes and processes, which were an important *outcome* of the study in relation to the wellbeing *model*, can be seen in Table 5 below. Definitions for the meaning in this study of the agency terms can be found in the Glossary.

Table 5: Elaborated construct codes

<b>A1</b> <b>AGENCY:</b> <b>POSITIVE SENSE OF SELF</b>	A1.1 Self esteem A1.2 Pride A1.3 Confidence A1.4 Personal time & space
<b>A2</b> <b>AGENCY:</b> <b>LEARNING</b>	A2.1 Positive learning dispositions A2.2 Achievement (incl. understanding) A2.3 Play (free-flow) A2.4 Curiosity
<b>A3</b> <b>AGENCY:</b> <b>INFLUENCING</b>	A3.1 Internal locus of control A3.2 Empowerment A3.3 Making things happen A3.4 Caring for others
<b>B1</b> <b>BELONGING &amp; BOUNDARIES:</b> <b>BELONGING</b>	B1.1 A strong sense of identity (in relation to others) B1.2 Attachment to 'companion(s)' (incl. other children) B1.3 A sense of security B1.4 Trust B1.5 Acceptance of self, others, situations B1.6 Having attention & support
<b>B2</b> <b>BELONGING &amp; BOUNDARIES:</b> <b>BOUNDARIES</b>	B2.1 Respect for companions B2.2 Awareness of expectations B2.3 Familiarity with routines B2.4 Understanding of rules B2.5 Appropriate responsibilities
<b>C1</b> <b>COMMUNICATION:</b> <b>INDUCTIVE</b>	C1.1 Listening C1.2 Looking C1.3 Touching C1.4 Smelling C1.5 Tasting
<b>C2</b> <b>COMMUNICATION:</b> <b>EXPRESSIVE</b>	C2.1 Talking C2.2 Body language C2.3 Representing C2.4 Stories C2.5 Music
<b>P1</b> <b>PHYSICAL:</b> <b>HEALTH &amp; DEVELOPMENT</b>	P1.1 Eating P1.2 Sleeping P1.3 Motor control (fine & gross) P1.4 Being outside P1.5 Health routines (washing, nappies etc.) P1.6 Illness/pain
<b>P2</b> <b>PHYSICAL:</b> <b>EXTERNAL FACTORS</b>	P2.1 Income P2.2 Housing P2.3 Local environment
<b>O1</b> <b>FREQUENTLY MENTIONED OUTCOMES OF POSITIVE WELLBEING</b>	O1.1 Happiness O1.2 Health O1.3 Laughter O1.4 Creativity O1.5 Oceanic feeling O1.6 Empathy
<b>O2</b> <b>FREQUENTLY MENTIONED OUTCOMES OF NEGATIVE WELLBEING</b>	O2.1 Stress O2.2 Depression O2.3 Isolation O2.4 Guilt O2.5 Frustration O2.6 Worry

**Appendix 3.10: Working papers for coding constructs and families**

The following tables are drawn from my notes resulting from the second analysis of all the Study 2 data, using the newly elaborated codes (see Appendix 3.9). The tables helped me to structure the large amount of data collected with the case study families, in relation to the constructs and in preparation for Table 3.7.

The following abbreviations are used:

- ✓ = positive;
- X = negative;
- ! = think / discuss;
- CL = companionable learning;
- LD = learning dispositions;
- CA = companionable attention;
- WB = wellbeing)

	<b>AGENCY</b>	<b>BELONGING &amp; BOUNDARIES</b>	<b>COMMUNICATION</b>	<b>PHYSICAL</b>
<b>K</b>	<ul style="list-style-type: none"> <li>✓ <i>Wanting</i> to be a parent</li> <li>✓ A3.4 (influencing) crucial to wellbeing</li> <li>X Much distraction → over-compliance (against agency)</li> </ul>	<ul style="list-style-type: none"> <li>! Granny satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>✓ 'Successful' feeding an important context for C</li> <li>! Link between C2.1 and A3</li> <li>! C1 the 'tool' for A2.1</li> <li>✓ Listener creates <i>space</i> for communication, by expecting it</li> </ul>	<ul style="list-style-type: none"> <li>! Babies need A1.4 (personal time &amp; space) too</li> <li>! Impact of exhaustion</li> <li>! Impact of physical environment</li> </ul>
<b>J</b>	<ul style="list-style-type: none"> <li>✓ <i>Collective</i> agency</li> <li>! Ability to tolerate low agency</li> <li>✓ Creativity - A + C</li> <li>! Mother models low A, child high A</li> <li>✓ Impact of caring for others on carer's wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>! Companionship theory'</li> <li>! <i>Engagement</i> crucial for CL</li> <li>! People are <i>nicer</i> to <i>girls</i></li> </ul>	<ul style="list-style-type: none"> <li>✓ Creativity - C + A (see general notes, All Families)</li> <li>✓ Songs, rhymes &amp; stories for <i>companions</i> wellbeing as well as child's</li> </ul>	<ul style="list-style-type: none"> <li>✓ Gt. Importance of the garden</li> <li>! Impact of health (or lack of it)</li> </ul>
<b>H</b>	<ul style="list-style-type: none"> <li>! Engagement = attention &amp; persistence (i.e. LDs)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Importance of B1/6 <input type="checkbox"/>having support)</li> <li>✓ Routines bring security/belonging</li> <li>! <i>Reasons</i> for routines <input type="checkbox"/>ref)</li> </ul>		<ul style="list-style-type: none"> <li>! <i>Physical</i> situations are everyone's favorites</li> <li>! 'Companionable eating'</li> <li>✓ Importance of <i>child's</i> A1.4 (personal time &amp; space) for LDs</li> </ul>
<b>G</b>	<ul style="list-style-type: none"> <li>! Role of <i>imitation</i>: creative, or compliance?</li> </ul>	<ul style="list-style-type: none"> <li>! Imitation (belonging/identity, but also agency/creativity): both at once</li> <li>✓ Longed-for child</li> </ul>		
<b>F</b>	<ul style="list-style-type: none"> <li>✓ Imitation (her play) - compliance and agency both at once</li> </ul>	<ul style="list-style-type: none"> <li>! Emphasis on 'manners' (theory of mind – what its like for the other person)</li> </ul>		

<b>E</b>		! Separation anxiety re withdrawal/absence of CA ! Constant seeking approval	✓ Dancing, singing, laughing – “sums him up”	! Impact on everyone of a) work b) money
<b>C</b>	X Control issue (C1)	X Father mostly absent	X Impact of TV X Doesn't <i>need</i> speech	✓ Time with / for child
<b>B</b>		! Boundaries issues: sleeping, eating, in shops ✓ Friendship (Sib quote) Separation anxiety (“Are you happy?” to mother)	✓ Sophisticated language-user ! Relationship with father <i>depends</i> on language	! Health – ‘bottom line’ for WB ‘Ice’ effect
<b>A</b>	! CONTROL battles ! Imitation – to get what you need (e.g. making a baby noise)	! Craving for CA ✓ Enormous social capital ! Longed-for/wanted ! Routines = battled for control □ Impact of culture, languages, faith X Impact of younger sibling on child's WB	! Impact of bi/tri-lingual household	✓ Importance of the garden

### Summary of most frequent issues in families, coded to constructs; and children, companions, or both.

✓ = positive; X = negative; ! = think / discuss; CL = companionable learning; LD = learning dispositions; UA = undivided attention; WB = wellbeing)

	CHILDREN	COMPANIONS	BOTH
<b>Overall wellbeing</b>	<ul style="list-style-type: none"> <li>! <b>Separation</b> anxiety if not enough UA</li> <li>! Impact of younger sibling ✓ loss of UA)</li> <li>! Idea of <b>collective wellbeing</b> ✓ as distinct from individual wellbeing)</li> <li>! <b>Intention</b> (driven by need) to gain UA? to comply? to control? to play?</li> </ul>	<ul style="list-style-type: none"> <li>! <i>Wanting</i> to be a parent/longed-for child</li> <li>! The impact on wellbeing of caring for others</li> <li>✓ NB grandmothers)</li> <li>! Importance of B1.6 □ having support)</li> <li>! Intention (driven by need) to love? To support? to control? to teach? to be entertained? to be reassured?</li> </ul>	<ul style="list-style-type: none"> <li>! <b>Companionable attention</b> the first main wellbeing driver</li> <li>! <b>Play</b> the second main wellbeing driver</li> <li>! Companionship theory'?</li> <li>'Companionable dispositions'?</li> <li>! Intentions of companions □ driven by need) are central to the companionable process</li> </ul>
<b>Agency</b>	<ul style="list-style-type: none"> <li>! <b>Compliance</b> works <i>against</i> A3 (influencing) but <i>for</i> B2 (Boundaries))</li> <li>! Engagement springs from attention + persistence (i.e. LDs)</li> <li>! Imitation for creative play / to get what you want?</li> <li>! Link between A3 (influencing) &amp; C2 (expressive communication)</li> </ul>		<ul style="list-style-type: none"> <li>! <b>Control</b> battles □ tension between Agency and Belonging, NB between A3: Influencing, and B2, Boundaries )</li> <li>! <i>Collective</i> Agency</li> <li>! Creativity springs from Agency + Communication</li> <li>! Influencing not just <i>own</i> life, but lives of others</li> <li>! The need for A3 □ (Influencing in social situations generates THE challenge to wellbeing outcomes except influencing <i>others'</i> lives)</li> </ul>



<b>Belonging and Boundaries</b>	! Compliance works for Belonging □ but <i>against</i> Agency) ! Imitation for compliance	! Manners	! <i>Reasons</i> for (not rigid) <b>routines</b> ! Control battles (tension between Belonging and Agency)
<b>Communication</b>	! Needing / not needing speech		! Diversity of expressive communication
<b>Physical</b>			! <b>Physical routines</b> the most usual <i>context</i> for UA → wellbeing ! Companionable eating' ! Babies need A1.4 (personal time & space) too ! Impact of physical exhaustion, esp. 1 <sup>st</sup> year ! Gt. importance of the garden ! Major impact of a) work & b) money ! Children need <i>time</i> ! ' <b>Apprenticeship</b> ' would be perfect physical context, but NB no examples – why not?

The following factors were raised in relation to the development of wellbeing, but I came to identify them as wellbeing *outcomes*: happiness, health, laughter, creativity, 'oceanic feeling', empathy. Also mentioned in relation to lack of wellbeing were stress, depression, isolation, guilt, frustration and worry.

## **Appendix 3.11: Wellbeing perspectives**

In this appendix, wellbeing perspectives are shown by actor and by family

### **1. CHILDREN'S PERSPECTIVES**

#### **1.1 Children's agency**

- Need for companionable attention (K F E A)
- Mother as first 'companion' (K)
- Positive sense of self (J)
- Exploration (J H)
- Attention & persistence (H)
- Playing (H)
- Balancing agency with compliance (G)
- Mother's need for them to be happy leads to the distraction issue
- Impact of large family (G F J)
- Doing compliance and agency together (F)
- Need for own time and space (e.g. drawing on floor) (F C)
- Impact of TV (C)
- Acceptance (for B&B?) of being 'done to'= low agency? (C)
- Persistence, charm, whingeing, resisting: all ways of *influencing* (A)

#### **1.2 Children's belonging and boundaries**

- Need for companionable attention (K F E A)
- Need to communicate for B1.6 (K)
- Impact of siblings (K J B)
- Songs (J)
- Extended family (J)
- Sense of identity, e.g a person with brothers (J)
- Mother as companion (J B)
- Dolly as companion (J)
- Balancing compliance with agency (G)
- Separation = not sense of companionable attention from a companion (E)
- Impact of large family (G F J)
- Doing compliance and agency together (F)
- Impact of very early separation (E)
- Delight in parents' bed (eg E, cooing noises)
- Impact of continuous experience of sharing and losing companionable carers (E)
- Impact of TV (C)
- Acceptance and compliance for B&B? (C)
- Impact of father's absence? (C)

- Worry about parent (B)
- Imitation, for attention (A)
- Constant battles for control between parent/child, sibling/child (A B K )

### 1.3 Children's communication

- Need for companionable attention (K F E A)
- *Space* to talk (K)
- Songs (J)
- Noise tolerance (J)
- No need to speak? (C)
- *Need* to speak
- Speech for agency / control ( A)
- Impact of large family (G F J)
- Dancing, singing, laughing (E)
- Delight in parents' bed (eg E, cooing noises)
- Impact of TV (C)
- Genuine lack of protest: receptive mode? low agency? (C)

### 1.4 Children's physical world

- Motor control a major factor in Agency development (K J H G F B A)
- Feeding routines a major source for WB (K)
- Impact of feeling unwell (F)
- Delight in parents' bed (eg E, cooing noises)
- Impact of TV (C)

## 2. MOTHERS' PERSPECTIVES

### 2.1 Mothers' agency

- Mother's need for children to be happy, distraction issue (K)
- Stress (fear of losing A?)
- Needs her own time (K)
- Being offered information and ideas (K)
- Fulfilment of *wanting* to be a mother
- Songs give sense of agency with child (J)
- *Caring* gives agency (J)
- Need for sense of purpose (H)
- Need for own time (H)
- Precious wanted child (G)
- Defiance of culture (G)
- Mother's 'trunk' role in family (G)
- Feeling experienced (F)
- Need for own energy and space (F)
- Careful relationship with child-minder (F)
- New baby in intensive care (E)

- Regret re day-care (E)
- Need to keep her life going (child + work, health, partner) (E)
- Baby brought radical happiness (wellbeing outcome) (C)
- *Need* for child to adhere to boundaries (C)
- Realization of mothers' own need for wellbeing, to be a good mother (C)
- Not enough time (B)
- Stress of 'holding the ring' between siblings (B)
- *Needs* child to be happy (B)
- Acceptance of situation especially important (B)
- Place of Faith? (A G)
- Need to achieve contentment and acceptance (A)

## 2.2 Mothers' belonging and boundaries

- Stress (fear of losing B&B?) (K)
- Feeling 'judged' all the time (K)
- Fulfillment of *wanting* to be a mother (J)
- Values routines (belatedly) (J)
- *Caring* gives belonging & boundaries (J)
- Local (PEEP) group gives *belonging* (J)
- Routines completely vital (H)
- Precious wanted child (G)
- Mother's 'trunk' role in family (G)
- Feeling experienced (F)
- Child gives B1.6 (having attention) (F)
- Manners vital (F)
- Careful relationship with child-minder (F)
- New baby in intensive care (E)
- Baby brought radical happiness (wellbeing outcome) (C)
- Intimacy with child (C)
- Managing father's involvement (C)
- *Need* for child to adhere to boundaries (C)
- Relief that siblings are friends (B)
- No external support / understanding of situation (B)
- Adores child while at same time feels excluded from previous life (A)
- Child brought changed identity (A)
- *Isolation* of caring for young child (A)
- Place of Faith (A G)

## 2.3 Mothers' communication

- Articulate mother (K)
- Impact of ill health on all the family (J)
- Need this to ensure own energy and space (F)
- New baby in intensive care (E)
- Baby brought radical happiness (wellbeing outcome) (C)
- Outgoing when at home, shy when out (impact of 'model' on child?) (B)

## 2.4 Mothers' physical world

- Exhaustion (K)
- Garden matters (J)
- *Depletion* of 1<sup>st</sup> year (H)
- Adequate *safe* housing vital (H)
- Crucial housekeeping support from older siblings (G)
- New baby in intensive care (E)
- Need to get out at least once a day in 1<sup>st</sup> 6 months
- Baby brought radical happiness (wellbeing outcome) (C)
- Not enough sleep (B)
- Poor health: tired, depressed, anaemic (A)

## 3. COMPANIONS' PERSPECTIVES

### 3.1 Companions' agency

- 'Caring for others' impact on agency (K H G)
- Granny satisfaction (K)
- Apprenticeship with child (C)
- Able to give time / companionable attention to the child (H)
- Benefits of previous parenting experience (J G F)
- Father/partner unsure of role (K J C B)
- Frustration – lack of agency (C B)
- Sibling companion's agency challenged (A)

### 3.2 Companions' belonging and boundaries

- 'Caring for others' impact on B&B (K H G)
- Strong perspective on this (K)
- Granny satisfaction (K)
- Companions' boundaries often set by mother (K E C)
- Sibling attachment (J)
- Companionable *affection* (H)
- Following routines helps (H)
- Respect for child (e.g. not to manipulate) (H G F)
- 'What matters is being wanted' (C)
- Sibling companion's belonging challenged (A)

### **3.3 Companions' communication**

- *Dependence on speech* for relationship with child (B)

### **3.4 Companions' physical world**

- Personal space and privacy extremely important in extended family (F)
- Impact of work patterns (E A)
- Impact of income levels (E A)
- Weight of fathers' responsibility to contribute time and money (E)

### Appendix 3.12: Families' physical environment issues

Families' physical environment issues, as discussed in mothers' interviews and in the Family Meetings, were as follows:

I asked: "Thinking about your house, baby equipment, playthings, technology, the local environment, local people, transport and public services, what helps with your child's ...

	playing?	talking & listening?	meals & routines?	physical devpmt.& health?	going out?
K	<ul style="list-style-type: none"> <li>* PEEP group</li> <li>* Other mums</li> <li>* Listening to advice</li> <li>* Other children, eg. Toddler group</li> </ul>	<ul style="list-style-type: none"> <li>* When everything is quiet, <i>they</i> start talking</li> <li>* Books</li> <li>* TV off</li> </ul>	<ul style="list-style-type: none"> <li>* Kitchen table essential</li> <li>* Need regular bedtimes</li> </ul>	<ul style="list-style-type: none"> <li>* Not enough outdoor space</li> <li>* Important to have a change of scene</li> <li>* Visits from Health Visitor really helpful</li> </ul>	<ul style="list-style-type: none"> <li>* Need for a buggy facing the right way ie. mother/child eye contact</li> <li>* <i>Need to be able to get out</i></li> <li>* Buses are <i>awful</i> (struggle to get on &amp; off; they drive off too soon; people are judgmental)</li> </ul>
J	<ul style="list-style-type: none"> <li>* A <i>safe</i> house eg. Stairs, kitchen</li> <li>* Things for make-believe play eg. dolls</li> </ul>	<ul style="list-style-type: none"> <li>* Books</li> <li>* Dolls</li> <li>* PEEP group</li> </ul>	<ul style="list-style-type: none"> <li>* No kitchen table</li> <li>* Bedtimes difficult because all children in one room</li> <li>* Need a routine</li> </ul>	<ul style="list-style-type: none"> <li>* Stairs</li> <li>* Loves slides, balls, climbing</li> <li>* PEEP, re post-natal depression</li> </ul>	<ul style="list-style-type: none"> <li>* Going out v. difficult because older sibling hard to manage</li> </ul>

H	<ul style="list-style-type: none"> <li>* Own room</li> <li>* Wipeable floor</li> <li>* Safe garden eg. Not concrete patio &amp; steps</li> <li>* TV (opens worlds)</li> <li>* Good daycare</li> </ul>	<ul style="list-style-type: none"> <li>* TV – sparingly</li> <li>* Child expects <i>meaning</i> from speech</li> <li>* Books / bedtime reading</li> </ul>	<ul style="list-style-type: none"> <li>* Need enough space in the house</li> <li>* House is the <i>location</i> of routines</li> <li>* Need space and time</li> </ul>	<ul style="list-style-type: none"> <li>* Safety a big issue</li> <li>* Outdoor <i>space</i> essential</li> </ul>	<ul style="list-style-type: none"> <li>* Public transport needs to be good</li> </ul>
G	<ul style="list-style-type: none"> <li>* The house</li> <li>* TV, esp. with sibling(s)</li> <li>* Neighbours</li> <li>* Religious community</li> </ul>	<ul style="list-style-type: none"> <li>* Similar to items for playing</li> <li>* Other children her age</li> </ul>	<ul style="list-style-type: none"> <li>* House is crucial for this</li> </ul>	<ul style="list-style-type: none"> <li>* Local park</li> <li>* Clinic</li> </ul>	<ul style="list-style-type: none"> <li>* Welcoming local pre-school to go to</li> <li>* Would like earlier school starting age</li> </ul>
F	<ul style="list-style-type: none"> <li>* Safe house &amp; garden</li> <li>* Lots to do locally</li> <li>* Good neighbours</li> </ul>	<ul style="list-style-type: none"> <li>* Fisher Price tape recorder</li> <li>* <i>People</i> – the main thing</li> </ul>		<ul style="list-style-type: none"> <li>* Need a bigger garden</li> <li>* Healthy food</li> <li>* Own space</li> </ul>	<ul style="list-style-type: none"> <li>* Little buggy much more useful than big expensive one</li> <li>* Shopping together</li> <li>* Having the park to go to</li> <li>* Having a car</li> <li>* It's not just going out, but what you <i>do</i> when you're out</li> </ul>
E	<ul style="list-style-type: none"> <li>* 'Real' home experiences</li> </ul>	<ul style="list-style-type: none"> <li>* New words are <i>home</i> words – is there another 'nursery vocab.' that they don't know how to elicit?</li> </ul>	<ul style="list-style-type: none"> <li>* The house helps</li> <li>* Space</li> <li>* A quiet room</li> <li>* Evening meal together</li> </ul>	<ul style="list-style-type: none"> <li>* Clean air</li> <li>* Having a garden (park is hectic &amp; potentially stressful)</li> <li>* Garden games</li> <li>* Nursery</li> </ul>	<ul style="list-style-type: none"> <li>* Having a pram</li> <li>* Free drop-in places</li> <li>* Friendly people</li> <li>* Low buses</li> <li>* Having a car</li> </ul>



C	<ul style="list-style-type: none"> <li>* A <i>happy</i> environment</li> <li>* TV &amp; DVDs</li> <li>* Local people</li> </ul>	<ul style="list-style-type: none"> <li>* Groups to go to eg. music group, toddler group</li> </ul>	<ul style="list-style-type: none"> <li>* Impact of daycare on this aspect, eg. throwing food</li> </ul>	<ul style="list-style-type: none"> <li>* Physical <i>convenience</i> for adults really helps them to care for children</li> </ul>	<ul style="list-style-type: none"> <li>* Safety</li> <li>* Friendly people</li> <li>* Places to go</li> </ul>
B	<ul style="list-style-type: none"> <li>* Not so much the house itself, but what's in it</li> <li>* The garden</li> <li>* Different <i>kinds</i> of toys</li> <li>* TV is <i>unhelpful</i> (its fun &amp; too easy)</li> </ul>	<ul style="list-style-type: none"> <li>* Toys – for pretend games, with talking</li> <li>* Books</li> <li>* TV <i>can</i> be helpful for this</li> </ul>	<ul style="list-style-type: none"> <li>* Good sized, quiet house</li> <li>* Separate rooms</li> </ul>	<ul style="list-style-type: none"> <li>* Garden <i>very</i> important</li> <li>* Climbing etc. in the park</li> <li>* Need to know the clinic is there, but rarely use it</li> </ul>	<ul style="list-style-type: none"> <li>* Having a garden</li> <li>* Loves sandpit, balls, bikes</li> <li>* Older sibling's school within walking distance</li> <li>* Going to the park</li> <li>* Going swimming regularly</li> </ul>
A	<ul style="list-style-type: none"> <li>* Space for toys &amp; playing in the house</li> <li>* Having a huge family!</li> <li>* Using TV characters in play</li> <li>* Local parks &amp; facilities</li> <li>* Being near the town centre &amp; library</li> <li>* Being near the river</li> </ul>	<ul style="list-style-type: none"> <li>* TV</li> <li>* Mother &amp; child plan to learn their cultural language together</li> </ul>			<ul style="list-style-type: none"> <li>* <i>Really</i> need a double buggy</li> <li>* Safe local environment</li> <li>* Having a car</li> <li>* <i>TIME</i> to go out with the chil</li> </ul>

### Appendix 3.13: Family Meetings issues

All issues raised in the Family Meetings, in relation to the framework, the child's needs, and the families' policy messages.

	FRAMEWORK FEEDBACK	CHILD'S NEEDS	POLICY MESSAGES
K	<ul style="list-style-type: none"> <li>* Security really matters</li> <li>* What about making babies laugh?</li> <li>* Happiness is essential</li> </ul>	<ul style="list-style-type: none"> <li>* They need someone to love them who knows exactly what's best for them – an informed &amp; loving mother</li> <li>* Good to have each other as companions</li> </ul>	<ul style="list-style-type: none"> <li>* Groups for parents, including information etc., not just a cup of</li> <li>* Mothers need confidence and independence</li> </ul>
J		<ul style="list-style-type: none"> <li>* A garden to play in</li> <li>* Child-friendly places</li> <li>* They need to feel <i>wanted</i></li> </ul>	<ul style="list-style-type: none"> <li>* Safe bus service, properly trained drivers in relation to what people with children need</li> <li>* Parents must <i>want</i> the child</li> <li>* <i>Time</i> with children when they're small</li> <li>* Lots of time &amp; attention for children</li> <li>* Realities of paternity leave</li> </ul>
H	<ul style="list-style-type: none"> <li>* Happiness &amp; wellbeing are not the same thing</li> </ul>	<ul style="list-style-type: none"> <li>* Important to give child the space to pursue their own interests</li> <li>* Not <i>rigid</i> routines, but <i>enabling</i> ones: responsiveness</li> <li>* They need caring, respect, nurturing, educating</li> </ul>	<ul style="list-style-type: none"> <li>* Parental leave – 6 months statutory right?</li> <li>* Better housing policies for families with young children</li> <li>* Informed aid, including for dads</li> <li>* Concerns re 8hrs x 5 days -a-week childcare</li> <li>* Parenting skills learned <i>at school</i></li> <li>* Policies to mitigate mothers' isolation</li> <li>* Adequate <i>safe</i> housing</li> </ul>

G		<ul style="list-style-type: none"> <li>* Acceptance and freedom to be herself</li> </ul>	<ul style="list-style-type: none"> <li>* Need values of honesty &amp; caring for each other</li> <li>* Children do as you do, not as you tell them</li> <li>* Give parents the freedom to look after their children</li> <li>* Give schools the freedom to discipline children</li> <li>* Crèches for 0s - 3s</li> </ul>
F	<ul style="list-style-type: none"> <li>* The Framework must include 'the basics', ie. Routines, boundaries, right &amp; wrong, lots of love</li> </ul>	<ul style="list-style-type: none"> <li>* She needs a happy stable family (parents need to put in the effort about this, work at it – but they need their own lives too)</li> </ul>	<ul style="list-style-type: none"> <li>* Universal, non-stigmatising services</li> </ul>
E		<ul style="list-style-type: none"> <li>* He needs stability &amp; security</li> <li>* He needs to know what to expect</li> </ul>	<ul style="list-style-type: none"> <li>* Staff in daycare must be high quality</li> <li>* Policies for paternity leave</li> <li>* Policies for maternity leave</li> <li>* Post-natal support</li> </ul>
C	<ul style="list-style-type: none"> <li>* All happy with the content of the Framework</li> <li>* Health &amp; diet are important</li> </ul>	<ul style="list-style-type: none"> <li>* Children learn from their adult models</li> <li>* The mother's own wellbeing makes a big difference to the child</li> </ul>	<ul style="list-style-type: none"> <li>* Policies to support mothers' own wellbeing</li> <li>* Children &amp; families need space</li> <li>* Concerns re media influence ie. predominance of aggression &amp; violence</li> </ul>
B	<ul style="list-style-type: none"> <li>* They just need to be loved, to feel safe and feel loved</li> </ul>	<ul style="list-style-type: none"> <li>* Children need good role models (they are very susceptible to what is going on around them)</li> </ul>	
A		<ul style="list-style-type: none"> <li>* <i>Parents</i> are most important to the child, and <i>the child</i> is most important to the parents</li> </ul>	<ul style="list-style-type: none"> <li>* Parents need <i>time</i> for children</li> <li>* Housing is crucial</li> <li>* So is local environment</li> <li>* Opportunities to meet other children &amp; mothers</li> <li>* Parenting workshops</li> <li>* Early support from mid-wives &amp; health visitors</li> </ul>

**Appendix 3.14: Study 3 coding frame**

The subject codes in Study 3 related to the subject area of each of the five questions asked, and were as follows:

1. Research methods
2. Constructs
3. Framework
4. Policies
5. Uses

The 'actor' codes were:

R = researcher

M = manager

P = practitioner

As all the data were stored on audio-tape there was no need for a 'type of data' code. The occasions (including actor codes) were identified as follows:

S1/R = Seminar 1, Development Group

S2/R = CREC MA / PhD group

S3/M = OXON officers

S4/M = CREC Steering Group

S5/P = Birmingham 'Flying Start' home visitors

S6/P = OXON Centre practitioner heads

The position of the data was identified in the same way as in Study 2;

e.g. 09:10 = minutes & seconds on the audio tape. For interest level, in view of the comparatively small quantity of data, I treated all clips as of interest.

**Appendix 3.15: Study 3 findings, grouped by question and seminar**

	<b>1. RESEARCH METHODS</b>
1. Devt. Group	<ul style="list-style-type: none"> <li>• Collaboration with families important and exciting</li> </ul>
2. MA/PhD group	<ul style="list-style-type: none"> <li>• What happens when these babies grow up? (Bakhtin's 'answerability')</li> <li>• <i>My</i> influence on the films?</li> <li>• Films to provoke discussion, have dialogue</li> <li>• Saturation point?</li> </ul>
3. OXON officers	<ul style="list-style-type: none"> <li>• Question about <i>frequency</i> of categories</li> <li>• Question about B1 (belonging) in settings</li> </ul>
4. CREC Steering	<ul style="list-style-type: none"> <li>• The social context dictates how we assess appropriate behaviour</li> <li>• "I think that they (the methods) have been highly successful in capturing incidents that will enable you to write about these issues, with potential for training".</li> <li>• "The method of visual imaging is fantastic ...hugely powerful and hugely worthwhile"</li> </ul>
5. 'Flying Start'	<ul style="list-style-type: none"> <li>• <i>Only</i> in the home is a limitation</li> <li>• Why no measures of subjective feelings – say scale of 1-10?</li> <li>• Did I get an honest response from mothers for whom things were really bad? (housing, health, finances etc.)</li> <li>• Good cross-section of families</li> <li>• How much did I 'orchestrate' the families?</li> </ul>
6. OXON Centre heads	

	<b>2. CONSTRUCTS</b>
1. Devt. Group	<ul style="list-style-type: none"> <li>• Seeing the footage really helped me to understand agency – now I like it</li> <li>• Useful framework (2 quotes)</li> </ul>
2. MA/PhD group	<ul style="list-style-type: none"> <li>• Health must be thought of differently (from ABC) in the analyses</li> </ul>
3. OXON officers	<ul style="list-style-type: none"> <li>• Why categorise constructs if allocations roughly equal?</li> <li>• Aspects of spiritual, sense of place, access to natural environment, physical space – these cut across the model?</li> </ul>
4. CREC Steering	
5. 'Flying Start'	<ul style="list-style-type: none"> <li>• “We had a big discussion about agency – most of us didn't understand what it was”</li> <li>• Liked the inclusion of spirituality (but NB I now think it's an <i>outcome</i>, so no longer a code)</li> <li>• Liked holistic nature of the model</li> </ul>
6. OXON Centre heads	<ul style="list-style-type: none"> <li>• “Birth to one is all about identity – wouldn't that overpower everything else?”</li> <li>• Agency – a very difficult and alien term</li> <li>• So much is spent on parenting courses, about children's need for attention”.</li> <li>• “<i>Empathy</i> matters – that's about feelings.</li> <li>• What about temperament?</li> </ul>

<b>3. FRAMEWORK</b>	
1. Devt. Group	
2. MA/PhD group	<ul style="list-style-type: none"> <li>• Would like to see the (Companionable Learning) grid filled in</li> </ul>
3. OXON officers	<ul style="list-style-type: none"> <li>• Question about the <i>number</i> of interactions per day per child</li> <li>• Lots of clips about eating – why? (NB parents' choices)</li> </ul>
4. CREC Steering	
5. 'Flying Start'	<ul style="list-style-type: none"> <li>• Liked 'companionable learning'</li> <li>• Include different family structures? (NB I think the 'companions' model does this)</li> </ul>
6. OXON Centre heads	<ul style="list-style-type: none"> <li>• Agency – a very difficult and alien term – difficult to sell the model. Call it autonomy instead?</li> </ul>

<b>4. POLICIES</b>	
1. Devt. Group	-
2. MA/PhD group	-
3. OXON officers	<ul style="list-style-type: none"> <li>• Because we do our very best not to have teenage mothers, we don't do much about being a teenage mother</li> <li>• Importance of helping people who work with very young children to feel valued / cherished</li> <li>• SO important that all services work together</li> </ul>
4. CREC Steering	<ul style="list-style-type: none"> <li>• Scottish film made by teenage mothers, showing impact of multiple sources of support</li> </ul>
5. 'Flying Start'	-
6. OXON Centre heads	



	<b>5. USES</b>
1. Devt. Group	
2. MA/PhD group	<ul style="list-style-type: none"> <li>• Holistic model for integrated settings</li> <li>• Provides a 'common language'</li> <li>• 'Interconnectedness' needs emphasising</li> <li>• Careful not to use descriptors for everyone – individuals need to find their own solutions</li> </ul>
3. OXON officers	<ul style="list-style-type: none"> <li>• Use the Framework with parents and staff together</li> <li>• Impact of the process of thinking being co-collaborators with parents</li> </ul>
4. CREC Steering	
5. 'Flying Start'	
6. OXON Centre heads	

	<b>6. GENERAL COMMENTS</b>
1. Devt. Group	-
2. MA/PhD group	<ul style="list-style-type: none"> <li>• What happens when the babies grow up? 28.30 (Bakhtin's answerability)</li> </ul>
3. OXON officers	<ul style="list-style-type: none"> <li>• Were there a lot of wellbeing episodes/interactions, or dismayingly little? (My answer: astonishingly many – all could be coded to the constructs of the framework.)</li> <li>• About expectations: did I take account of the impact on their wellbeing of my non-judgmental attention? (23.50)</li> </ul>
4. CREC Steering	<ul style="list-style-type: none"> <li>• Issues of 'attention' and 'contentedness'. Always think "how typical is this?"</li> <li>• The way we stereo-type young mothers: "be careful how statistics feed stereo-type prejudices' (22:35)</li> <li>• Use video clips to illustrate ethics issues? + powerful clips for training (41:20)</li> <li>• About 45 min TV ads presenting &amp; promoting good parenting: clips very powerful (42:30)</li> </ul>
5. 'Flying Start'	<ul style="list-style-type: none"> <li>• Mothers' priorities would so depend on personal circumstances that day</li> <li>• Referred to confusing terminology; on the other hand, ABC &amp; P very clear</li> <li>• From the same project, different agencies would pick up on different things (67:51)</li> </ul>
6. OXON Centre heads	

**Appendix 3.16: Ethical principles as strategies****Table 1: Ethical principles in Study 1: 100 mother interviews**

<b>STUDY 1 MOTHERS</b>	<b>Collaborative approach</b>	<b>Positive focus</b>	<b>Dev't Group</b>	<b>Extensive piloting</b>	<b>Careful recruitment</b>	<b>Videoring (N/A in Study 1)</b>
1. Confidence	✓	✓	✓	✓		
2. Participants' standpoint			✓	✓		
3. Consent					✓	
4. Deception			✓	✓	✓	
5. Debriefing				✓	✓	
6. Right to withdraw					✓	
7. Confidentiality					✓	
8. Protection from harm		✓	✓	✓	✓	
9. Privacy (N/A Study )						
10. Giving advice				✓	✓	
Totals	1	2	4	6	7	

✓ = contribution to ethics

**Table 2: Ethical principles in Study 2: family case studies**

<b>STUDY 2 FAMILIES</b>	<b>Collaborative approach</b>	<b>Positive focus</b>	<b>Devt. group</b>	<b>Extensive piloting</b>	<b>Careful recruitment</b>	<b>Videeing</b>
1. Confidence	✓	✓	✓	✓	✓	*✓
2. Participants' standpoint	✓		✓	✓		✓
3 Consent			✓	✓	✓	*
4. Deception	✓		✓	✓	✓	*
5. Debriefing	✓					
6. Right to withdraw	✓				✓	
7. Confidentiality					✓	*
8. Protection from harm	✓	✓	✓	✓		✓
9. Privacy			✓	✓		*
10. Giving advice	✓	✓				✓
Totals	7	3	6	6	5	4

✓ = contribution to ethics

\* = challenge (discussed at Chapter 5, Section 5.4.6 and Chapter 7 Section 7.4.3)

**Table 3: Ethical principles in Study 3: seminars**

<b>STUDY 3 SEMINARS</b>	<b>Collaborative approach</b>	<b>Positive focus</b>	<b>Devt. group</b>	<b>Extensive piloting</b>	<b>Careful recruitment</b>	<b>Videoing</b>
1. Confidence	✓		✓	✓	✓	✓
2. Participants' standpoint	✓		✓	✓	✓	
3. Consent			✓	✓	✓	
4. Deception			✓	✓	✓	✓
5. Debriefing	✓					
6. Right to withdraw	✓				✓	
7. Confidentiality					✓	
8. Protection from harm	✓		✓	✓		
9. Privacy (N/A Study 3)					✓	
10 Giving advice	✓					
Totals	6	0	5	5	7	2

✓ = contribution to ethics

An examination of Table 3 above reveals that in Study 3 (the focus groups) Careful Recruitment was the most important, but not the only important category in relation to ethical research. Thus in each study all the ethical principles were supported by a contribution from one or more of the six strategies.

In the summary of all three studies at Table 4 below, the most useful strategies overall for implementing the ethical principles can be seen as careful recruitment; extensive piloting; having a development group; and a collaborative approach. Perhaps surprisingly, the positive approach does not emerge as a particularly ethical

strategy in this overall picture (although it was of great practical value especially in Study 2).

The strategy of using a video camera was not especially important either in relation to the ethical principles, and it also entailed certain challenges; although it carried advantages in being a powerful tool, for a variety of reasons. These advantages and challenges are detailed below.

**Table 4**

<b>Supporting ethical principles</b>	<b>Collaborative approach</b>	<b>Positive focus</b>	<b>Dev't Group</b>	<b>Extensive piloting</b>	<b>Careful recruitment</b>	<b>Videoing</b>
Study 1	1	2	4	6	7	N/A
Study 2	7	3	6	6	5	4
Study 3	6	N/A	5	5	7	2
Totals	14	5	15	17	19	6

### THE WELLBEING STUDY: POST-STUDY QUESTIONNAIRE

Now that I'm writing up the study, I wonder if you could tell me a little about how you felt about it, and whether it affected you or your family in any way? This would be helpful for me, and possibly other researchers, in the future. Please could you possibly let me know any thoughts you have about the questions below?

1. What was it like taking part in the study? Good things? Bad things?

I was worried at first because I strived to be seen as a good parent because I feel people don't think a young mother can be one. I realised through the study that I am a good parent and I do not need to try for other people's sakes. I loved the ideas, questions and tasks as they opened my eyes about myself and the world and

2. Why did you agree to take part (if you can you remember)?

I thought it would be interesting to find the results and read what information had come out of it. I also think I was trying to show myself and my opinions about children to someone where I want my place to be in it (helping people to be happy).

3. What did you expect? Did it turn out that way?

I expected a more objective research method - questions that were not too personal. I was happy that it turned out more personal as I ~~feel~~ feel this way of observing is the best. so it could make a difference (to me and ~~some~~ others).

4. Please can you describe any ways that taking part in the study affected you, or changed you? Or any of your family

It has completely affected me! The contents of the study was perfect for me in that it showed me what the study was looking for in terms of what makes people happy - and I realised I showed a lot of those things in the way I am as a parent. It made me a more mature, emotionally aware, confident and happy person & parent.

and how I try to be as a parent all the time.

5. Any other comments, from you or your family?

I am a lover of children and I believe my purpose and aim in life is to learn about, understand and help children and people be happy and at peace. I am very optimistic about my future. I am studying on an access to Humanities course to gain access to university to do a combined honours degree in early childhood studies and psychology.

Please turn over if you need more space - Thank you so much - please could you return this (s.a.e. attached) to: Rosemary Roberts, 84 Marlborough Road, OX1 4LS

(I've got a level 3's out of 4 assignments and level 3's are what you need for a 1st. m:l) ☺ DTB!

***Appendix 3.7: Clip log examples***





[1st analysis]

A = AGENCY    B = BELONGING    C = COMMUNICATION    Z = OTHER    (CU = close up MS = medium shot WS = wide shot)  
 1 = discard    2 = interesting but irrelevant    3 = relevant but ordinary    4 = relevant and good    5 = relevant and rich

FAMILY K		FOCUS OBSERVANT COMPANION.										FRAMEWORK BALANCE	
AUDEO: VISIT 2b Companion 2 Mark.		DATE 28.02.05 Age of child 7 months.										5s =	
Clip no	Position	Length	Description	A	B	C	Z	1	2	3	4	5	NOTES (significance, difficulty, issue, worry)
1 Regular times?	30:30		Yes. Play games. Smile & giggle. Throw them up. 5.30 pm, but 7.30 am briefly.				.					.	
2 Child getting on?	31:25?		Theo - more of a smiler & a watcher. Josh - grabbing, curious. Theo the 'softer' one.				.					.	
3 Ways of telling & persuading	33:19		Josh - shouts. Theo cries.			.						.	
4 Security	34:12		More to do with the place - <sup>they</sup> scream & won't settle in M's house. Happy with M. Beth unless they want something. They get settled & cosy in their buggy.		.							.	
5 Child's best moments with you?	38:05		M laughing, smiling, pay attention.		.	.						.	"All games are, is paying them attention, & they feel the attention. It doesn't matter what you do as long as you pay attention to them so long as they feel the attention."
6 Routines	39:30		Some are important. Yes or their things will be scattered about. Getting up for school. Not feeding. Noid help - know when you'd get a bit of peace!		.							.	
7 Feeling like hugging - why?	42:50		Smiles, for both.			.						.	What is this about?

[2nd analysis]

THEMATIC ANALYSIS (4s & 5s)

Bakhtin tools: esp. slips, hesitations, repetitions, binaries, 'double-voicedness', 'non-dit'

ACTOR CODE		K/M/C 2 + boys													FOCUS	
AUDIO: VISIT 2b		DATE 28.02.05													[Obscure companion]	
Companion 2 Mark		Age of child in months														
Clip no	Location	A/1	A/2	A/3	B/1	B/2	C/1	C/2	P/1	P/2	T	CO	O			
1 Regular times?	30:30									2.1 2.3				Vocal times - 7.30 briefly, 5.30.		
2 Child getting on?	31:25							1.1 1.2						Theo - smiler + watcher; softer Josh - grabbing, curious.		
3 Ways of telling & persuading	33:19								2.1					Josh shouts Theo cries.		
4 Security	34:12		2.1 Boss		1.3 anti	2.3 anti								Place! Josh likes adventuring? can't feel to ad Theo likes his home comforts. M's house. OK about both coming & going. <del>BUGGY</del> 2.3 A2.1		
5 Child's best moments with you?	38:05									2.3				! Un <del>expected</del> shocks them! I knock A/3, B/1 & B/2 "All games are is paying them attention, and then feel the attention, see it. It doesn't matter what you play with them so long as they can feel the attention, so you don't have to play with them so long as you're looking at them, smiling, talking to them." Some things. "They do need to have some routines, otherwise their lives will be scattered about."		
6 Routines	39:30				1.3	2.2 2.3 2.4								They're not always good though - should feed when they're hungry.		

"It would help to have a routine, then you'd know when you'd get a bit of peace".



## FAMILY STORIES

These stories offer the reader some 'real life' background to the data and analyses reported in Volume 1, Part 3. They contain information such as my first impressions of mother and child, relevant family circumstances, the child's companions, collecting the data, and issues raised at the Family Meetings.

References are made in the text in Part 3 Chapter 8 to sections of the Family Wellbeing films (see Volume 1, back cover). In the text, the words 'Family film' are followed by the family letter, followed by the episode on the film; so for instance, the reference 'Family film K/3' denotes family K, the third episode. Each film begins with the list of episodes, enabling the viewer to go straight to the relevant one.

At the end of each family story I include a pair of charts, showing the proportion of each construct to emerge from my coded observations of the child; and the proportion of each construct to emerge from my coded interviews with each child's companions. Firstly, I was interested to see whether all four constructs would be reasonably well-represented as elements of wellbeing, in both sets of data. Secondly, I wanted to find out whether the constructs were similarly represented in both the child observations and the family observations, in each family – or even across families.

All names have been changed.

**Family A HAMZA: 2 years 4 months – 3 years 5 months**

I had hoped that I would be able to recruit a family from the Pakistani community, and so was delighted when Nyah and her husband agreed that I could study Hamza. As the research progressed I became even more delighted, as Hamza proved to be an enchanting, complex and fascinating child; and his family were extraordinarily generous with their time and their willingness to address my questions. Hamza's paternal grandmother (he called her Dado) also lived in the house; and although she spoke very little English and I speak no Punjabi she allowed me to interview her with the help of a young woman translator arranged for us by Nyah.

Hamza was two years and six months at the start of the study. He had a younger brother, an engaging baby of seven months who was equally eligible for the study; but I already had other younger children, and also had been hoping to include an *older* sibling as a target child. In addition, Hamza's parents were sensitive to the fact that Hamza might suffer as a result of someone concentrating on his brother rather than on him – and as the study progressed I felt sure that they had been right.

Hamza himself was as wonderful child to observe: a lively – and disarming – communicator who shared his passions readily and had very positive learning dispositions of curiosity, persistence in the face of difficulty or uncertainty, and questioning (see F/A/2). His play showed very strong trajectory and enclosing schemas, especially evident in his fascination with cars and trucks and the way he played with them. He clearly loved and admired his parents, and his father was a strong role model. His social capital was 'millionaire' level; from his birth he had become accustomed to a great deal of attention from a wide range of companions. The arrival of his baby brother in the wake of these early experiences may have been the reason that he was now desperate for people's attention, a very powerful need that constituted a considerable burden for his mother. His 'Dado' helped fill his craving for attention, as did his fourteen-year-

old cousin Sara who came regularly to play with him. At other times he longed for his mother's or father's attention – and mostly had it!

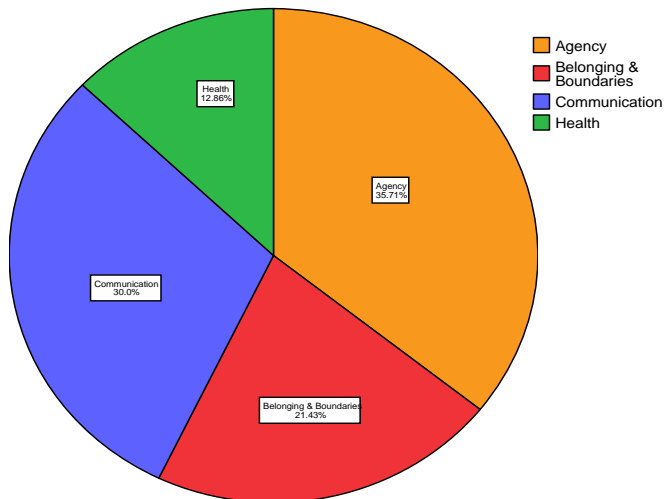
Hamza's father told me that he was extraordinarily lucky to be able to spend a lot of time with his children. As a restaurateur and property developer he could work flexibly, which he clearly valued highly. Hamza's grandmother was also available on a daily basis, and in the afternoons Hamza often joined her in her prayer routines. His cousin came on Saturday mornings to play with him. Whenever I visited I was warmly welcomed and made to feel at home, and Hamza always seemed pleased to see me – in my researcher role I represented undivided attention 'par excellence'! Hamza's mother looked very much younger than her age, and had lived in London for much of her life before moving to Oxford with her new husband some three years earlier. She had had a difficult time after Hamza's birth, becoming tired and depressed, and verging on anaemia without realizing it at the time. She described herself at the start of the study as "not working, bored, busy and tired" – which sounded strange from someone with such a lively and vibrant personality. Then, she was struggling with her new identity as a mother; but by the end of the study she was more settled and feeling better physically.

The Family Meeting was beautifully organized by Nyah. I had promised Hamza that he could watch 'his' film with me before the rest of the family saw it, and that is what we did – although in the event his grandmother also joined us. After that, his cousin took both boys off to play while his parents and I proceeded with the meeting – and achieved a comparatively calm and fruitful discussion as a result. I was able to ask them about the tensions for Hamza between his need for the stability and the 'belonging' of a routine, and his battle to control situations and make his own choices (see F/A/6). In her feedback on participating in the study, Nyah wrote: "It made you analyse your own emotions/wellbeing and highlight areas of importance in your child's

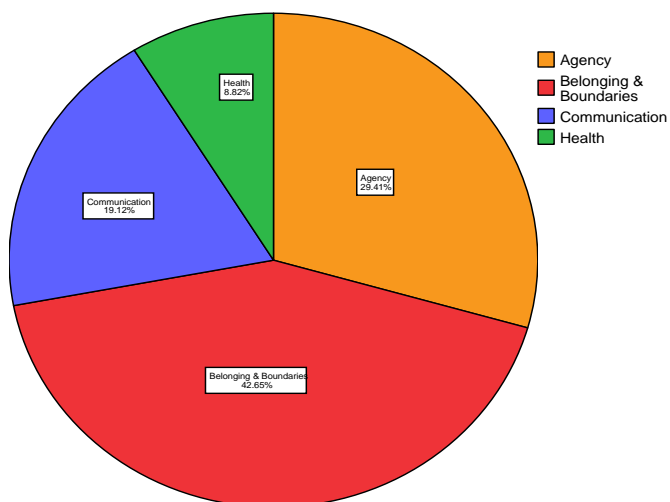
development ..... the study made me look at the care of my child in a more objective light, and be more aware of his wellbeing.”

**Family A Child observations and family interviews**

**Child observations: Family A**



**Adult interviews: Family A**





The construct of agency featured most often in the observations of Hamza; followed, as for nearly all the other children, by communication. For Hamza, these two constructs often seemed to be in direct conflict; the desire to be in control directly in conflict with the desire to fit in and belong. Also as was usually the case, his companions' coded interviews revealed very considerably more focus on belonging and boundaries than the other constructs (42%). The companions explained that for them, belonging in their family and their culture was the most important thing for young children. Agency was very important also, so that the extreme predominance of belonging and boundaries meant that communication was a comparatively infrequent coding, with health occurring even less frequently.

**Family B    EDWARD: 2 years 1 month – 3 years 2 months**

I was introduced to this family at the Nursery School summer party, by the head-teacher. We were surrounded by families with babies and young children, and there was a rather celebratory atmosphere which I felt probably made our conversation easier and warmer than a 'collecting-time' one might have been. Edward, aged just over two years, had an older brother, James, who was nearly five and at the Nursery; and the boys' mother had just become a parent governor. Their father was in a wheelchair, and Edward was perched on his knee quietly while James excitedly came and went. We agreed that I would visit them to explain the study. After the visit, Sophie (who is Michael's main carer as well as the boys') was unsure about whether she would be able to manage it – a reservation with which I had complete sympathy - so I was delighted when she and Michael subsequently said they would try it, and we could see how it went.

The house was very much set up to accommodate Michael's situation, with wheelchair access, his computer, and a lift on the first floor that descended into the sitting room, but which vanished into the ceiling for the majority of the time. Michael had fallen out of a tree and broken his neck when he was twenty-nine, seventeen years ago. Formerly an electrician, now he was mostly at home and also doing some voluntary committee work.

The family appeared to lead a very settled life, making the most of the local area in relation to places for the children to play, happy in each others' company, and not having a wider circle of friends. When I asked about a possible third 'companion' of Edward's for the study, Sophie said that no-one else really knew him; so we decided to see if his four-year-old brother James would be willing to be interviewed. In the event this worked very well, especially as James was very keen to be part of anything that was going on, and this was a good way to include him while retaining my focus on Edward as the target child. (This dynamic was very clear in the Family Meeting, when in spite of our

best efforts James found the focus on Edward in the film and in the discussion extraordinarily painful).

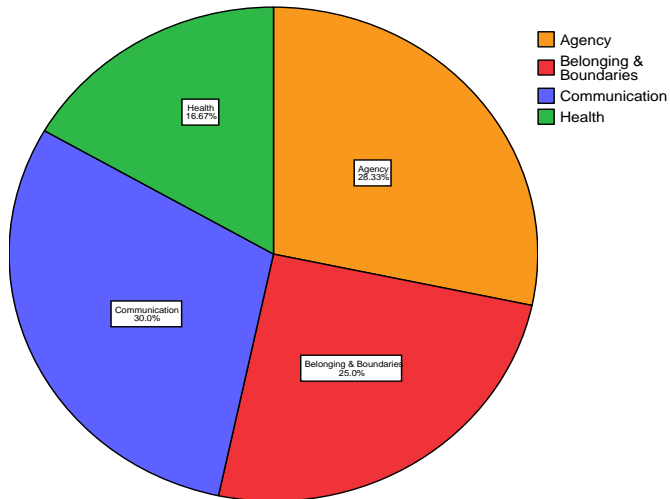
Mostly James and Edward were great friends – although when I asked James during his interview about the ways that Edward persuaded him about things, he made it very clear that Edward never persuaded him about anything! Sophie told me that they shared a room and often played together happily for hours. Often James's need to be in control caused friction between them, and then it was Sophie's role to 'hold the ring'. Sophie told me that they loved running, and rough and tumble games – but absolutely never anything that involved them sitting together.

My visits were very straightforward, with Edward a star conversationalist and Sophie and Michael always helpful. Mostly James was at Nursery. Edward's strong stable relationships in his family were the 'glue in the system' here, with the companionship between him and his mother giving me a clear picture of what 'companionable learning' looks like in action (see F/B/2).

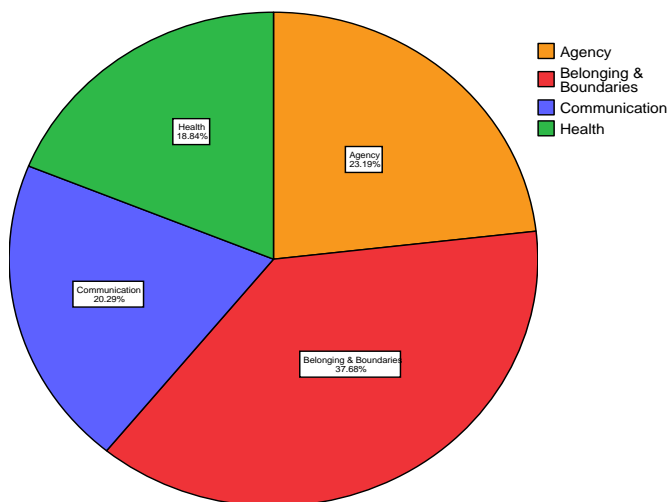
One question I had wanted to raise at the Family Meeting – although in fact I did not – was about Edward's concern for his mother. She had told me that he often asked her if she was happy - an unusual question from a child of around two years, and I wondered what it meant. Another of my questions was about the fact that although Michael had been offered excellent support in relation to his physical situation, there had never been any acknowledgement of the impact of the situation for both him and Sophie in relation to their parenting roles. Finally, Michael had raised a question in his interview that seemed central to the study, and which was to continue echoing around my mind. How was it, he asked, that people with all the challenges and difficulties in life were often so happy; while others who had all the opportunities in the world were so unhappy? If I could discover the answer to this question, he said, he'd like to know.

## Family B Child observations and family interviews

Child observations: Family B



Adult interviews: Family B



Edward's predominant construct was communication, with agency next – the same two constructs that were predominant for all the children, although in reverse order compared with all the other children except the twins. In both cases it can be argued that there was a special reason for this: in the case of the twins they had each other, while in the case of Edward's family, where shared experiences were limited by Michael's situation, communication was even more fundamentally important than in most families. For Edward's companions, where the siblings' relationship was a major factor, understandably the most important construct was belonging and boundaries – followed by agency.

**Family C    ALENA: 1 year 6 months – 2 years 7 months**

I had contacted Alena's mother Danielle through Alena's day nursery, and having agreed to join the study Danielle also agreed to the additional role of 'pilot' mother for the study. This involved me asking her about the *process* of each stage of the study as we went along; and I became indebted to Danielle for carrying out this role. She was frank about her thoughts and feelings, and this helped me to carry out the interviews, observations and meetings with the other families more smoothly and positively.

Alena was aged one year and nine months when we met. She looked settled and well, and wanted to be part of what was going on. She climbed onto her mother's knee so that she could watch us talking. Danielle proved to be extremely well-organised and decisive, both with Alena and with me. She explained that she works as a freelance stylist (hair, make-up, clothes etc.) and that she liked the idea of 'researching together'. She said that her mother and sister were also involved in caring for Alena. They all live close together, with Danielle's mother actually in the same housing development as Danielle and Alena. Now retired, she had been a nursing sister, as is Danielle's sister.

Meanwhile Alena's father was working in Australia (where his own family is) and spending time with his father who was unwell. He used to work in Scotland, and Alena saw him once a month; but of course now the pattern had changed, and they were just back from a six-week visit to Melbourne to see him and his family. Towards the end of the study Alena's father returned to work in the UK and to live with Danielle and Alena. He gave me two informal interviews that were very illuminating, about his own perspectives in relation to Alena and to family life in the UK.

Alena had attended a small local day nursery for three sessions a week since she was eight months. She had always been happy to go, and seemed to enjoy

it. Since she was eight months she had also been once a week with her mother to 'Monkey Music', a local group that encouraged very young children in singing and dancing.

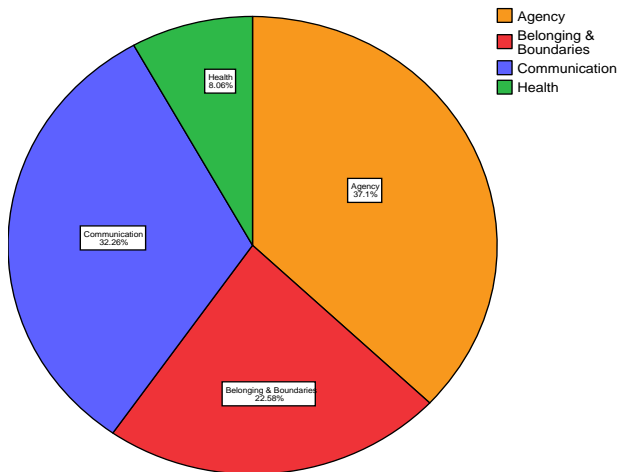
She was clearly a contented and much-loved child who got on well with the people around her. At this stage she was not talking. She was very enthusiastic about – and excited by – the Teletubbies programme. In the way that sometimes happens with children without siblings it seemed that she had come to see the little characters (with their own wordless language and their interest in the same things as her) as her friends; and in some ways, perhaps she identified with them. Although not yet talking, Alena was very good at indicating her needs, wants and enthusiasms, sometimes using similar body language to the one she saw on the programme.

Throughout the study I observed Alena as a very happy child, tremendously secure, with strong family support and with a wonderful response to music. Ultimately, my questions related to her enthusiasm for the Teletubbies; clearly she loved them and the things they did, and wanted to be like them. Perhaps this programme had been a factor in her comparative lack of language at this stage – although another possible factor seemed to be that she was surrounded by members of her family who were devoted to her and understood her very well – and so she had no *need* to speak at this stage.

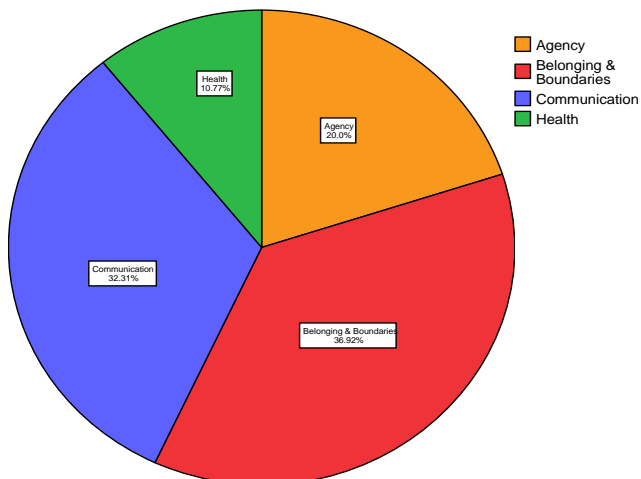
In their final feedback on their participation in the study, Alena's father wrote that it had been good to have an informal interview, and not to have been pressured into the video part of the study. Danielle commented that the study had made her look more closely at her feelings and at what she was doing with her child.

## Family C Child observations and family interviews

Child observations: Family C



Adult interviews: Family C





The coded observations of Alena also showed a predominance of agency, closely followed by communication. (It should be remembered that 'communication' included all aspects of both inductive and expressive language, including body language). Much of Alena's agency was about the ways in which she was able to influence her companions, in her play and in the things she wanted to do. But while her companions evidenced a similar emphasis on communication as had Alena, their main preoccupation (to the same extent that Alena's had been on agency) was on belonging and boundaries. This seemed appropriate as it reflected my information from Alena's companions. They had told me that each consistently held very specific expectations and routines, about which they were all very clear. Alena had learned how to meet these expectations while at the same time following her own enthusiasms; and the observations showed how very skilfully she was able to balance her own need for agency with her need for belonging.

**Family E     DYLAN: 1 year 3 months – 2 years 4 months**

When I first met Dylan he was seventeen months, just beginning to walk and talk, and an adorably cuddly and enchanting child. He had been born prematurely at thirty weeks, and spent his first five weeks in hospital with Mya visiting very regularly and managing to breast-feed him. Mya said that the first time she saw him after the birth he was in an incubator but responded to her voice. While his mother Mya and I talked he seemed very content to 'potter' around in the vicinity; although I soon learned that in a non-assertive way there was nothing he liked more than undivided attention, especially from his mother and father (see F/E/3). When I asked Mya to describe him, she said that his really favourite things were laughing, dancing, singing and eating! He was a wonderful child to observe, being accepting of my presence, and very ready to play in whatever situation he found himself. As he got to know me better he became more comfortable about talking to me, and I very much looked forward to my visits.

Both parents worked, and Dylan attended full-time at a day nursery with which they were very happy. His mother (white-british) was a marketing executive in publishing, while his father (black-british) was a social housing manager. Sometimes it was hard to fit in visits, but Myah and Peter were extremely helpful, and it all seemed to go smoothly. I visited Dylan in his nursery setting, interested in observing the kinds of contexts, processes and influences there that might be affecting his developing wellbeing.

Mya and Peter's wedding was two months after Dylan's second birthday, and afterwards they all went to Thailand. They said that Dylan loved every minute, especially the pleasure of being with them both together. Mya's sister Emma, a gallery manager, was Dylan's third 'companion' as they see each other regularly.

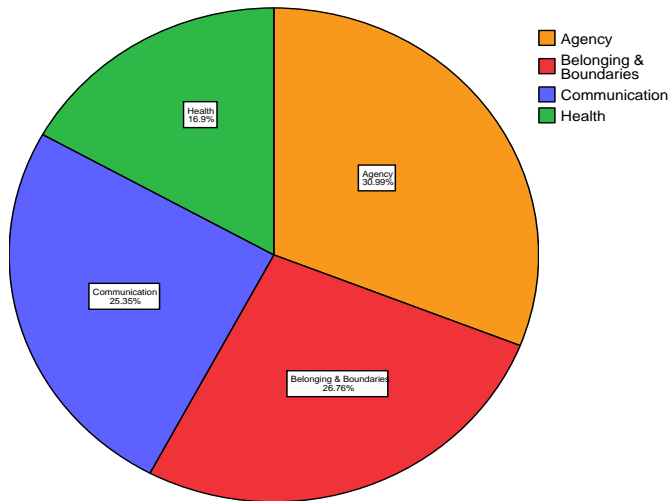
Of the two issues that emerged from these visits about Dylan's developing wellbeing, one was a general question about Dylan's need for 'thinking time'. He seemed happiest with a gentle pace of life that enabled him to observe and process his experiences; although this valuable reflective thoughtfulness was clearly part of a very active and exploratory child.

The other issue related to his daycare. The films and observations showed him as a very competent communicator, and very happy to explore and experiment in ways that showed his agency was thriving; and he seemed very comfortable with the normal routines and boundaries of his life. At the same time there was an element of uncertainty, evidenced by the way that he needed to check the responses of the people around him. Clearly he was happy at his nursery and gaining a lot from it; but because I had observed him as so settled and secure at home that I was surprised by this 'checking for approval' - perhaps related to his sense of belonging - and wondered if it might be a feature of the balance he was managing, between different places and people in his life. Did it mean that his sense of belonging with his 'companions' would be especially important?

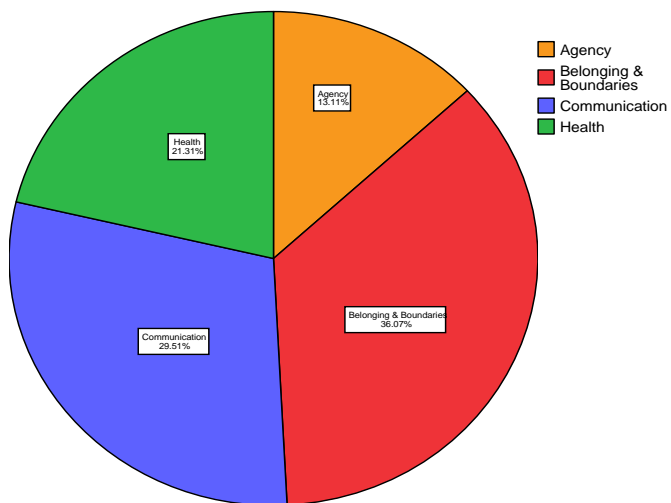
In her comments on their participation in the study, Mya wrote that having specific time to analyze and reflect was good, and that the only bad thing was feeling short of time and energy. She continued: "It affected us at the time for it prompted us (definitely us girls) to think about the issues of home/work balance, and specifically Dylan's time at the nursery. I think Peter got a lot of positive feedback about his parenting skills and relationship with Dylan."

### Family E Child observations and family interviews

Child observations: Family E



Adult interviews: Family E



As for almost all the other children, Dylan's most evidenced construct was agency. The next most frequently coded construct for him was belonging and boundaries (rather than the more frequent construct for the children, of communication). This seemed to make sense in the light of his 'checking' tendency. The belonging and boundaries construct was the most important construct for his companions, possibly an indicator of their responsiveness to his needs; and their second important construct was communication.

**Family F REBECCA: 1 year 1 month – 2 years 2 months**

From a 'companionable' point of view Rebecca has a very special family. Both Rebecca's parents, Julie and Keith, had been married before; and both had children from their first marriages, two of whom were still living with them at the start of the research and all of whom visited regularly. Julie's first daughter was born in 1990, now age fourteen and very much part of the family. Also very much part of the family was Keith's youngest son, now aged 15. Keith's other two (twin) sons, age nineteen, now lived with their mother nearby. So from the very start Rebecca had become familiar with the comings and goings of teenagers. Her parents shared care of her on a fairly equal basis (except in the evenings, when Keith was always working). They usually went out on family expeditions at weekends, so Rebecca spent time with them both separately and together. Another important 'companion' was her child-minder Sandra, with whom she had spent between one and three days a week since she was eight months old. Her sister commented that she was such a secure child because she has so many people – "loads of friends, my nan, Keith's parents, my aunt. She's happy with all of them – but she likes mum best".

My first impression of Rebecca was of red hair and blue eyes and lots of smiles and affection. She was conversational and curious, giving a strong impression of solid security. This was a child with experienced, confident – and reflective – parents, who was clearly much wanted and enjoyed. Her parents were very clear about their values, and this resulted in a steady consistency between them.

The other things that struck me particularly was Rebecca's learning dispositions. There was a great deal of enthusiasm, exploration and ready involvement with things and with people. She brought to this approach the dispositions to concentrate, persist, question and take risks; and these things seemed to be developing through her play with her companions and her constant communicating with them. There was also much imitation; the Family

F film (on DVD 2) includes a beautifully observed and astonishingly competent portrayal of her mother on the telephone (F/F/2).

I brought two main issues to the Family Meeting. The first was in response to something Julie said about the Framework in one of her interviews (AT/V3: 46:50), which was: “The Framework must include the basics: having your health, having a roof over your head, having the basics and not having to struggle for them; not worrying about where your next meal is going to come from, and that sort of thing – and I suppose having someone else to share it with”. I was interested in what she meant by ‘the basics’, and the remark also made me think about this question from different perspectives: what would the children themselves see as the basics of their wellbeing? How would mothers *generally* view this question, for their own wellbeing? What do practitioners, managers and policy-makers mean by the basics of wellbeing? Indications of these different perspectives have emerged from different aspects of the research and are discussed in Chapter 7: the children’s from Study 2: Case Studies; the mothers’ from the Study 1 survey; and the practitioners’, managers’ and policy-makers’ from the Study 3 Focus Groups.

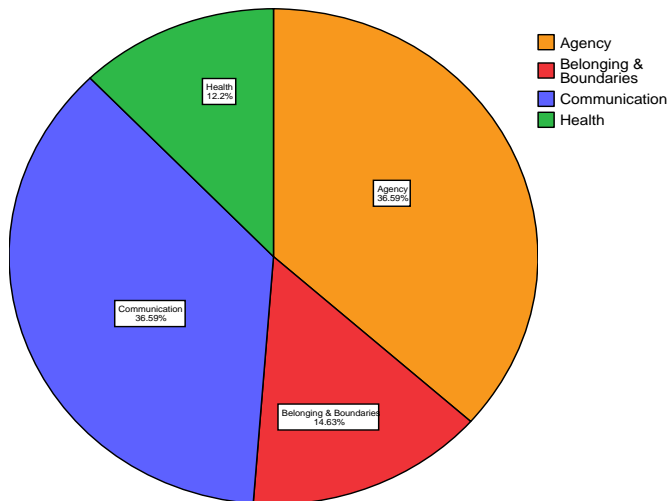
The other (surely related) issue was about what babies and young children need. Rebecca’s wellbeing was clearly thriving; and a central question of this research was about the processes, contexts and influences in which a very young child’s wellbeing would be likely to thrive. So what had been going on for her? Was it to do with her parents’ previous parenting experience? Or perhaps it was because her mother’s work brought her into contact with the latest information on child development? Of course this was a question for all the families – what had worked for them – but here I deliberately put it centre-stage.

In her feedback Julie said that taking part in the research made her feel more aware of Rebecca’s behavior and development; and she expressed a hope that

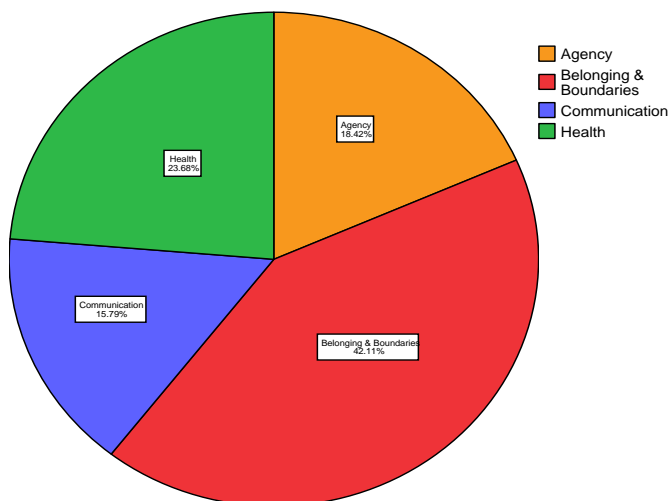
“this research could influence how researchers and practitioners view the child’s development in such an extended family as ours” (see Post-Study Questionnaire at Appendix 3.6).

**Family E Child observations and family interviews**

Child observations: Family F



Adult interviews: Family F





Here was another family in which the child's most important constructs were agency and communication, but the companions were very considerably more focused on belonging and boundaries – followed in this case by health. While the coding of the child observations to agency and communication completely made sense for this child, who had so much opportunity to play freely with a range of companions, I was less able to come up with a ready explanation for the importance to her companions of belonging and boundaries. Perhaps the clue lies in Julie's comment that Rebecca had brought them all together as a family.

**Family G    BRIANNA: 9 months – 1 year 10 months**

Family G lives in a small village, some fifteen miles from Oxford. The family is Indian, and firmly in the Sikh community. They speak mainly English at home, and also Punjabi. They love the village, and have always felt welcomed and supported there. Both parents, Shauna and Deepinder, were very clear that the UK was a better place than the Punjab for them to live and to raise a family.

Their youngest child, Brianna, was just over a year at the start of the study. She was probably the richest child in the study in terms of her 'companions', having six 'siblings' living at home (three were cousins). She was evidently a very secure and affectionate child, who seemed to know that she was wanted and loved, and would be kept safe. Her strong sense of agency was very evident; and this was interestingly combined with a marked sense of interest in, and compliance with, what was expected (see F/G/4). Her fine and gross motor control were excellent; she was walking at her first birthday, and learning how to kick a ball!

The siblings were in fact a mixture of cousins, half brothers, and one brother; they were all very much part of the family. Brianna's father Deepinder explained that each Friday evening there was a family meeting at which everyone had the opportunity to raise any issues or questions about their lives together at home, and that this system worked very well for them all. The three eldest were cousins who had been adopted by Shauna and Deepinder; the eldest a girl of sixteen years at the start of the study, followed by two boys of fourteen and twelve. (The twelve-year-old, Gurudeep, had developed a very special affinity with Brianna, and was her third companion in the study). Next came two boys from Shauna's previous marriage, aged eight and six years; and finally Brianna's brother, aged three years. At the start of the study Deepinder's mother was staying for a few months; and Brianna's eldest cousin was still at home and was also a special person in terms of providing care.

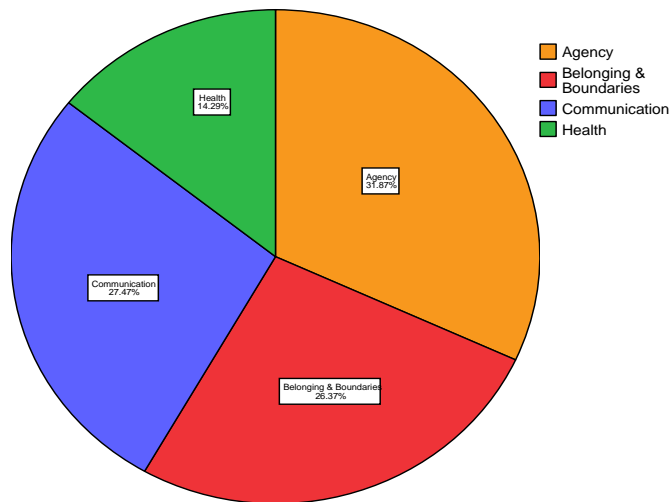
The year of the study was a very eventful one for the family. At the start Shauna was in poor health, although she was much better by the end. Deepinder's employment situation was very uncertain, but this too was resolved at least in part, and ultimately was leading to exciting new plans. Meanwhile the whole family visited India for approximately two months; and then Shauna and Brianna returned to India for a few weeks for Shauna to access training and treatment. Brianna spent some time in a crèche, and loved it. Soon after this Brianna's eldest cousin moved away, making a considerable change at home. And as the year went on a major building project took shape in which the house was considerably expanded in a number of ways.

Throughout all this I was very fortunate to be welcomed and fitted in, so that we were able to proceed with all the aspects of the study. As the year went on, two questions arose repeatedly. Firstly I wondered what difference this unusually large and eventful family environment was making to Brianna's wellbeing development. I was especially interested in the fact that although all the siblings followed very clear routines, Brianna did not yet have any routines – in stark contrast to one of the other families in the study, although both children seemed especially secure. Was there something common to both families that was separate from the routines issue? Secondly, the family's Sikh way of life was clearly extremely important to them, and in the interviews God was often mentioned. (One aspect of the building works was a dedicated prayer room). I wondered what difference the family's religious faith and life might be making in Brianna's upbringing, and in what ways.

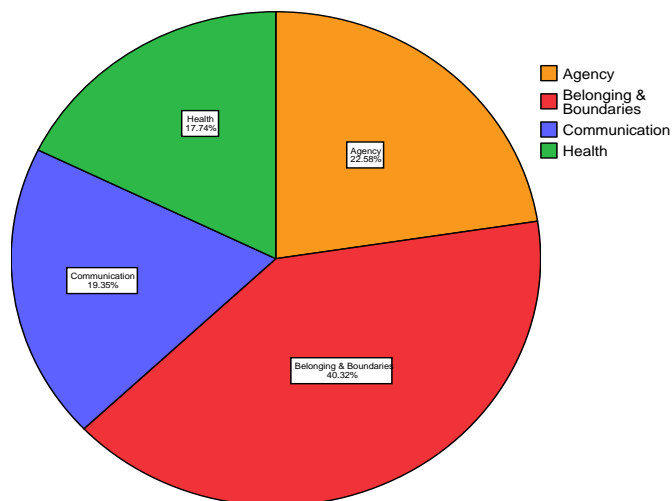
At the end of the last interview with Shauna she commented that taking part in the study had been "a wonderful experience, it gives you a chance to sit down and think what's going on in life, rather than just chase the clock". Deepinder told me that "how you parent depends on your financial status"; and he said "Every day is different. As parents we under-estimate, and over-protect".

## Family G Child observations and family interviews

Child observations: Family G



Adult interviews: Family G



All four constructs emerged in the coding of observations of Brianna as strong, with agency well in the lead followed by communication; although with belonging and boundaries similarly strong. Brianna's companions, including thirteen-year-old Gurudeep, placed enormously more emphasis (40%) on belonging and boundaries than the other constructs; with agency the next most important although quite similar to communication and health.

**Family H    IVAN: 9 months – 1 year 9 months**

I had spoken to Kathleen when she was pregnant with Ivan, and she had sounded very interested in my study; so when the time came I asked her if she would like to join it. She agreed to be one of the two 'pilot' mothers, taking on the additional role of commentating on the processes of the study; and she also joined the Development Group described in Part 2 (5.4.3 p.21).

Ivan had his first birthday about halfway through the study. Kathleen told me that she had had an extremely difficult first few months mainly because of her own ill health at the time, and her distressing difficulties with breast-feeding. Now she was feeling better, but it had been tough, and Ivan's father had been desperately busy at work at that time too.

Ivan himself was a remarkably calm and robust baby. He exuded solid security and good nature, together with very strong positive learning dispositions (see F/H/5). Within the family circle he has two sets of grandparents both of whom see him on quite a regular basis, with the paternal grandparents providing childcare for a day a week throughout the study. In the words of one grandmother:

“He is very very precious, a very very loved little boy”.

Ivan's mother had been a teacher and an artist, and had plans to return to work of some kind when the time was right for Ivan; and his father is a university lecturer. Their house was large enough for Ivan to have his own little room, and the garden at the back of the house offered space for Ivan to play – although the layout, with a low brick wall giving on to hard paving, would be increasingly problematic.

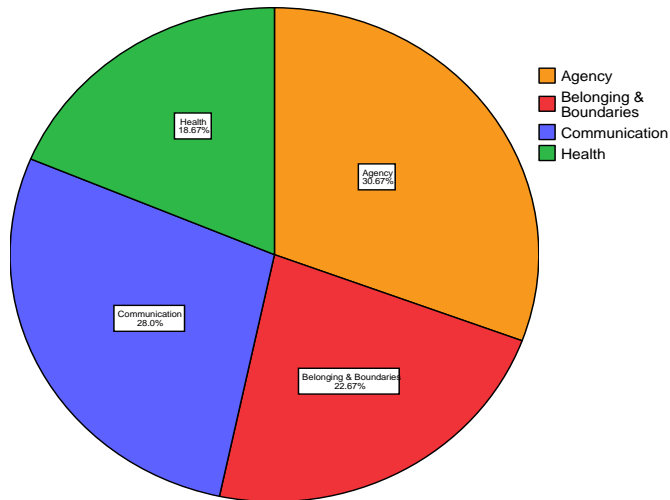
One of the main features of this family was the pattern of routines especially for eating and sleeping that had been a prominent part of Ivan's life from the very beginning. Within the context of warm, responsive relationships with his parents, these routines were the fixed points of his day. For the great majority of the period of the study he ate and slept extraordinarily well, and was consistently good-natured and content.

Kathleen explained that her motivation for these routines was to give Ivan the ability ultimately to manage his own wellbeing and avoid dependency on her approval. In the Family Meeting I raised the issue of the delicate balance that was needed in meeting Ivan's needs both for routines and for warm responsive interactions – two elements that might sometimes be contradictory.

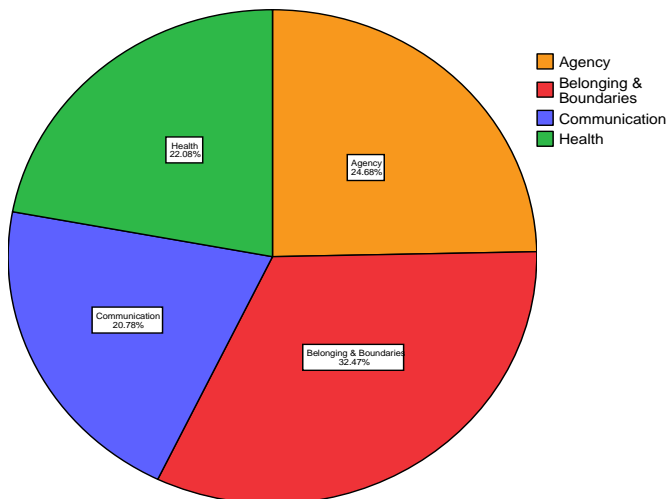
In her feedback, Kathleen emphasized feeling valued by the research, and by the positive, non-judgmental approach taken. She felt that the success of this kind of research would be dependent on the researcher taking a positive approach such as this.

**Family H Child observations and family interviews**

Child observations: Family H



Adult interviews: Family H



My coded observations of Ivan showed that I had seen a fairly even distribution across the four constructs; but that for Ivan too, agency was most important construct, followed by communication. His companions evidenced a greater awareness of belonging and boundaries issues, and this seemed entirely understandable given the frequency with which we had discussed their emphasis on the importance of routines.

**Family J      SASHA: 6 months – 1 year 7 months**

Are first impressions always right? My first impression of Sasha was of a robust, settled baby with her calm and tolerant mother Lara. Nothing that happened subsequently made me want to revise this view although of course it expanded to accommodate all the information I was given by Lara and her family. Sasha's two older brothers were very different. I came to know Zeb quite well as he was almost always kept at home by illness; while her eldest brother Ashley was usually at school except for one visit at teatime. Both boys had additional needs. Zeb had had tuberculosis at thirteen months, asthma, a great many ear infections and various surgical procedures, and more recently, glandular fever; and concerns had been expressed about his immune system.

His mother said that his very precarious health not only made a major impact on his family but had also undermined his own confidence. Ashley had very different needs, thought to arise mainly from attention-deficit hyperactivity disorder. This meant that he had had a difficult time settling down at school, and still needed a great deal of help.

The children's father was a chef, working late and needing to sleep in the mornings. Both parents' families were local and very involved with the children, especially Lara's parents. Lara's mother Pamela had a voluntary part-time transport management job at the local hospice, but she and Lara's father also spent a good deal of time with their daughter and grandchildren. Pamela was the third companion whom I interviewed, and Lara's father came to the family meeting too.

Sasha herself proved to be an extraordinarily confident, secure child, and much loved by everyone who knew her. Her gross motor control was exceptional, and she seemed to possess an inner as well as an outer sense of real balance (see for instance F/J/4). She seemed to assume that everyone would love her, and so of course they did - she had a great deal of social capital with so much family support. Lara herself always had a great deal to do, and even managed to keep



up a part-time care job of her own. I was astonished that she was able to continue giving me time to talk about Sasha and the others. Although she was still breastfeeding Sasha and also was on the pill, she became pregnant again and we had to bring forward the date of the family meeting in order to make sure we had it before the new baby came. Lara seemed to take all this in her stride too, although it was clear that the house would be pushed well beyond its limits by the addition of a new baby.

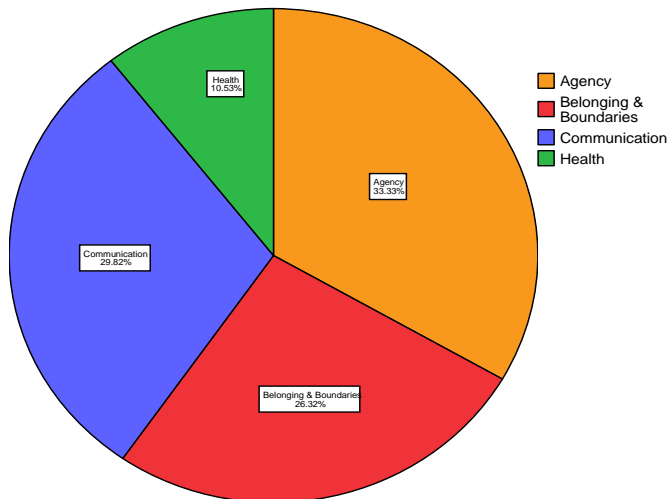
The house in which the family lived presented several significant problems for them. It was about five years old, on an estate on the edge of Oxford that had been built to take as many families as possible from the city's emergency housing list. Consequently it was a challenging neighborhood in which to live. The house, located in the middle of the estate, was extraordinarily hard to find; and Lara felt - in spite of needing to take Ashley and Zeb to school - that it was not safe to go out on her own with the three children. Low family income meant that there was not nearly enough storage, and so heaps of clothes, toys etc. took up a great deal of space. Lara seemed able to manage these difficulties, although her main concern was lack of safety in the house as well as out of it (the stairs led straight out of the living room which made it very hard to contain the children and know that they were safe).

At the family meeting I said that I had observed Sasha's remarkable physical competence, with very good coordination and balance. We also discussed her strong sense of security. I wanted to ask the adults how they saw the impact made on Sasha's development by her brothers – in particular by Zeb's health and by Ashley's responses to situations. Because of the time of the meeting (early evening) we had thought that the boys would want to go upstairs and play once they had seen the film. However, in the event they stayed downstairs throughout, so it was not possible to ask these questions. However we had an extremely useful discussion about what they *most* minded about and would like services to acknowledge: that it's vital that parents and families actually *want*

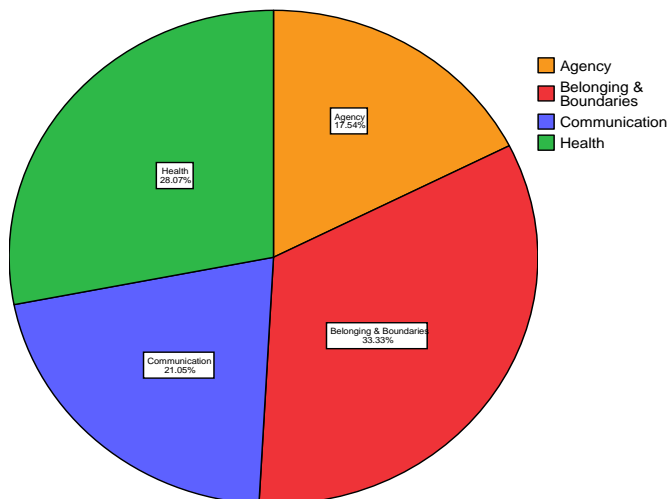
their children; that parents are able to spend time with their babies in the first year; and that in general children need lots of attention and time.

## Family J Child observations and family interviews

Child observations: Family J



Adult interviews: Family J



When I had coded all the various kinds of observations of Sasha, I found that her main focus was agency, followed by communication. However for her companions the focus was different. For them, the most important thing in relation to Sasha was belonging and boundaries, followed by health. Given the issues in the family relating to her brothers, and the whole-hearted love that she gave and received, these priorities seemed wholly understandable.

**Family K JACK and THOMAS: 2 months – 1 year 3 months**

When I first met Bianca, she and her three month-old twins Jack and Thomas were living in Bianca's parents' house. During our mid afternoon discussion in the kitchen she cooked some pasta for her belated lunch while she listened out for the babies who were sleeping in little baby chairs in the next-door room. As she began to eat, Thomas woke up wanting to be fed, so she tucked him into the crook of her arm and held his bottle with that hand, while eating with the other hand and at the same time talking to me.

I learned that she was aged eighteen, had truanted from school since she was thirteen because of being bullied, had been briefly to college, and was a single mother. The boys had been premature by two months. I had been introduced to her by a colleague and did not know how much Bianca knew about me; but she seemed already to have made up her mind to join the study, and I wondered why she wanted to in addition to everything else she was managing. (This became very clear later).

During our discussion - and after she had finished eating - Bianca embarked on the Study 1 task of identifying her priorities for her own wellbeing, which involved dealing with thirty-seven little slips of paper. While she was doing this Jack also woke up hungry, so she fetched one of the chairs and popped Thomas into it. Then she continued with the slips of paper as she fed Jack, chatted to Thomas on the floor in his chair, and talked to me. When Jack lost interest in his bottle he went into a chair beside Thomas while Bianca retrieved bottles and teats from the kitchen and began to prepare the next feed. She seemed completely capable of doing all these tasks at once (my notes record 'serious multi-tasking'), determined to complete the recruitment visit, and cheerful throughout. I myself learned straight away that if she did decide to join the study I would have to learn to repress my impulse to 'help' – something that would have been inconsistent with the study, and in any case Bianca showed no signs of wanting.

A month later at the time of the first visit they had moved to local authority accommodation for single mothers, and all the remaining visits took place there. The flat one - one of six - had a lounge, two small bedrooms, a kitchen and bathroom; and also access to a small outdoor area. Jack and Thomas slept sociably one at each end of a drop-side cot. Bianca's fifteen year-old sister, also avoiding school, was visiting during the first part of Visit 1. Bianca told me that she had joined the study because she wanted to know how best to help the babies, and she wants to know what the study will find out. Nearly three months later at Visit 2, we had another recruit to the study: Bianca's new partner Matt. Although Matt could not live at the flat he spent a lot of time there helping with the boys, and agreed to be interviewed and filmed.

The boys' third companion to be interviewed and filmed at Visit 3 four months later was their maternal grandmother. By now it was summer, and very hot. The twins were eleven months. They were sitting and crawling; and going out into the little area outside the lounge was a normal part of the day. It had always been more than twice as complicated for Bianca to make time for our interviews, but she remained determined. Once we decided that 8 a.m. would be a good time (Bianca explained that this was a very special time as no-one else was there, the babies were enchanting, and it was a lovely start to every day), and she continued to the end of the discussion even though she had been up many times in the night and had slept very little.

The two boys were fascinating to study, being tremendously good-natured, responsive and communicative. They also were temperamentally very different. All this was very evident throughout the study, and a particularly good example was their response to Matt as he fed them lunch one day (F/K/3).

At last, about a year after I first met her, it was time for the Family Meeting. After we had watched the film together, I explained that my observations had shown three particular characteristics of the boys: their strong attachment to Bianca and their security with their other companions; a great deal of communication going on, of various kinds; and their particularly good-natured temperaments.

In some ways Bianca's children would be perceived, statistically, to be at risk; and being a young single mother who had had a two-months premature multiple birth meant that wherever Bianca went, people rushed either to help or to criticize her. Perhaps this had something to do with one of the issues I wanted to raise at the meeting: why was it that although all the evidence I had gathered clearly showed Bianca as a warm, responsive and skilful mother (see for instance F/K/6), none-the-less she had an extraordinarily low opinion of herself? Her perception of herself as a person and a mother meant that she worried constantly about doing things 'wrong', even possibly driving away the very person she loved and who supported her so well, by wearing him down with her worrying. In the ensuing discussion about the impact of worrying so much, Bianca said that she felt three things made mothering harder for her: firstly, constant exhaustion; secondly, her own lack of confidence; and thirdly, she felt that people were judging her all the time. This issue reappeared frequently throughout the rest of the meeting, flagging up her own low physical wellbeing (exhaustion), her low agency (lack of confidence) and her precarious sense of belonging (feeling criticized).

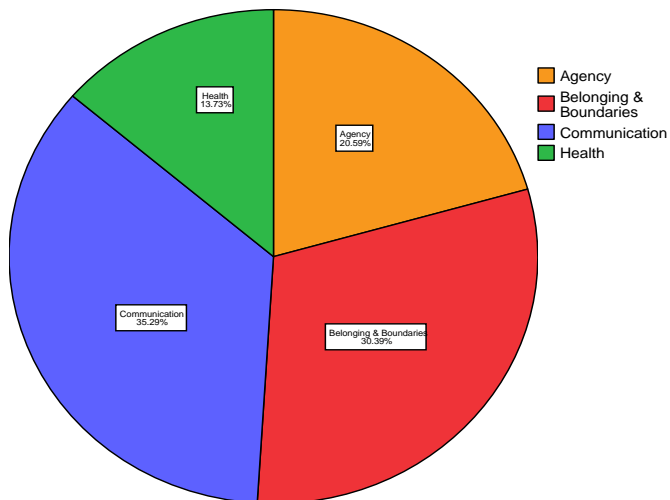
The second issue I wanted to raise was how the family viewed the consequences for Jack and Thomas of being twins. Bianca described how they were great companions to each other, and there was a discussion about the way that one's unhappiness seemed to affect the other. At first I had noted that they seemed to take little notice of each other, but by the time they were eleven months it was clear from my observations that they did indeed treat each other as companions. From the start of the study Bianca had insisted that she wanted

to think about the boys as two separate people, rather than as two halves of one set of twins. She was very clear about the need to think of the boys both as individuals *and* companions – “separate but together” as she put it.

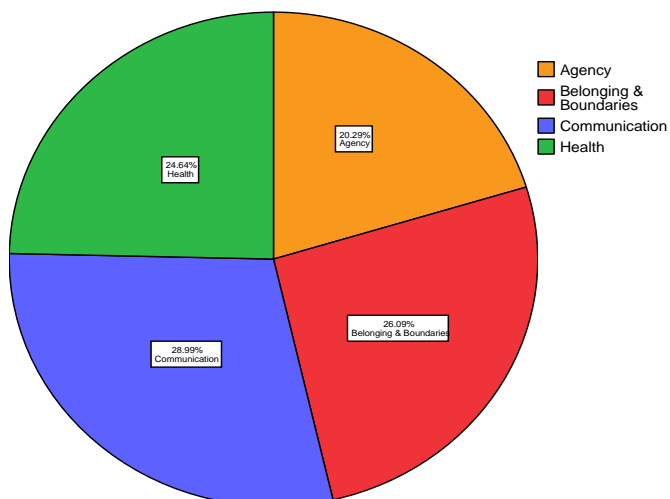
At the end of her final interview I had asked Bianca what she thought her children needed. She answered: “Having parents and people around them who love them, and let them be who they are going to be, and don’t push them ..... listen to them, play with them, and be nice to them. Try and make everything alright for them”. In conclusion, and making reference to having to look after herself in order to be able to look after her children, she said “I know you shouldn’t put babies first, but I think it’s important to *want* to put babies first”.

## Family K Child observations and family interviews

Child observations: Family K



Adult interviews: Family K



My coded observations of the twins showed a predominance of communication, followed by belonging and boundaries (F/K/3). This seemed wholly appropriate, given their 'twin status'. The chart showing coded interviews with Bianca, her partner and her mother reveals a similar pattern, with communication and belonging and boundaries being most important to them too; although with more emphasis on health.



In Bianca's feedback on the impact of the study on herself and her family (see Appendix 3.7: Exit questionnaire) a year after the Family Meeting, she wrote: "And one day (after further training) I would like to be a child psychologist or just someone who makes a difference to children and how they are treated".

Table 2.6: Study 2 families

Child	Date of birth	Gender	Age at recruitment	Age at 03/05	Age at 11.05 (end)	Place in family	Child's ethnicity	Mother's age	Mother's education	Housing	Source
A	01.05.02	M	2.4	2.10	3.5	1/2	8. Pakistani	Over 40	5	Owned	EY colleague
B	23.10.02	M	2.1	2.7	3.2	2/2	1. White British	30 - 40	5	Owned	Nursery
C/P	18.12.02	F	1.9	2.3	2.10	1/1	1. White British	Over 40	4	Owned	EY colleague
D	08.03.03	F	1.6	2.0	2.7	2/2	1. White British	20 -30	3	Rented	Nursery
E	27.06.03	M	1.3	1.9	2.4	1/1	11. Mixed race (Black British / White British)	30 - 40	3	Owned	EY colleague
F	30.07.03	F	1.1	1.7	2.2	3/3	1. White British	Over 40	2	Owned	EY colleague
G	21.11.03	F	.9	1.3	1.10	7/7	7. Indian	30 - 40	2	Owned	EY colleague
H/P	05.12.03	M	.8	1.4	1.9	1/1	1. White British	30 -40	5	Owned	EY colleague
J	07.03.04	F	.6	1.0	1.7	3/3	1. White British	20 - 30	3	Rented	EY colleague
K	03.07.04	M&M	.2	.8	1.3	Twins no siblings	1. White British	Under 20	2	Rented	EY colleague