

DPsych by Public Works Context statement

**A 'cut too deep'; creating a context for change in the family and community of
practice for the management of self- harm**

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Abstract

Self-harm is prevalent in young people in escalating proportions. Research into its causes and treatments is on-going. Significant numbers of young people are treated in primary care without the medical diagnosis of mental health conditions. Whilst most self-harm happens in bedrooms at night, the family and parents in particular are not always involved in the safety and the support planning of their children. The impact of providing parental care in these circumstances is challenging and can be to the detriment of family members' health too.

The account follows a reflexive journey through a multi-agency project, to deliver two outputs – firstly, the improvement of the management of self-harm in the family and community and secondly, the illumination of the developing model of multi-agency work in this Early Help context. These two domains of exploration interweave and alternate through the thesis. Theories from different psychological and therapeutic domains are considered within the Deleuzian philosophical framework to illuminate the processes that distilled the works.

The original reported evidence (upon which this reflexive audit is based) employed mixed methodologies, founded in action research, action learning and grounded theory including qualitative data audits of the mental health context and the impact of self-harm according to parents (134 coded cases reviewed), semi-structured interviews with young people in focus groups, case work and case studies, impact of training programmes and workshops for parents measured through questionnaires and on-line surveys, pre and post intervention scaling, semi-structured interviewing and focus groups in the final phase of work. 535 participants from the wider network of practice, families and young people participated in the process.

The project reported that a family focused approach is important in the management of self-harm and the helping network struggles to work seamlessly around the family. A relational frame, safety planning, social prescribing to Parent Support programmes and Co-ordinated Circles of support interventions assist at the level of the family. Clinical supervision and GP family focused consultation techniques improve the experience of help and support a context for family recovery. The relationships between the helping partners require attention. Project partners value a model of non-hierarchical collaboration underpinned by shared values within a light-touch framework where the

'lived experience of the family and network' is at the core of the developing ideas to improve practice. This model of multi-agency working is optimised when learning is at the centre of partner collaboration and when conditions such as stigmatisation, complex issues, risk management and historical difficult relationships with help are present.

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1. Introduction

This context statement describes the enactment of the ‘dance’ of my lived and professional experience in my career leading up to this doctoral submission. It retraces the development of my values, beliefs, knowledge and skills and outlines the theoretical influences that have shaped my development and practice over thirty years, focusing throughout on public works. I take a reflexive methodological stance in reviewing this journey to critically refine and reframe my own role in the development of the emergent model of a multifaceted approach to supporting, educating and coordinating services around self-harm. The public works focus on the delivery of two outputs – firstly, the improvement of the management of self-harm in the family and community and secondly, the illumination of the developing model of multi-agency work in this Early Help context. Throughout, I pay attention to my own feelings, thoughts, experiences and contexts which ‘inform the process and outcomes of enquiry’ (Etherington, 2004: 32) and, over time, come to enrich my conscious deliberation and learning - mirroring the multi-layered model produced.

In this statement I will offer Deleuze and Guattari’s model as a frame of reference for the unfolding works and dynamic processes in play (1980). These public works (from

2012-2017) include reports that define and formulate the problems around self-harm and the barriers to help; reports that influence the strategic direction of the work; conferences, training presentations and resources that support the professional system in improving practice in this area, and the development of an evidence-base from piloted interventions in the so-called Parent Support Programme, Circle of Support Interventions, multi-agency supervisions and the General Practitioner (GP) adapted consultation technique.

I review the works chronologically in the first phases punctuated by questions to steer further action and reflection of prior actions from my practice until the third phase of this inquiry in late 2015. At this stage the project peaked with a plethora of works, which I theme and discuss with regard to the research design and methodology, piloted interventions, training and resource development. The works are shown in my timeline document (Figure 2; pg. 24) as part of my career and in the context of my life as a mother, when events in 2009 re-orientated me and distilled these works. A timeline featuring examples of the events in focus is provided for the period (Figure 4; pg. 93). An alternative philosophical mapping of events is also provided in accordance with our overarching framework (Figure 1; pg. 16) and the emergent coordinated model is also given (Figure 3; pg. 71). A subsequent coordinated project stemming from the original

work is also presented (Figure 5; pg.112). For further reference, a mapping of the work to the level 8 Descriptors of the Metanoia programme is supplied in the Appendices. A document itemising the works derived from this submission is also in the Appendices section and indexed to the full range of supporting evidence (SE) provided in a separate document.

The context statement takes the reader through my early years, my professional development in occupational psychology alongside clinical work before a move to my current employment. I recognise my position as Alvesson and Skoldberg's 'knower' informing the territory of 'knowledge' (2000) through my adult identity as a white, middle-aged woman, a single mother, friend, mentor and supervisor, manager, consultant, student of leadership and change, a human resource professional, coaching and occupational psychologist, specialist clinician, a psychotherapist and employee.

2. A Rhizomatic framework for thinking about these public works

This thesis is a story of different accounts, components and positions, existing in a contradictory, overlapping and complex landscape and evolving simultaneously. Non-linear events demand a different critical theory that offers an alternative framework in which theorizing is not fixed but fluid. The originators of this framework, Deleuze and Guattari, offer extensive philosophical ideas with many applications for thinking about events that are connected but organised in non-linear ways (1980, trans. 1987, 1988). Their approach, described in the book 'A Thousand Plateaus' offers an original perspective on the organising principles around research, policy, art, music, politics, community life, education and public services, business, speech and language, writing, identity formation, change, leadership and network theory. I will refer to their framework as we proceed through this thesis.

They developed the rhizome model. The rhizome is a plant with lateral buds and multiple roots connected in unexpected ways and appearing in unpredictable locations, operating by means of multiplicity, variation and expansion. It can be compared with the model of a tree, which is hierarchical and centralised and to which bureaucracies and professionals traditionally gravitate. Carl Jung eluded to life being like

the rhizome in 1965 'Its true life is invisible, hidden in the rhizome.' (1965, Preface).

Deleuze et al described the rhizome as operating on six principles. The first referred to ceaseless connections; the second to heterogeneity (based on mutualism and symbiosis) and the third to multiplicity and resistance to rupture (restarts again elsewhere as the fourth). The fifth principle was cartography (virtual 'mapping' as a priority over historical tracing) and decalcomania was the final principle: 'forming through continuous negotiation with its context, constantly adapting by experimentation' (1988, pp. 6-7). The wide reach of Deleuzian philosophy has brought much commentary.

Jabri emphasizes the 'centre-out' mode of change in a relational system, rather than a top-down approach, in which interactions are based on 'speaking to' rather than 'speaking at'. He continues to indicate that 'feeling the feelings of the "other"' are constitutive of the act of changing, which requires a high degree of responsive interaction between an organisation and network members (2016, pp. 35-36). Jabri recognises that keeping pace with changes around work means that 'changing' becomes a continual challenge in terms of the involvement of people and the endless act of co-construction to achieve meaningful change.

Deleuze et al 's concept of 'becoming' or 'being in the making' refers to the individual and collective struggle not defined conventionally by pre-existent determinants 'to grow both young and old at once' (Deleuze, 1995, p. 170). The Deleuzian philosophy of 'becoming' also connects to ideas of reflexivity (use of self as an instrument in the work; Rober, 2005) in research (Attia et al, 2017). They describe how we use ourselves to craft processes in which we are also a functioning constituent in the mutual shaping of research and practitioner-researcher in a wider relationship with our whole-person-self.

Deleuze et al's notion challenges some of the criteria for conventional measurement of outcomes when they suggest that impact measurement in the present (merely a point in the passage of time) is overemphasized, particularly quantification and categorisation. This model offers an alternative and less linear understanding of the sequencing of events in a system with no hierarchy, no beginning and no end. They refer to the duration of time as a cluster of related possibilities in which some are realised and some are virtual and potential. Likewise, Pearson challenges the scientific, evidence-based approach of tracing every point of impact back to its genealogy, filiations and descent and consider another route 'via variation, expansion, conquest and captured offshoots' (1999, p. 50).

Deleuze et al (1987, 1988) discussed that shared consciousness is not sufficient to create complex change, citing the intensity of forces in the environment as an additional component. The intensity of these forces may be unobservable from any central point. Component events may still be connecting at different levels in our physical and mental space as complexity grows in order to facilitate continual adaptation to our environment.

In another relevant concept, DeLanda (2006, 2016) expanded Deleuze et al's idea (1988, pp. 22-23) on assemblages, in which the parts (of a system) need to interact to yield a 'whole', while retaining properties of their own identity. I equate this to relationships with the agencies in our network as part of our project. Assemblages are not reducible to the sum of their parts, for that would make them a collection; there are interacting parts but they are not fused in totality and they can connect with others outside the assemblage; they tolerate difference but they have the emergent properties of a new entity.

These formations offer a representation of how society is organised in terms of their exterior relations in which the heterogeneous components of assemblages such as buildings, physical and mental space, machines and technology, resources (people and products), symbols of identity, language expression, appearance, qualifications and training accreditations, and infrastructure can be detached and plugged into different

assemblages in which the interactions are different. DeLanda indicates that the properties of the whole cease to exist when the interactions and connections stop. These entities always mutate, break-up and are time-limited but they do create temporary liaisons between themselves.

I think of our heterogeneous partnerships and the challenges of creating co-operations that also respect different identities, missions, agency policy positions amid the requirement to hold and stimulate the wider connections without the use of power or hierarchy. I note the impact of DeLanda's territorialisation in which assemblages can be defined by the degree of flexibility and softness/fuzziness of the boundaries around them. Softer boundaries (de-territorialisation) lead to more openness and receptiveness to change. Re-territorialisation is linked with the hardening of boundaries, increased tension and reduced cooperation.

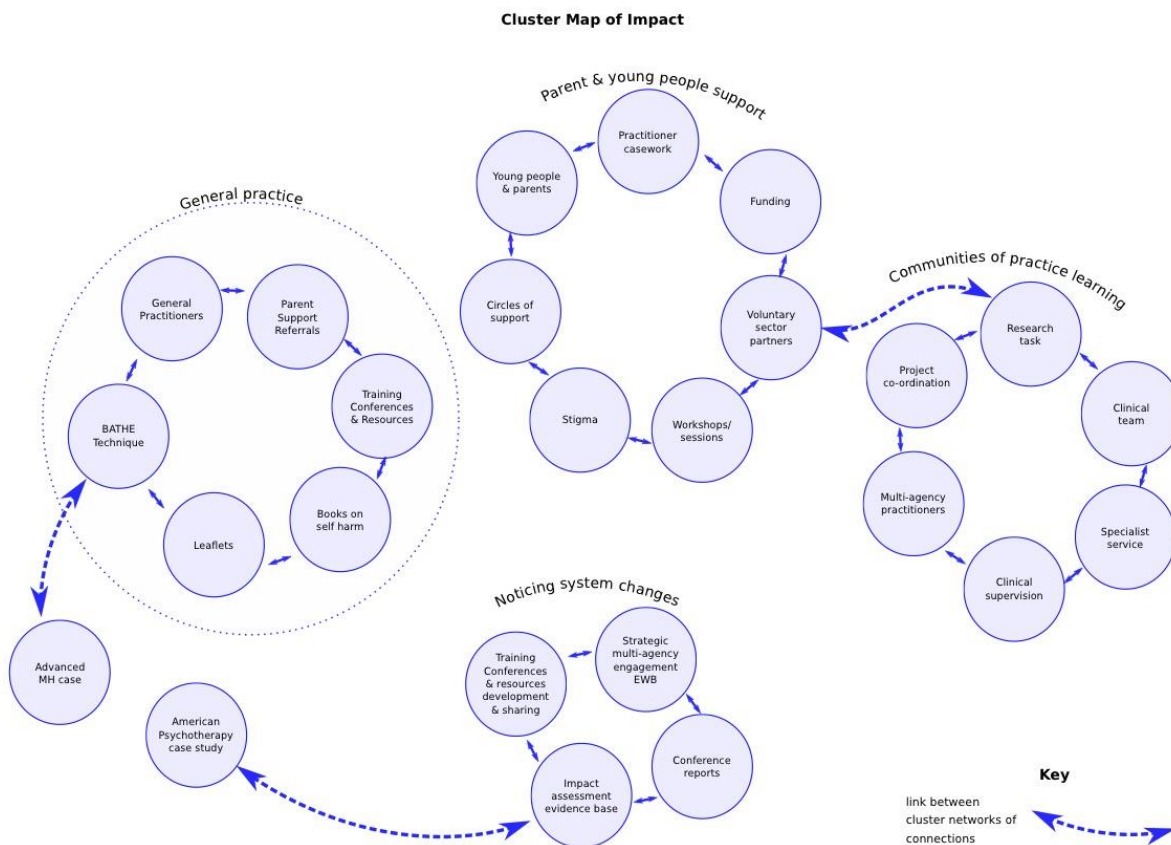
DeLanda also refers to coding and decoding 'the role played by special expressive components in an assemblage in fixing the identity of a whole' (2016, p. 22). This coding is associated with naming, mapping, data generation and valuation and, when emphasized, fixes identity associated with centralism and tree-like control. Emergent properties of centralism, hierarchy, legitimacy, tension over resource allocation and jurisdiction can all impact on the degree of cooperation within and between these

assemblages, as we found in our partnership work. Assemblage theory offers the reader another representation of the public works in this thesis, as seen in the alternative assemblage map in Figure 1.

These ideas also connect with the notion of insider/outsider narratives in several ways. The centralist stance and tree-like structures are associated with a powerful inner circle but perhaps the best place to see the centre is from the outside. Territorialisation through incorporation is aligned to an outside position with adaptable and soft boundaries, free of the constraints of tree-like power and domination which I associate with both central and local government. Deleuze et al's 'Lines of flight' (disarticulate relations between and among practices and effects, opening up contexts to the outside and to new ideas) break down coherence and disarticulate the unnecessary segmentation imposed by the 'Tree' (1988, p. 6). Lines of flight offer a bridge to a new formation and a greater inclusion.

The rhizome encourages irreverence at the level of practice. It encourages a reduction in demarcation between professional boundaries, fosters the crossing and integrating of

Figure 1



academic disciplines in pursuit of wider knowledge and promotes curiosity about new learning encounters as well as flexibility and flow. Deleuze et al's concept of 'nomadic' practice (1988, pp. 492-497) relates to our work and speaks of a journey to the

unknown in which unheard and untold stories can be expressed in a way that brings forth new knowledge.

They also theorize about gender and women in leadership roles and address identity as an assemblage: 'a regime of signs and events that intertwine the relationships between signification and subjectivity in a process of becoming' (1988, pp. 71-72). They describe the tensions between the different 'planes of organising practices', integrally linked with the 'planes of consistency', as ongoing processes of becoming (1988, p. 270). The continual unravelling of the self from organising constraints (while at the same time seeking to maintain consistency in predictable systems and stable organising practices) creates tension. A woman juggling 'multiplicities' is invariably impacted by the shifting 'forms of content and expression' (1988: p 24, p.88-89) as she adapts to her landscape in all its layers of presentation.

At the level of rhizomatic research, the lateral ground-level relationships within the project create a context for illumination through emancipatory participation and reflexivity. I have alluded to these ideas in several parts of this thesis and I wonder whether my own thinking and actions are rhizomatic or whether I am attracted to contexts of work that 'are becoming rhizomes'.

3. Early background and theoretical influences

'The human brain is not in direct contact with the world. To perceive the world in the way it does, the brain must construct a theory of what the world is like.'

Frank Smith (1985, ch. 5, pg. 98)

I originate from Fenland, to which my Yorkshire parents had come in pursuit of work. It was not easy to be different in this conservative community. I learnt a 'healthy' disrespect for authority and bureaucracy from my father. Behind this gritty, humorous scepticism towards 'the establishment' lay a man who had been denied access to it on the basis of his background and not his intellect. For example, he was not, according to my headteacher, educated enough to be accepted onto the governing body of my grammar school. He subsequently argued with a teacher at the same school that a university education was wasted on a girl and boycotted the school ceremonies at which I made my Head Girl speeches.

I am reminded of John Burnham's context categories of social difference (the so-called 'Social GRRRAACCEEESSS'¹ an acronym for a list of descriptors) such as geography, gender, class and education (1993, 2013). At the time I remember feeling frustrated by my father's hostility to school and the repercussions for my own position, quickly followed by relief at his marginalisation and withdrawal from school life. I look upon this last statement now - dialoguing with my therapist self - to question the impact of these events on my esteem, my 'imposter-self' and my sense of safety? Did I leave school 'not feeling good enough'? How did being a helper soothe those feelings and account, in part, for a life of lateral multiplexity and parallel pathways?

I see my father's anger as an early symptom of marginalisation in the process of escalating and visible marginalisation depicted in Burnham's model. His withdrawal from my school community polarized his views about education, institutions and my own future as his daughter. I now connect these events with my own values of community

¹ *Social Grraaacceesss: an acronym for geography, gender, race, religion, age, ability, appearance, culture, class, ethnicity, education, employment, sexuality, sexual orientation spirituality (Burnham 1993; 2013).*

inclusion and empathy with the unheard and disengaged who may also become the truculent.

Predictably, my father did not like social workers and, after one of my brothers drove a car to London at the age of fourteen, he encouraged us to make maximum mischief in order to drive them away. My brothers and I moved the social worker's car up and down the road (so she was disorientated when she left our house). Realising that maleness encapsulated in an adventurous spirit was highly praised, I participated enthusiastically in such 'playful' opportunities and typically roamed out until darkness fell. This spirit informed my backpacking adventures and consultancy work in other countries.

My father denounced the creativity of all institutions, further cultivating my 'irreverent position' towards them, possibly in response to his alienation by them (Cecchin, 1992). He decried experts, preferring the 'teaching of life' (Wheatley et al, 1998) and thus developing my interest in the 'not knowing position' and collaborative stance in my work (Anderson et al, 1992). I considered my own mother with her devotion to my father and cooking as an antithesis to my advancing feminism. It was her hospitality skills that my father used to find his position in our closed Fenland community.

Quite simply, my parents invited every new person they met to supper. I see this as my father's attempt to undermine the established social hierarchy of our little town and a recognition of the difficulty of assimilating into this place. 'Gatherings' often involved people from every background and, over time, these relationships spawned social enterprises and community projects in an alternative social system that was nevertheless connected to the predominating social and business networks. He found opportunity between the formal systems that prevailed and the collective fresh ideas of the new arrivals in the assemblages that formed around him.

I was the first woman in the first generation in my family to go to university. I believe my father expected me to rebel against his authority by applying to university (as my upbringing predicted) and, in turn, I expected his accommodation of my independent thinking to re-stabilize our family relations. I am reminded of dissonance theories (Festinger, 1957) when I see the family's accommodation of my behaviours into their values in order to develop our own evolving family story with women's roles.

Internalizing my parents' slight community alienation in my values and family insider/outsider narratives has led me to empathise with others who might also be seen as different. I have relished this outsider vantage point and used it to take a 'meta'

position (Hayley, 1991) towards what I observe. Looking back, I was primed to move knowingly between formal and informal systems, using social networks to bridge the two. My childhood strengthened my resilience, but I am aware that I must always work to remain credible in a judgmental and unfair world which continues to render me 'grateful' when opportunities emerge. I think this partly explains my lifetime relationship with ongoing education, development and contingency planning.

On reflection, I saw my father's vision realised through his tenacity but I feel he remains the Private Victor within Stephen Covey's leadership model as he never forgave those who obstructed him sufficiently to engage fully with them, in contrast to my mother. I am drawn to the cooperative role of my mother, tempering some of the hostilities and defensiveness that I associated with my father at this time, enabling the creation of an environment in which my father could advance his local enterprises.

Eva Cox (1996, p. 1) indicated 'Women have an uneasy relationship with leadership and power', which I relate to the role modelling in my own background as well as in the wider political context. Perhaps I have a greater understanding of my mother's skillset and, consequently, a deeper appreciation of my female self. I am drawn to the 'both' 'and' of this account - an irreverence and 'flight' from constraints and yet consistency

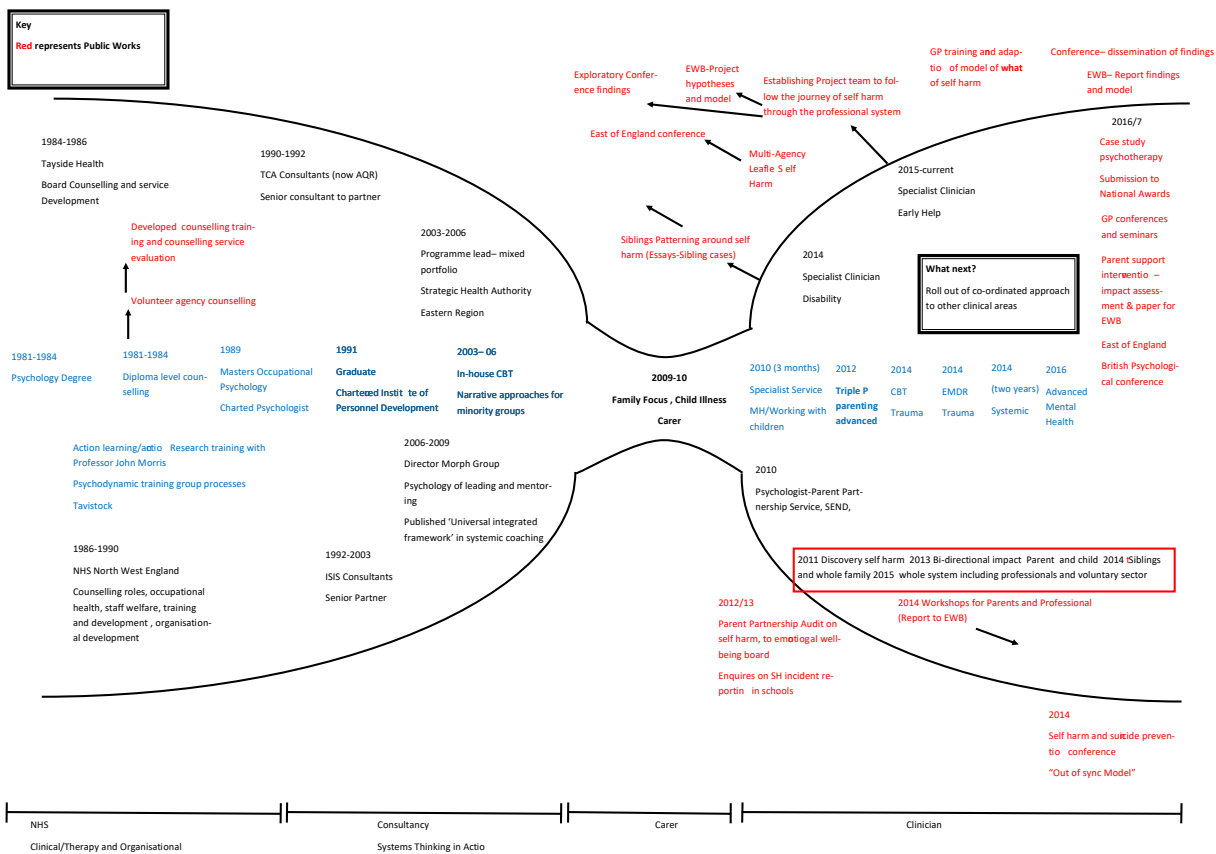
and safety-seeking, through the generation of alternative pathways enabled through a lateral perspective.

4. Professional foundations and more theoretical influences

Studying psychology at Manchester polytechnic was the vehicle to leaving Fenland. Unconsciously I probably selected psychology because my father joked that I was typical of those 'ologist people who pretend that chatting is a proper job'. Perhaps the memory of his own words softened the blow of my absconding with my 'full grant'. Once in Manchester, I quickly worked to make myself feel safer in my context by creating a parallel pathway of development. This lay in the voluntary sector into which I somehow contributed over twenty hours a week in counselling roles and graduated with a substantial counselling portfolio. I have no doubt that the draw of the voluntary sector stems from my family links with agencies embedded within the community over and above central and local government. As that so-called 'chatty little girl', I was destined for this work. Of course, my father's dismissive notion of counselling was influenced by his gendered perspective and my training has helped me develop a different concept of psychotherapy.

It was at this point that I began to be aware of the growth of interests and values alongside those held from childhood. The first graduate job in Scotland was an

Figure 2



'adventure' which took me further from my roots (*Figure 2, pg. 24*) and was made possible by my counselling experience as a new graduate. It was at a conference that I met Professor John Morris from Manchester University who invited me to join his Leadership Action Learning Set in England. This became a pivotal opportunity to develop knowledge and skills in Appreciative Inquiry, Action Research and Action Learning Set Facilitation.

I wonder about the connection between Action Research (Lewin, 1944; Blum, 1955) as an overarching term and Action Learning as an example application (Revans, 1983; Pedler, 1991). Action Research, typically iterative and cyclic, embraces the pursuit of change and understanding concurrently through action and critical reflection. The focus of the reflection is on the previous action to guide the next step. Action Learning is a reflective process that is undertaken by a group (or community around the work) with the purpose of learning together from their experience. Action Research is systematic and guided by research questions and Action Learning focuses on the benefits of working collectively to address complex issues and release opportunities for group and personal learning. In practice, the two terms often overlap alternating and interacting through the phases of discovery (Zuber-Skerritt, 2015). Through this conceptual integration, we recruit participants as practitioners to create and own their research and

learning in a process of community engagement for sustainable change in their context of operation. Curiosity and personal learning cannot always be contained within prescribed arbitrary compartments in complex contexts of focus. (Raelin; 2009).

John introduced me to these ideas that shaped my professional passions. Sessions with John and Set members, reminded me of my father's 'gatherings', at which food was served and questions asked that released new ideas on how to problem solve together. I can remember my excitement at being alongside 'captains of industry' but still felt my own contribution was valued in a context in which I felt very comfortable. It struck me that this was a wonderful way to unleash the positive energy of a whole system and I went on to become both an Action Researcher and Action Learning Set Facilitator, having undergone further training with John.

The Strategic Health Authority job included both clinical work and, latterly, a senior consultant role in the organisation development unit. This enabled me to stay connected with my university action-learning network and continue to learn from my mentor. I undertook trainings in organisational psychodynamics (see Neuman, 1999 for more on the so-called systems psychodynamics), Tavistock Group processes and relations (Rice, 1965), group facilitation, one-to-one consultation trainings and change

management. I noticed the overlap in theoretical frameworks, knowledge and skills within and between the work. The Open Systems lens (von Bertalanffy, 1969) further affirmed the arbitrariness of professional boundaries and resonated with my sense of connection between psychological behaviour within and between individuals, groups and organisations.

The notion of systemic and dynamic change (Blanchard, 2003) that occurs in organisations and communities also informed my model of practice. The interwoven view of policy, leadership, practice, information systems and of the members of systems actively reflecting, rethinking and reorganising themselves to improve their own and system functioning, appealed to me. I studied my Master's degree in Occupational Psychology, focusing on individual wellbeing as well as deepening my interest in systems and organisational and learning behaviour.

I have oscillated in my relationship with the public sector, resulting in an uneasy alliance between my attraction to the work and my 'irreverence' to the associated bureaucracy. Of course, this stems from my childhood. I work to accommodate these tensions as long as the pull of the work is greater than the impediment to doing it. At this point in my life the 'pull' was elsewhere in the consultancy world. Certainly, the lure of travel and

adventure partly drove that decision and John's retirement from the university cemented it. Perhaps my insider/outsider narrative also connected to the uniquely-positioned consultant role. I was on the outside of organisations, looking inward.

I took my first consultancy role in a firm and left as a partner, slightly disappointed when an overseas assignment clashed with my first maternity leave. Seven months pregnant, I joined a new firm as a senior partner. I loved the work and was able to connect to many interests around marginalisation, organisational and community behaviour.

I managed a mixed portfolio of psychological work; working with an oil company in the UK and Europe for ten years as well as advising on aspects of strategy in Africa and Asia. I worked around child abuse enquiries in the '90s which led to a roll-out of the project, 'Towards safer care' in the UK utilising my organisational and clinical skills. This was a valuable experience in 'whole system working' as described by Lewin (1947), although his notion of re-freezing hardly seems to fit with our endlessly changing complex world. We identified the features of abusive cultures and supported system transformation through targeted interventions, for example, by working with those accused of abuse but not found guilty in the courts, supporting managers and identifying support systems for victims. There were many tensions and conflicts such as ethical

dilemmas in relation to locating the highest context for the work but not skewing potential evidence in the legislative system. I am reminded of Myron Rogers' fourth maxim (Wheatley et al, 1996; 1999) which refers to starting anywhere in the system, following it everywhere; keep connecting the system to more of itself - to release its collective intelligence.

I wonder whether this maxim is achieved through attunement in relationships with others 'on the ground', collecting intelligence which intuitively shapes a sense of the organisation's readiness to take the next step - not dissimilar to the coordinated management of meaning model (Pearce et al, 1994) that describes the multiple layers of communication experience. I have always held a clinical or coaching caseload in organisation development projects and knowledge acquired in this 'grounded work' has informed method and pace in my work at more strategic levels and narrowed the theory practice gap through the use of 'lived experience' as a bridge to relevant application. I am reminded of my father's 'gatherings' as a test-bed for his theories.

The 'pull' of the consultancy world waned as the demands of motherhood grew. I accepted a move back to the public sector in 2003 (see Figure 2, pg 24). I check myself over my words, 'move back' and wonder whether this should read 'backwards' - a

necessary accommodation to family life and a desire to seek the relative safety and predictability of this sector to accrue more energy to give to the family. I was instantly drawn to matters 'outside' the corporate gaze in my new strategic role; specifically, the underrepresentation of black and ethnic staff in leadership positions. I presented my evidence in a paper to the leadership steering group and the Black, Minority, Ethnic (BME) leadership programme was launched in 2005. It resulted in a national commendation and, most importantly, an increase in the number of black and minority ethnic leaders in prominent positions in our region. I wonder whether I was drawn to notice this injustice and respond to it as a result of the aforementioned 'insider/outsider' family narrative, my values about meritocratic society or the fact that I had five mixed-race children of my own for whom I wanted the best future.

Consultancy opportunities emerged again a few years later as my children were a little older. I worked with fair trade farmers from West Africa to help them to solve a classic 'vertical integration' conundrum. Historic family feuds led to local fragmentation of crop choices and the community was not able to meet minimum exporting thresholds from which the whole community would benefit. Economists and organisational theorists (Stigler, 1951; Chen, 2001) typically report vertical disintegration when cooperation on matters of shared significance does not materialise. Wheatley et al (1996) stated that

networks need to create shared significance so that change can happen. Even when the farmer relationships had temporarily healed, I noted that setbacks and distress left these relationships fragile, in need of containment for the longer term - a theme present in my work with self-harm. My organisational and management theories were about to be adapted in the context of work with children and families in the form of the AMBIT model (Adolescent Mentalization Based Therapy, Bevington et al, 2012).

I was reminded of the coaching consultancy work I had undertaken in Northern Ireland during which the goal of strengthening relationships was achieved by creating a context of empathy towards the position of the 'other' - leading to sustained change in relationship appraisal. I captured some of these ideas through case and project work in a book on 'Psychology of coaching' that I co-authored (Law et al, 2007) at the time I became a director with the Morph group. During this period, I led some large-scale recruitment projects using assessment centres as an instrument of selection. The management and distillation of significant levels of data posed a particular challenge. I learnt about the importance of assessor training, clear structures and coordinated approaches to 'washing-up' data (namely 'cleaning' and discarding irrelevant data in the thematic analysis process) effectively and robustly within the community of assessors.

At this stage in my career I have a sense that my early life and work experience were steered by my multiple factors. They included the desire for independent thinking over professional generosity, problem formulation as part of a bigger context, an analytical understanding of societal and individual power and a meta position instilled by an insider/outsider narrative. I was also drawn to the consultant role on the edge of organisations, a curiosity for information gathering using different methodologies and intelligences, an interest in making connections between parts of a disparate system and my own different theoretical perspectives and narratives.

In hindsight I had not journeyed far into Erikson's stages of the life cycle (1963) and McAdam et al's concept of generativity, embodied in deep care for others, was only superficially evidenced (1992). I had been busy with family life and the intellectual episodic encounters of work projects, the pragmatic development of practice and arms-length passions which had brought significant financial reward. Bourdieu's forms of capital beyond the economic had probably evaded me and it would be the connection with personal pain that created a will to study, learn and develop myself (Bourdieu's cultural capital, Bourdieu, 1986) in order to mobilise Goss et al's (2016) professional entrepreneurialism in works around self-harm.

5. Turning point and introduction to Self-harm

'Our wounds are often the openings to us.'

David Richo, 1991

In 2009, life changed dramatically. One of my children became extremely ill (as reflected in Figure 2, pg. 24) in the narrowing of the hour glass in a defining period. After she emerged from a prolonged period of intubation, seven years of precarious family life ensued with my daughter being an in-patient half the week and then receiving nursing at home for the rest; dealing with disability and an uncertain future. We moved closer to the hospital when her survival seemed remote. We remained there until her treatment schedules became viable from further afield; miles from the children's schools and social life. Progress was interrupted by setbacks and returns to hospital for extended stays. I was a single parent and became a full-time carer as I felt I was best placed to help my own child.

Later, I applied for a job as a psychologist working with families impacted by child illness, facilitating groups and holding a caseload to support families. I was drawn to the position because it clearly resonated with my recent experience as a parent rather than with my professional credentials. I felt attuned to the vulnerability of being a parent, a strengthened resolve that a parent was the expert on their own children and a sense

that the professional system needed to be more holistic in its approach. The notion of parental over professional expertise links with my interest in collaborative ideas and my learnt childhood scepticism about professionals. My own experience of mirroring the distress of my child in adversity aligns me with both attachment and mentalization models. The fact that my own child was a teenager but was totally dependent on me only confused the dynamic for us both. I felt I was a stripped-back version of my former self re-entering the workplace with no legitimacy or status. I was on the inside of a complex organisation juggling the drivers in order to locate the voice for the unvoiced (including my own) and create a context in which change could happen.

I note that my 'impostor syndrome' may have resurfaced and my reflection on my fitness to practice in that job may, in part, explain my pursuit of multiple qualifications thereafter. Paradoxically, it enabled me to establish a 'not knowing position' and reach out to the parallel and external community of practice existing outside the local authority. The role enabled me to stay close to my daughter, keep my family financially stable (albeit in very reduced circumstances) and mirror the hopefulness of slight improvements in my daughter's condition through my widening engagement in life.

The parents I encountered in 2011 were outside the system. They were unheard; schools did not even report self-harm, following a policy framework that was unclear and maintained the invisibility of self-harm. I was connected to the parents' isolation and powerlessness, their desperation to help their children, their shame and guilt that they, somehow, were to blame. One early consultation I recall around a child's self-harm, struck at the heart of me. The parent called but could not speak. I could hear her weeping. This mother was incapacitated by her own distress in response to her child's sadness. (SE pg. 171) Self-harm had 'cut' through the family and this parent wondered whether she should end her life. I was drawn to this work in which 'mother and daughter' relationships were the predominant frame of reference (reflecting my own preoccupation) in a context where young women were disproportionately impacted by self-harm. I wonder how my emotional attunement was accentuated and how it permeated the objectivity of my formulations in this clear resonance with my own pain.

Self-harm is a relevant field of study in a community context for a range of reasons. The British Medical Journal (Morgan et al, 2017) reported that there is a 70% increase in self-harm in teenagers; young people who self-harmed are nine times more likely to die from unnatural causes through suicide, alcohol or drug poisoning. The research evidence focuses on those young people who are admitted to hospital - a tiny proportion

of the young people who do self-harm. Whilst the medical understanding of self-harm is always welcomed, the role of behavioural, social and relational factors around this phenomenon have not been explored sufficiently in a community context. The understanding of some of these factors enables us to more effectively support young people, their families and those who help them in the management of self-harm in order to minimise its lasting impact.

The literature on self-harm in 2011, provided a useful reference point to focus my questions to steer our enquiries for collective practice improvement for working within a family focused frame. Communication problems and family relationship difficulties were associated with self-harm (Webb; 2002). There was an association between the absence of a family confidante and self-harm (Tulloch et al; 1997) and some evidence of the protective nature of a close parental and young person relationship (McLean et al; 2008). The ripple effects of self-harm in the family was postulated alongside the increased risk to siblings if another child in the family self-harmed (Trepal et al; 2006, Clarke et al; 2006, Byrne et al; 2008) but the mechanisms of family distress were not fully understood. There was little research about the impact of stigma in this specific context, the barriers faced in accessing support and the circular impact of these elements on the young person and their family. Likewise, the specific impact of working

with self-harm on the practitioners particularly those in the Early Help or primary care system was rarely researched. What's more, the sparse family focused research was not widely accessed in practice during this period of the works and there was little guidance to families and the helping system in improving their resilience to the possible negative effects of self-harm.

Fingerman et al (2015) also identified that parents shared the emotional pain of their family members. Parents reported to me that self-harm, in its brutality, traumatised them directly or indirectly through the accident and emergency admissions it produced. Appreciating more about this intense bi-directional impact of self-harm in the family, was a hypothesis that interested me early in this work and yet this particular feature of self-harm impact was being disputed by my local specialist mental health team in 2013. Is it inevitable that a time-lag exists between research and its application to practice? It may have been my own fearful parental experience of finding myself so connected with my daughter's emotional journey and sometimes in conflict with her health-care professionals, which made me tenacious in pursuing this subject.

With reduced resources in public services, our increased knowledge about self-harm and the expected role of families in the safeguarding of their children, identification and

roles of other 'helping' partners in the community is key to implementing care. An appreciation of barriers in our work such as over-lapping jurisdictions and the inevitable tensions that ensue is essential to maintaining services for children and families and identifying new ways to work together in their interest. Likewise, with no new money in the system, accrued financial gains from positive outcomes in preventative or early help work might be directed to specialist services where needs are higher and capacity is limited.

5.1 Starter questions- Phase 1

I was already making enquiries into the wider system to gain clarification of the safeguarding requirements in place for school records in relation to wellbeing and self-harm, but safety incident reporting processes did not include any guidance for self-harm. At this point in the work, I was interested to understand from parents how many children in our case load (SEND -young people with special education needs and disability) were impacted by emotional distress and self-harm, the types of situation that precipitated poor wellbeing in their children and their access to help, how the parents rated their mental health since the onset of self -harm (if present) and any support or treatment they were receiving for their distress. I was also interested in checking out

with parents what support would be helpful to their family and where the barriers were in getting help. In 2012, I established a framework for addressing these questions in the case note template in the case recording system for the first family contact with service users. This took place by telephone. Consent was requested to use anonymised data in a study to understand more about distress and self-harm in families. In the following year, I conducted a thematic analysis of 134 case notes containing the parents' responses and presented some case studies of self-harm to illustrate the findings (SE pg.4).

The results of this undertaking indicated that emotional distress was present in 30% of children, of which self-harm was also a feature; specialist services were rarely involved or young people were on waiting lists for services. Parents reported they struggled to access the help they needed for their children and themselves. They identified that they needed more information to support their children, that communication in the family was often strained without guidance on how to resolve these difficulties and they felt isolated and 'judged' by schools and professionals. Some expressed a fear that their children might be 'taken away' by the authorities. This cohort of families with children with additional needs already, seemed confused as to how to communicate this extra layer

of distress and to whom. I wondered how these findings connected with other cohorts of children and families.

I presented my report to the Emotional Wellbeing Board (EWB) - a multi-agency meeting combining NHS, Local Authority and partner organisations in my region - at their request identifying case studies and solutions to illustrate my findings (SE pg. 4). As I re-read the report, I note that the statistics of self-harm around bullying would resonate with later national findings. I recall that I had already broken with the specialist service advice at the time not to extrapolate self-harm data independently of wellbeing; a point raised in the meeting by one of my specialist mental health colleagues on the board.

Whilst I think I took a systemic position in this report, I reflect it was delivered from a place of passion (almost truculent, which I associate with my father?) This stance is more akin to 'knowing and expertise' than partnership and humility and therefore less likely to 'mobilize others to want to struggle for shared aspiration' (Kouzes et al, 1987). In Covey's model, this represented a Private Victory and the leadership and influencing style of emotional appeal (Wright et al, 1984) which I now associate more with my parental journey than an effective leadership style.

The report and subsequent presentation lacked clarity about its vision and goals for change and showed the lack of intelligence of the board's agenda and in the stances of the various agencies. Perhaps it provided a cathartic voice for my unheard parental journey enabling me to reposition more effectively into the work, to move beyond my own needs to the unheard voices of children and parents impacted by self-harm. I do not want to disown the 'emotional' voice of that time because that 'basis of communication' connects with young people, parents and practitioners rather than strategists and was probably timely given the operational focus of the work that was about to begin supporting families and practitioners directly in our embryonic approach. It also led to invitations to speak and train others.

In 2013 I split my role between the parent-facing service and a social care children's disability unit, where the level of need was higher. This move offered another opportunity to reposition my parental journey alongside my professional self through my multiple experiences of social care relationships (from my childhood to my current engagement with my daughter's social worker to support her complex care arrangements after her relapse). It also offered the challenge of disentangling myself from the different perspectives of each field of work to engage thoughtfully and appropriately in the other whilst remaining connected to the goal of supporting families

impacted by illness and disability. I note that services arbitrarily demarcate support to families with separate pathways to access equipment, advice or respite, fragmenting provision but also fragmenting those who work in them.

By 2014 in response to my earlier report (or my passion in its presentation) I was invited to run workshops for professionals in the local authority and associated agencies around emotional wellbeing and self-harm in particular, linking them with specialist health services and enabling them to work with parents. I ran workshops for parents too, collecting data on the parental and family experience of self-harm (by consent) and its impact on their family functions.

5.2 Middle Phase questions

This phase in the work remained family focused but involved face to face contact with parents through the preliminary Parent Support workshops. Parents impacted by self-harm in the family were invited to discuss some preformatted questions relating to the family impact of self-harm. Who notices your child is in distress first? How and what do you notice? How has self-harm impacted your family? Who is least impacted and whom most impacted? How would you know? What would other people notice about your

family now? How has the functioning of your family changed? How is distress recognised and managed? The results were themed and analysed. Parents typically struggled to notice that their children were in distress and were not sure how to respond when they did notice; they felt that their parental distress was misunderstood and judged; they reported feeling under stress as a whole family, unable to parent using boundaries for fear their children would self-harm and they might be held responsible or significant harm would come to their child as a result; they reported they were less present to their other children and they also showed signs of distress; they stopped being together as families through shared meal-times and outings and they believed others thought they were bad parents; their own social lives outside the family reduced. Some felt ashamed of their child's self-harming. It was at this point that I was particularly aware to the role of stigma in an evolving circular and complex context.

I delivered a further report reviewing the impact of the work to the EWB (SE pg. 58). I note that each report for the management board is written according to their expectations, which were not always coherent with the method of investigation nor with the findings. This revealed another tension in the work. I reflect on my insider/outsider identity evoked within my first remote local government post and how it developed through subsequent job changes as I took more acentred roles in local government. In

re-reading this report, I notice that I positioned self-harm in an emotional wellbeing context and aligned my language far more towards advancing the local authority agenda and partnering with the strategic priorities of my colleagues in the specialist mental health service.

The participation of the young people in our data collection was essential in our family focus and my role enabled me to undertake an audit of case discussions and notes to map out siblings' self-harm behaviour in response to adverse family events. I focused on hearing the voices of the siblings in response to the middle phase questions (adapted to young people) by joining the young people in groups to support them as young carers and through direct family case work. The responses were themed and assimilated. This new phase in the self-harm work advanced my development of a mentalization-based model from our practice working with parent and child relationships. Being a parent of a young person with a disability continued to make an impact on my practice, as did the shadow of life-threatening illness that was cast on her siblings. Predictably, I was drawn to the siblings' markers of distress as they fell outside the corporate gaze, connecting with my concerns that I was not giving enough attention to my other children at home. The sibling stories informed some of my training

resources (SE pg. 96) that were shared with GPs across the East of England in training and seminars later on.

I was familiar with family therapy literature around the benefits of externalising self-harm as the visiting culprit in this complex family context (White et al, 1990) in my parent workshops when I was asked to present my mentalization-based 'Out of synch' model to the East of England 'Self-Harm and Prevention of Suicide' conference in 2014 (SE pg. 41). This model developed from my workshop encounters with parents and practice. It built upon the Cycle of Self-Harm injury (Sutton, 2008) aimed to improve family communication, by appreciating the different positions family members assumed around self-harm in their shared distress. The notion of containing distress and reframing it to the 'other' in a more digestible manner is not a new one, and I was familiar with the 'container-contained relationship' (Symington et al 1995) from my organisational psychoanalytical and therapeutic encounters.

In these sessions we enabled parents to see the benefits of a containing environment that increased the capacity to think, reflect and be slightly freer from unconscious processes. We were particularly aware of parents who were impacted by mental health issues, the mutuality between parent and child and the role of psychological distress in

shaping communication between them both as they struggled to make sense of the lived experience of the other's distress. Our model was consistently rated by our group attendees as very helpful in challenging the impasse in family communication and in creating opportunities for changing patterns of behaviour in family systems organised by fear of harm or death.

In hindsight, I wonder whether I was 'out of synch' and diverted by my own insider/outsider narrative struggles to achieve a coherence and reconciliation with my own life and work situation. I was seeking to employ my historically broader knowledge from different psychological disciplines to describe phenomena around this subject, but I felt restricted by the predominating culture and constrained by the language of my current context. However, I was already drawing upon these wider concepts tacitly to inform this new model of parent and child relationships by using Myron Rogers' third maxim: 'those who do the work, do the change' (Wheatley et al, 1996) where I held the 'parent in mind' as both worker and enabler. The primary task was to resource the 'therapy' capability and agency of the parent (both in terms of the parent's wellbeing and emotional capacity, communication and listening skills and their scope to facilitate an environment that is calm enough to 'hold' the child through their distress). In so doing, a

cycle of perpetual crisis is undermined and the parent(s) can create a family context where recovery can happen.

What's more, my own connection with the role of parental expertise was evolving towards a partnership with the child's voice. My learning from my own daughter resonated with our findings on the mutuality of these parent and child relationships. Perhaps I felt both safe enough in her progress once more and sufficiently calm to hear her.

These hypotheses were the foundations of the model of a coordinated approach to the management of self-harm. Quite simply, the child's voice in the family needed to be heard; the parent or parents' resilience and wellbeing needed to be sufficient to afford full hearing of the child and the relationships between family members and parents in particular needed to be present and attuned for behavioural patterning (and ultimately self-harming behaviour) to change over time.

This ended the second phase of the work with self-harm in which, in our model needs of all family members in response to self-harm were becoming increasingly visible. I note now that my attempt to 'capture and structure' this dynamic was premature in an

emergent changing process of 'still becoming' (Deleuze et al, 1987) as the context of my focus increased in complexity in the final stage of the project.

6. Private Victory in progress (Getting good enough...) See Figure 2, pg. 24.

'Private victories precede public victories. You can't invert that process any more than you can harvest a crop before you have grown it'.

Stephen Covey, 1989

Between 2013 - 2015 I accredited as a Triple P (parenting programme) group facilitator, practitioner and team leader with a particular focus on parents with children impacted by illness and disability. This period also evoked in me a sense of an inadequacy as parent/'fixer' in a complex life, probably triggering a temporary desire for control and mastery in my work role. This led me to strengthen my connections with more linear, certain, evidence-based approaches of psychotherapy such as Cognitive Behavioural Therapy. In such a manualised and methodical approach, it seemed relatively straightforward to create the self-delusion of mastery and adhere to a predominating evidence-base, which I associate with Deleuze et al's tree-like model. I persisted and entered a phase of immersion in my pursuit of knowledge and skills to anchor myself in a safer, hierarchically 'recognised' practice.

At the same time and on top of full-time work, I started my two-year systemic clinical training. I enjoyed the programme but found the family therapy language in this version of systems theory somewhat inaccessible, although I ultimately achieved another distinction. I found my natural affiliation remained with the systemic ideas and theory from my coaching psychology in which there was less requirement to assimilate the systemic language of guru therapists.

The trauma therapy courses in additional CBT and Eye Movement Desensitization Reprocessing (EMDR, Shapiro, 1989) were more manualised and concrete and were initiated by me. I was drawn to the concept of trauma as a way to appreciate the distress associated with acts of self-harm and/or subsequent hospitalization in the family and system. The training gave me a sense of conscious competence in techniques that I applied to my work with families. However, they were not contextually anchored enough, on their own, to describe the complex situations on which I was focused.

This immersion in knowledge and skill acquisition supported my credibility in training sessions and conferences. The knowledge helped me feel safer when containing myself in an area that was 'deemed unsafe' so that I felt I had the competence to observe and

perturb a system, to explore its relational parts and the barriers and strengths of its functioning. A fearful system did not need an additional fearful practitioner. I initiated my own upskilling in attachment and mentalization theory and practice as I reflected on the relational aspects of my work with families and on system observations.

My advanced diploma in mental health was initiated by me but the decision to study within a medical model was met with some scepticism from my team colleagues. However, I was now moving back to being in synch with my own interests. I was the only non-GP on the course (reminding me of my insider/outsider narrative) and wanted to learn about the doctors' perspective of mental health and on working with specialist partners in the community. It felt a comfortable and irreverent position to be with them and I loved the learning experience, if not all of the ideas. My distinction award and subsequent invitations to speak with GPs and join them in various seminars cemented some good collegiate relationships

I note the politicisation of training and the expectation of adherence to professional standards of training encourage the reproduction of 'arboreous thinkers'. The environment emphasises fixed knowledge rather than knowledge that emerges from experimentation or innovation. It goes beyond the attainment of competency and seeks

to achieve a coherence and politicisation of the curriculum that expands into the demarcation of professional roles. In my own clinical team at that time there was a friction between the different types of psychologist (clinical, counselling and forensic), further division between the family therapists and mental health nurses and fragmented relationships with colleagues in the community. It was a relief that I was outside the fracas by virtue of being a 'mish-mash' psychologist.

Initially, I was disappointed that my use of study to garner more protective professional defences in certainty and expertise, had returned so little beyond the automaticity of practice. Now I realise that my pursuit of learning rather than study supplied far more - not least when I returned to initiating and managing my own development. I benefitted from increased reflexivity, critical thinking and, mostly, the return of the confidence to trust myself and use my cross-fertilized knowledge sets. My shifting impostor syndrome was yielding positive results, supporting my work from an ethical stance, ensuring that learning and improved practice guided my work over an unconscious worry about my organisational 'fit'. This enabled me to be curious and re-connect with my 'not-knowing self', to be open to each eventuality and to choose a flexible position 'between' my organisation and my community network. Deleuze et al (1988, p. 6) describe this learning in the face of changing situations as 'spreading towards available spaces or

trickling down towards new spaces' (in their oil analogy, moving across smooth space). I was moving, adapting to my landscape and 'the forces of intensity'. Above all, I was playing to my strengths.

7. New job /new opportunity/new inquiry

Widening the lens

The third phase of the work expanded the lens of research to the whole system of partners around self-harm including family and practitioners. It was the most testing stage in the project (as a result of the widening connections and interconnections, heterogeneity, multiplicity, false starts and restarts, adaptations and general complexity of context) and was enabled by the stance of my new clinical team in late 2014. I note that at the time I acquired the position, I sent my new manager an email introducing my self-harm work. I now see this as part of my unconscious plan to re-assemble the work elsewhere. Was I attracted to this job for its own merits at all? Did the field of self-harm provide me with a sense of continuity as I crossed the arbitrary demarcation from one job and into another in a public sector that adopts strategies and then drops them with regularity?

The 'Think Family' ethos of my new team (Morris et al, 2008) recognised the family context as the source of both problems and solutions. Our genograms and ecomaps in casework continued to demonstrate the interplay of family relationships on the young person and vice-versa. This job role also provided the perfect opportunity to trial the developing pilot interventions as tools to strengthen family connections and support a context for family recovery. Whilst self-harm was rife in my presenting cases, it was not even mentioned in my performance objectives and I wonder whether my gravitation to the outer limits of the role was partly about locating myself in a position of slight irreverence towards the hierarchy around me.

The work role, with its remit to develop community partnerships, also afforded me the opportunity to explore the inter-relationship between self-harm and the helping network provided by the professional and voluntary sectors. I was also aware of the existence of a research base that supports my stance and that support is best placed nearest to the community it serves in order to maximise engagement and health outcomes. The current public sector financial 'cuts' seem to have expedited a retreat from these community partnerships and a return to siloed working. This new job provided the opportunity for an extended inquiry into self-harm.

I hoped such an inquiry would develop knowledge and understanding through co-production and application which in turn would increase the chance of new practice ideas being adopted. Widening participation in this exploratory process aimed to strengthen the voice of the families and young people and the mutual resolve of the wider network to understand the other's perspective and address problems in the journey through help. Such a multi-level inquiry required a dynamic appreciation of the connection between Action Research and Action Learning.

7.1 End Phase Questions – prepared by the participating network

Supporting the management of self-harm (System level) – additional follow-up questions were developed for different contexts and participants. The () represent the method/source of data collection.

Where are the barriers to help in the helping journey? (Conference workshops and focus groups, clinical supervisions, questionnaires and semi-structured group interviews) (Different perspectives). How does risk resilience within the whole school framework support family and community resilience? (Conference workshop- Questionnaires and semi structured group interviews) How is risk managed between

contexts in the family and network? (Conference workshop-semi-structured group interview)

Organisation of the work level - How does working and learning together as a collective inform our relationship with each other and the outcomes we deliver? (Group process feedback form)

Level of self-harm intervention development – How do the distress levels of parents compare before the parental support intervention pathway and afterwards? (Parent support questionnaires Triple P). How do we evidence the benefits of offering parental support (to present to commissioners)? (Reports, external verification and presentations). How well is the developing parent support programme meeting the needs of parents in a different cohort of families? (Parent support questionnaires Triple P). How do the outcomes compare between a light-touch community delivery model and a local government programme, underpinned by the same metallization model? (Parent Support questionnaire data compared). What works in how we support families in strengthening their communication under stress? What else is helpful? (Parent programme feedback forms) How do these responses steer us in resource or intervention development?

How are practitioners impacted by self-harm? (Clinical supervisions, semi- structured group interviews and feedback forms, on line feedback). How do they experience working in the wider helping system? (Clinical supervisions, semi-structured group interviews and feedback forms, on-line feedback). What supervision is helpful? What are the features that improve it? What is the impact of supervision? (Online feedback)

How do we listen to the child voice in focused consultations/conversations? How can we apply this and where? (Conference workshop, semi-structured questions).

7.2 Findings in a nutshell – *following on from thematic analysis, see Methodology pg 58.*

The barriers in the helping journey were experienced at every level of participation with practitioners identifying their own anxieties in the work, alongside the quality of interagency relationships as impediments in their support to young people and their families. The ‘helping’ system seemed to mirror the distress of the family members as they are passed from ‘pillar to post’ in their journey through help in a ‘hot potato ‘effect, with which the network resonated.

Young people and families were particularly distressed by 'waits' for services and felt let down, escalating their distress. Parents and young people indicated they would value a specific tool to guide them through conflict and distress at home to de-escalate the cyclical pattern of relational distress. The whole school risk management framework was not positively experienced but risk management and safety planning across contexts and particularly around transition points between services were welcomed.

At the organisation of the work level, partners in the project positively reviewed their involvement identifying that their relationships with one another had improved opportunities to connect differently. They described that their sense of a shared focus in the work increased their commitment to its spread and sustainability.

At the level of self-harm interventions, the preliminary results from the parents (in the SEND pathway) transferred to the broader cohort of families. The parent support programme indicated positive effects for parents in both pathways of community partner and local government interventions. The mentalization ideas were found to be helpful in improving communication in the home. Another intervention, the Circle of Support responded well to containing families in their distress and keeping them out of destructive cycles of crisis. The clinical supervisions were well attended and

practitioners were able to see benefits in their containment in the work. Multi-agency groups also reported an improved quality of relationships with their inter-agency partners impacting on the transitioning of young people and their families through help.

The experience of stigma permeated every level of inquiry.

8. Methodology- Getting ready...

Failing to prepare is preparing to fail

We ran a conference in 2015 to explore the questions prepared by the community of practice and then repeated the conference a year later to disseminate our findings outlined in the last section. In between, we ran more workshops, organised multi-agency clinical supervisions and case work to refine and drill down into both the questions and the data, generating theoretical understanding as a test-bed for the development of practical interventions to support those affected by self-harm.

This was indeed a multi-layered, mixed-research approach with both qualitative and quantitative data (Leech et al, 2011) with the hope that the advantages of one type

would then mitigate for the disadvantages of the other. In the same way that I have struggled to privilege any one therapeutic modality over another, I found that the pluralist stance considered by Goss et al (1997) resonated most with the complexity of our system inquiry.

Whilst I had already described the workings of the family around self-harm in the 'Out of Synch' model (SE pg. 41) the further aim was to investigate how the wider 'helping system' functioned around self-harm. Interestingly, when I first started to raise these ideas, my supervisor guided me towards the specialist health partners. I countered this suggestion with the argument that our 'help' economy was a mixed one of public, private, third sector and lay helpers. I suggested that the continuity of a hierarchical helping system ignored the contribution of the community sector, which did most of the work. This perspective is driven by my childhood value-base and my clinical manager's attitude towards the heightened importance of public servants possibly stems from an entire career spent in the specialist health service. The 'Think Family' model of my current team, with its associated adherence to the value of the team around the worker, gave an organisational legitimacy to this inquiry. I wonder at this point about other questions I could have asked and about those areas of interest that would be of interest to others and that I did not privilege.

I was mindful to attend to the interests of the wider stakeholders and my own clinical leadership team at a time when local authority service impacts are attributed to one team over another to justify outcomes against budget allocations. I ensured that I updated them and involved them to the limit of their availability to ensure their commitment. My consultancy work primed me to identify and address the meaning of the work for all elements of the system to ensure that the whole project remained relevant and significant to each partner.

In late 2015 I clarified my case that a system-wide understanding of the self-harm phenomenon could distinguish features in that journey through help. It could provide an opportunity both to address the multi-agency barriers to accessing support and build system-wide resilience to its negative effect and the limited resources available for its management. The agreement of the Heads of Services and the clinical team to our widened inquiry and the roll-out of parenting support set the plan in motion.

The next step was the recruitment of a voluntary partner who could deliver our parallel undertaking to evolve the parental support in the community and compare and contrast it with the help offered by the local authority. I identified the voluntary partner and then supported their application for a grant to undertake the work (which was received by the

voluntary agency, knowing that multi-agency projects were prioritised by funders but that local government was not eligible to apply. I note my thrill at the discovery of another route to securing resources; one which I have reproduced in other aspects of my multi-agency work since. The grant also covered the cost of purchasing books on self-harm, written by a parent (rather than an expert), which we shared in our sessions and provided to GPs and schools for distribution to impacted families. This location of the work between systems in a multi-agency context and moving between strategic, inquiry and operational encounters is traceable to my previous work patterns, as was my desire to recruit a diverse 'gathering' of reflective practitioners to the inquiry project.

My Action Learning history aligns me to 'communities of practice' –harnessing the empowering energy of cooperative inquiry and problem solving in reflective ways and is associated with the Positive Psychology and Appreciative Inquiry movements (Seligman, 2005, Coopriider et al, 2000). Communities of practice mirror rhizomatic conditions in order to stimulate curiosity and growth, a concept that we evolved to adapt to the needs of the project. They also address the 'container-contained relationship' (Symington et al, 1995) in order to support the development of a safe space for learning, relationship building and problem solving.

We included parents and young people in the inquiry from conference attendance to training sessions. As Wheatley et al (2017) say 'the future of community is best taught to us by life'. Deleuze et al (1987, 1988) suggest that events such as these make connections between existing bodies of thought within a single plane. This isn't a scientific breakthrough but it is improving practice laterally.

The invitation I extended to colleagues to join our collective inquiry seemed to excite both them and me. I was turning volunteers away from a project that they did in their own time (they were tasked to collect the data and review it together- which we framed broadly as a systematic action research focused approach. The only promise was that we would think and learn together at the various stages of the work, supported by my facilitation (more with an Action Learning focus). I hoped that we could experience higher-level thinking and examine our beliefs, assumptions, goals and methods in order to gain an insight that might facilitate improved learning (York-Barr et al, 2001). Barab et al (2004) recognised the features of successful communities of practice as self-organisation over hierarchical instruction, continual adaptation, the connection of individuals with their personal networks (in accordance with assemblage theory) and a reflection on mind and career 'as part of an evolving framework of human thought'

(Renniger et al, 2010). I was lucky enough to be joined by an assistant psychologist and similar enthusiast of grounded research as we considered how to proceed.

The 'colleague' team was made up of twenty-one people with levels of involvement varying from those who took part in every event and recorded information or delivered subsequent interventions to those who undertook just one or two. They involved helpers from varied backgrounds – young people in recovery, lay people with lived experience as parents or volunteers in the voluntary sector, practitioners from the voluntary sector, senior teachers, young people's workers, family workers, clinicians from specialist and community sectors.. However, everyone was connected through a collective interest in self-harm. The age range was from 22 to 63 years of age and there was a majority of White British backgrounds and also a majority of women. In the development/education stage of the project, the boundaries of researcher/practitioner/participant were blurred to incorporate young people and parents as speakers and trainers in a shifting of knowledge and power across our system.

There was also a small project team which met to revise plans of work, relocate ourselves in the research questions and review plans of action. This smaller group involved our colleagues from the voluntary sector who were engaged in the parent

programmes, one family worker, a young person's worker and myself. I saw this as more focused on the Action Research aspects of the endeavour. I was supervised by my clinical lead in the progress of the project.

Grounded theory tests the nature, origin, characteristics and process of a phenomenon to lead to a theory and generate hypotheses that might not have been revealed before (Bluhm et al, 2011). In this project, it has an additional meaning in being 'grounded in a community of practice'. The grounded theory research design is based on the expectation that a new theory emerges from analysing the data (Corbin et al, 2008). Whilst we showed integrity to the broad principles of Glaser and Strauss's framework (1967) such as identifying starter questions about the experience (such as the impact and functioning of self-harm), theoretical sampling, note taking rather than transcriptions, data-chunking, theme-categorising and comparing with the accumulating data, re-noting and working towards a theoretical understanding - I am not sure that our pragmatic or hybrid approach with collective learning at its core, would satisfy everyone.

The procedure for data collection began with our information gathering conference 'Cambridgeshire Schools Together To Address Self-harm' in 2015 which was attended by 80 delegates. These delegates were colleagues from health services, local

authorities and schools including young people and their parents, charities and the voluntary sector who gave consent to contribute to our study before their attendance. (SE pg.61). We provided the opportunity to join workshops at which questions were explored by facilitators from the project. There were note takers in each workshop whose recordings and categorising we agreed in our group 'wash-up' as each data collection event ended. We then supplemented the conference with additional data from multi-agency supervision groups on the theme of self-harm (looking at the impact of the work on the worker), facilitated parent groups, practitioner case discussions and case studies - meeting the theoretical sampling conditions described by Strauss (1987).

We were able to compare child and parent voices, the voices of different practitioners from different agencies and the different levels of client risk and need and found some similarities among people of very different backgrounds. I suppose I am drawn to grounded theory for its 'practical utility' (Glaser et al, 2008) and its clear positioning as the tool of the practitioner with which I clearly identify. Alvesson et al describe this approach as risky as 'it reduces research to being the handmaiden of practitioners.' They continue: 'even the language is reduced to the actor level', potentially carrying the risk of 'belabouring the obvious' (2000, p. 30).

I am aware that I feel defensive in reading this, as I am wedded to my practitioner position and intrigued by the position of the purist researcher. (Perhaps I am recalling the head teacher who excluded my father from the governing body?) I want to be in the science (or art) of practice improvement rather than of scientific breakthrough and make connections between existing bodies of thought within the system of focus. I also value the benefits of interweaving aspects of systematic applied research and the practice of people with different perspectives formulating ideas together and owning the learning in a shared, accessible language which combines both the practitioner and participant in co-production (despite the initial burden of data coding). This is still broadly under the umbrella of Action Research and provides a means of reflective practice which synthesises with the clinical work we do, strengthening our connection to any potential model of practice.

Perhaps our research design was more connected with Sophie Bager-Charleson's notion that the 'research about people can never meet these (scientific criteria of objectivity, reliability and validity) requirements' (2010, p. 140). Instead, Bager-Charleson preferred Parker's (2004, p. 137) criteria that research should be grounded, coherent and accessible and which I consider to be more closely linked to our applied clinical practice.

We 'gathered' to share and categorise our themes on flip charts. My psychologist colleague reminded me of the rules we were adhering to if we drifted away from the science of the data and prematurely into reflexivity during our distillation of the themes. We endeavoured to embody the principles of centrality and monitor frequency in the data, relationships between categories, recognise clear implications for the emergent theory and allow for the maximum variation to the analysis in our work. We sketched our developing ideas, created metaphors and arrowed diagrams to explore the network of connections around the self-harm journey and the links between our themes or categories. We also had fun that was palpable to observers who saw it. This was what Wheatley et al (1996, p. 25) describe as 'Playful tinkering'. I enjoyed watching the practitioners grow in their learning and the experience reminded me of my early career but the hard edges of competition and ambition had eroded revealing the gentler facilitative style discussed by Covey (1989).

I remember my enthusiasm for the reflective and group-based elements of the task over and above the more laborious adherence to the rules of detailed data collection. After the conference, I did experience the initial reams of notes before me as a heart-sink moment but my years of 'washing up' recruitment and development assessment centres with their mass of data led me to apply a similar structured and coordinated approach,

rendering me only temporarily overwhelmed. I note again that the co-ordination element of the research method is mirrored in the ensuing model and demonstrates the need for 'both retrospective and prospective reflexivity' in my action-researcher-practitioner roles. (Edge, 2011)

The theoretical sampling of groups was straightforward as our system-wide focus ensured multiple perspectives. We distilled the core categories of themes to mental health/resilience, the quality of relationships in families and in agencies, family relationship with lead professional, inter-agency relationships, how people talk about self-harm (which we linked with collecting the child's voice), GPs, involvement of parents, length of waits for help, clinical supervision and stigma. The 'whole schools' approach to mental health' is driven by central government and implemented locally by our specialist partner but it did not resonate with our cohort. I wonder whether an inconsistent implementation and top-down approach limited its impact and connection.

Stigma, and our response to it, including a multi layered response across generational lines, did emerge as an underlying factor. Time and time again, parents spoke about having to co-ordinate and cajole the system into action without any named professional available to lead coordinated action or signpost parents to more help. I was reminded of

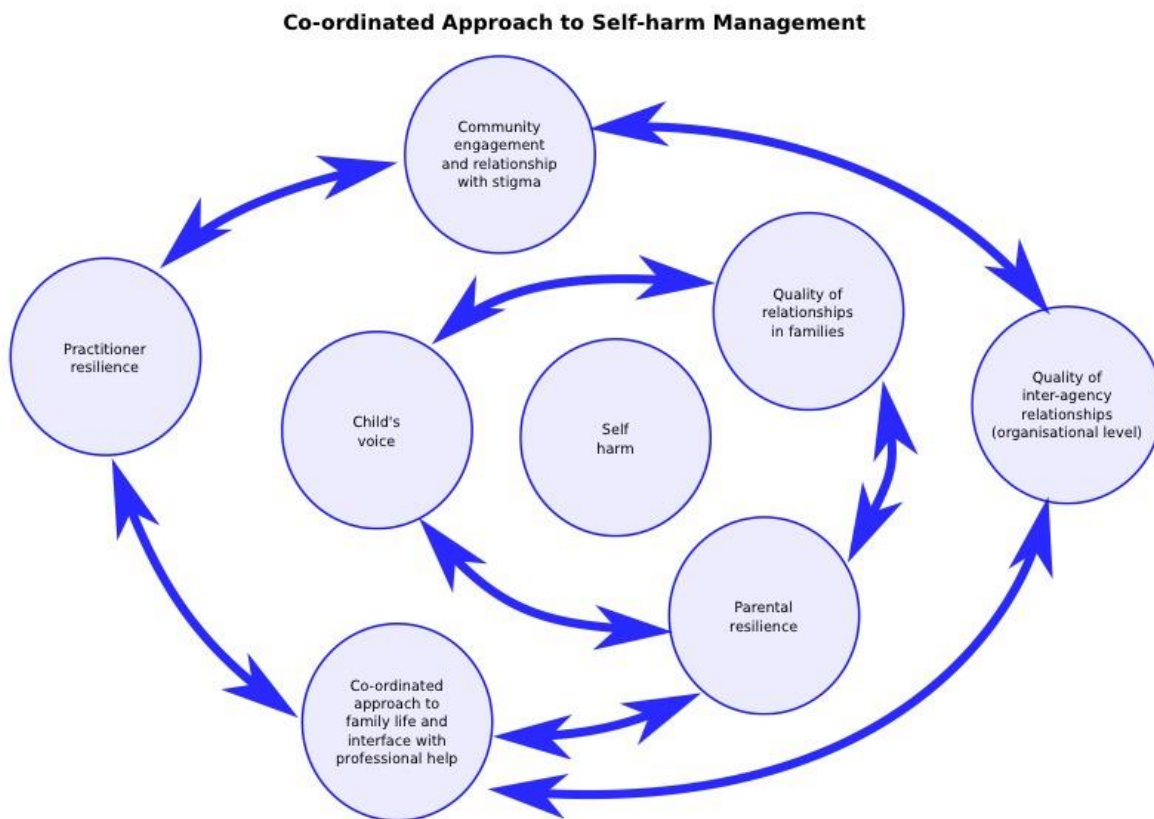
my own story with 'getting help' for my family and the expert position that I had taken to ensure action happened.

This led to the development of our coordinated management model of self-harm (Figure 3; pg.71) in which a professional with the young person (in the case of higher level need) or family member with the young person (lower level need) pays attention to the 'journey through help' (within and beyond the family), coordinating a plan to support the young person and the family that is attuned, predictable and that addresses the core categories above in order to contain the system in the distress.

Our radial graph showed that the journey from self-harm to recovery was impacted bi-directionally by child and parental wellbeing and the quality of relationships in both the family and the professional agencies. Interestingly we found a similar relational representation applied to other projects (SE pg.143). The model goes beyond the community of practice idea as it includes the resourcefulness of parents, young people and lay practitioners as equal partners with the goal of supporting individuals, families and practitioners in identifying barriers to help and then providing some early aid interventions to support the system as it manages self-harm. Our emergent model (Figure 3; pg.71) emphasizes mutuality and synchronization and the softer interweaving role of coordination across the family and wider system.

The coordination role in our model reminds me of DeLander's (2006, 2016) territorialisation and coding concepts. We aspired to provide a bridge between the 'Tree' of centrally organised health and social care services, voluntary sector services and the family as depicted in osmotic boundaries and a greater flexibility of functionality. We paid attention to these elements in a way that might have encouraged rhizome formation.

Figure 3



9. Research design and methodology around the interventions

The interventions provided the teeth, or practice ideas, of the model. (See Figure 1, 2, 3, 4). In real time, the parenting sessions had started before the wider system inquiry had begun, as a result of feedback from parents rating their effectiveness. Whilst the ordering of events was not entirely linear but rather an organic development of ideas in keeping with a systemic approach; empirically this proved challenging. This first intervention started as a programme that targeted parents impacted by self-harm and that was informed by attachment theory and mentalization, building on the 'Out of synch' model and incorporating our developing family relational knowledge. It both shaped and was shaped by the emergent model.

9.1 Parental support

I was drawn to the additional difficulties of holding parental connections in a stressful adolescence in which parents were likely to be reminded of their own attachments. Both the community pathway and the local authority sessions used the same ideas and techniques to support parents in guided intervention. Facilitators were trained and supervised by me. The voluntary sector programme placed more emphasis on parent-led pacing and inquiry so that interventions and techniques were less structured and led by a trained lay person from the voluntary sector. The local authority programme was

more planned, the order of the ideas was more sequenced and presenter/facilitator-led, either by myself or a trained family worker and young person's worker. We expected that certain parents would be less likely to engage with local authority programmes and professional-led styles and some more likely to engage with the voluntary sector and parent-led programmes. We were interested in whether the setting and style of the programmes would make a difference to the outcome and whether the ideas could cross contexts successfully.

We delivered both pathways of support with 77 participants in the pilot group. Ironically, it was in the voluntary sector that my daughter was beginning to make progress once more, bringing the hope of a return to study. We employed the same pre- and post-questionnaires based on an adapted version of the Triple P parenting capacity questionnaire (See Nowak et al, 2008). This measure was selected to look at the impact of the intervention on parental and subsequent family functioning, avoiding a problem-focused approach around self-harm per se. The average scores on each of the categories were calculated and compared to the scores after the intervention. They were then analysed and checked for statistical significance using Anova tests. Qualitative data was collected and thematically analysed.

The statistical analysis of the Parent Support programmes showed a significant improvement in parent functioning in both pathways and I produced a report describing the results (SE pg. 7). As expected there were more participants in the community pathway with less need but who made significant progress. In the other pathway, participants presented with higher needs but also demonstrated greater improvement in the post-intervention measures. None of the cohort of parents reported A&E admissions during their participation on the programme, suggesting that the intervention offered some containment to their distress, as we concluded in the project report for stakeholders (SE pg.15).

Interestingly, I am most drawn to my choice to bring in an external partner to verify the results we had collected. I think this represented another move to widen our stakeholders and build a connection to the work in order to increase its chances of survival in our changeable world. By the end of 2016, I wanted to build external credibility for the model and justify the work empirically to our traditional commissioners. Inwardly, I was deluding myself that I was in control of these variables. In the event, a bigger 'change was in motion' in this resource development phase that was creating a life of its own as I struggled to embrace uncertainty and learn with each encounter in a phase of constant communications to maintain a link with the growing streams of work.

9.2 Circle of support

The circle of support intervention design stemmed from our inquiry and the emergent coordinated self-harm management model and transferred theoretical ideas into practice. Parents and young people sought routes out of conflict at home. We considered these families might benefit from predictability and attunement across contexts when resilience in the system to the negative effects of self-harm is low. Plans involve young people indicating how they want their distress to be supported, by whom and how members of that circle will communicate together to improve their sense of safety. Of course, this is familiar territory with links to my previous work around virtual disintegration and the importance of holding connections as well as resonating with my own paradoxical stance of safety-seeking through the parallel exploration of alternative and predictable pathways to goal achievement (SE pg.30-37)

I worked with two young people's workers from the project in a step-by-step approach to pilot and refine the practice of setting up 'circles' of support with young people, gathering feedback from both the young people and their families as we progressed starting to train others across the region to adopt the practice. The voluntary partner also joined us in this work, enabling parents or trusted teachers to set up their own

circles of support systematically with their young people. We set up a web-based impact assessment tool to collect data from the interventions. The circle of support intervention can be implemented by a parent or a practitioner. My planning clearly follows my heart's desire to enable the parents to support their own child with their own resources first. Only if that is not possible do we then utilize the skills of the most appropriate practitioner.

The circle of support intervention (specifically designed for families and networks) has improved how we communicate about our fears, manage risks and operate with shared significance around self-harm. As Myron Rogers describes 'systems leaders will bring about the changes needed in this complex environment by working across services and organisations to remove obstacles' (Rogers, 2016 p. 1). I wonder whether the term circle of support could also be a description of the way we did the project: a group of multi-agency people working together in which the task itself was the vehicle that improved the quality of relationships between us.

9.3 Clinical supervision

Offering clinical supervision groups has been a significant part of my work with the local authority. In this case they were specifically designed to appreciate the impact of the work (self-harm) on the worker in the wider network (SE pg. 36). I recruited my clinical lead and another colleague to facilitate some of these multi-agency sessions in order to both inform our model development and, thereafter, to support and contain the staff in our wider system. My clinical colleagues were surprised about the degree of distress in the practitioner network and the impact that distress had on the young person and their family's lived experience of the services we offered.

I wondered whether the role of supervision in our increasingly complex case work had moved too far away from the wellbeing of the practitioner to the quality control function in the audit trail of practice. I also wanted my senior clinical colleagues to hear the 'lived experience' of 'doing the work' on the ground and for those practitioners to feel they were important enough to be heard. The connection with the unvoiced in the research effort reflected the importance of listening to the unvoiced in the model. Additionally, the widening of the project facilitation team with clinical colleagues mirrored the widening reach of our investigation. The connection with the clinical team was strengthened by an invitation to support them on the work through several briefings as part of our

continuous professional development (CPD) where I shared reflections from the project (SE pg. 76).

This seems an appropriate point to review the role of my own monthly supervision sessions, in which time was allocated to this project. At the outset, I recall some tussles as we struggled to communicate effectively. This was not dissimilar to the 'out of synch' model impasse in communication. I felt my supervisor was concerned that I might 'bring trouble to his door' (which I attribute to his being organised by worry in a constricting model of service delivery) but I learnt how to be more tentative and co-productive in these sessions and to mentalize with his objective of looking after the wider interests of the team. Over time, our sessions became spaces for thinking together, which I valued. I became increasingly transparent, alerting him of potential problems and likely solutions before they happened in an effort to allay his worries (or build attunement and predictability in our model description, Figure 3; pg. 71)). I grew patient on the occasions when, having earlier resisted an idea, he promoted it when new pathways to progress re-emerged (rhizomatically) in strange places. I was delighted when he encouraged me to submit these works for this process (SE pg. 168).

Initially he may have felt understandably reticent in supporting me in an area of partnership work fraught with difficulty. As we began to trust one another, I noticed the positive impact on the progress of the work, mirroring the relational response to the coordinated model, upon which he reflects. (SE pg. 150)

'The experience of successful, collaborative (net)working, which has impact on the concern itself, also has an impact on the participants in the (net)work and how they conduct their professional relationships in the present and hopefully going forward. Feedback from participants suggests that they experience a way of working that is valued and produces personal and professional development. This is certainly something that I have experienced as a result of my involvement in discussions about how to continually develop this model.'

When setbacks happened, I was grateful for his belief that I could put things right. I gained a huge amount from his questioning about my rationale and perspective. Understandably, as 'the good news started to roll', his enthusiasm and commitment tripled. I am not sure that many public-sector managers could have accommodated an approach which many saw as maverick and a threat to the prevailing hierarchy with the receptive curiosity which he extended to me. He has championed this model of working

in multi-agency networks and I am glad that I have had the chance to learn from him and with him.

9.4 General practice and the brief psychotherapy intervention

We invited GPs to refer parents to the Parental Support programmes at the same time as referring the young person to counselling or specialist services, in a parallel pathway of support. I was just completing my advanced mental health diploma with GPs and was sympathetic to the slightly marginalised (unvoiced) role they played in the self-harm and suicide prevention group, of which I am a member for the Eastern Region. In listening to their concerns about making referrals I agreed to undertake some consultations with them. Through these patient meetings, I developed further ideas that were grounded in general practice consultations with families impacted by self-harm.

I called this technique Circular BATHE - building on the work of Lieberman and Stuart 1999. The original BATHE technique is a brief psychotherapeutic method that addresses the patient's background issues, affect and most troubling problem. The emphasis of the interview then shifts to how the patient is handling the problem and the demonstration of empathy by the GP. I shared these ideas with the lead GP trainer in my mental health studies and the course was changed to include the adaptation of this

BATHE approach. Furthermore, that same GP contact introduced the adaptation idea to future GP training courses and informed one of the original authors, the American psychotherapist, Marian Stuart, of its use (SE pg. 171).

The introduction of elements of circularity to the BATHE consultation clearly stem from my systemic work and seem (embarrassingly) obvious but somehow these ideas in this context seemed relevant and timely to supporting GPs in their increasingly complex work with emotional difficulties.

10. Reflections on the methodology

As I reflect more on the methodology, I have recognised that an Action Research framework is the loose umbrella for our mixed methodology at different stages of this work from qualitative to quantitative, from linear to circular and vice versa as we have moved between an enquiry at the family level, systems level, organisational level of the coordination of the work and the level of application through model development to wider intervention testing. This is complex territory.

I relate to Holland's 'enterprising practitioner type', motivated to action, persuading, leading and negotiating' more than his researcher type. The EWB and my clinical team were initially more emphatic, indicating that 'we don't want a research project' and so a

continuous strand of ongoing practice development through the parental support sessions meant that we could remain aligned to our organisational priority of delivering clinical services through actions and activities. Attia et al (2017) discussed the notion of the role of the practitioner/researcher in creating a context of trust, collaboration, corroboration and trustworthiness in order to conduct an enquiry whilst simultaneously undertaking the practitioner work and interacting with the constituent parts of a system. I have attuned myself to the interests of different stakeholder groups in my communications about the project work in order to hold the connections.

Pragmatically, there were ethical difficulties. We struggled to meet the stance of neutrality in data collection in our grounded theory approach as we are primarily practitioners with our highest context being to support our young people and families. This is an ethical dilemma of the practitioner/researcher who is part of the environment they want to investigate. There was a pressure for 'minimum sufficiency' in our data collection with an operational focus on trialling the new interventions within a tight time frame.

We used a repeated measures design to measure the impact of the intervention on parenting but the groups were not randomly assigned. The importance of stigma and

access to anonymity in seeking help had grown to be so significant that we felt it was inappropriate to randomly allocate participants either to a local authority or community group when a forced choice might mean that some parents forfeited their chance of help. It seemed counter-productive for the model to erect barriers in the journey to help. When juggling the needs of the research and the needs of the participant to access help, we constantly prioritised the latter.

All participants were invited to the key dissemination event as equal partners and stakeholders in the work. We sacrificed the ability to follow-up parental and child progress in the longer term to enable anonymous access to help in the shorter term. Some parents gave up their anonymity to share their stories in the dissemination stage of the project. There is no doubt that stigma informed decisions made in this research project as much as it impacted on parental and family functioning in a complex relationship.

I reflect on what I have written through the lens of 'prospective reflexivity' (Edge, 2011) The role of being a constituent part in this interactive process of research moved me from a context of 'stepping back' at one point in my journey with this project to 'stepping

up' to mobilise action (Attia et al,2017). I note the iteration between these two responses in the constant adaptation to my context of practice.

The process of the implementation of the grounded theory methodology is important here as we prioritised learning together as a community of practice. Our decoding of observations tended to fuse readily with our shared understanding of clinical practices such as hypothesising as opposed to the approach of the purist researcher. We were inclined to drill down to the 'GRRRAACCEEESSS' as a route to understanding our own interests and evaluating the impact of gender or culture on our observations in hand veering too far too soon to an action learning lens. There is clearly a risk of skewing the objectivity of the data set through this process and possibility of drifting to a pre-existing lens (finding what you are looking for) and to the clinical practices we embody. We found that our research methods expressed the values of our clinical practice and the reflexive and the empirical were not always compatible partners in a collective approach.

It is true to say that we started the process of this inquiry with a very thoughtful and precise approach. After the success of the parent intervention we felt more confident in the model and the other methods of impact assessment were more focused on 'does it

work' rather than 'how does it work'? If the feedback from the interventions had not been so positive - verifying the predictions of the model - I would have interrogated the data through a deeper dive.

Otto Rank stated that 'unlearning' was key to progress. At the start of this work I was steered away from talking with young people about self-harm towards a focus on the meaning of the behaviour. However, young people told us that this was a barrier in their relationships with professionals and their family and we 'unlearned' that advice and learnt the importance of asking them how they wanted to talk about self-harm

In considering my own position within the work I note that it is sometimes harder to hold a multi-agency network together when you are positioned both traditionally and strategically because the tools of management are strategies, structure, policy, procedure, process and governance and this can compound the problem of differentiation between agencies. At ground-level personal relationships, the shared significance of practice and an investment in real people's lives are the tools of partnership work. However, work on the ground must remain connected with a widening group of stakeholders (including my clinical team) if it is to have reach and impact.

In my reflections on this period, I think about the precarious balancing act of conducting negotiations without much positional power and the organisational drivers to deliver therapeutic intervention rather than simply investigate the phenomenon. The multi-agency leaflet, a conference and workshops were ‘quick wins’ I implemented to achieve deliverables but they were also vehicles for investigation. Inviting clinical leaders to take part, listening to their expertise giving credit and exhibiting professional generosity were essential to keeping the project on course. I felt the determination to build momentum in the work in the same way that I was keen for my daughter to seize the opportunity of remission for her continued rehabilitation.

An alternative route would have been to achieve an earlier buy-in to the project from the clinical leadership, risking the rejection of the project because self-harm was not a stated strategic priority. Rather, a loose supervision line kept the connection together and as soon as the ‘good news’ began to appear, the connection was strengthened, thus providing a route to wider adoption and a ‘win-win’ for the clinical team.

11. Setbacks in the plan and plan for setbacks

Agency positioning trumps allegiance to the project and kids just want to be loved.

In this developing dance between the emergent themes of the research process and the coordinated model of self-harm, I recognise the phrase ‘setback’ as a significant one. It

traces back to our 'Out of Synch' model for parents and practitioners in which we view difficulties as temporary, linking to 'miscuing' or a misunderstanding in communication. I will describe below how this patterning was evidenced in our wider work in the network of agencies and also in an intervention that did not materialize but still had major consequences for our learning.

I have already mentioned that, between the first launch conference and the second dissemination event, we decided to deliver some additional 'quick wins' for an audience hungry for action in order to keep hold of their interest until our findings were concluded. One of these - pieces of work was a multi-agency leaflet on self-harm. The rationale was that a multi-agency cooperation would support our developing network of practice in this area and help us address the barriers to successfully working together (my transferred organisational vertical integration model!).

At the last minute (after weeks of painstaking agreement on the wording of the leaflet) the Public Health partner withdrew their backing because the caricature of the teenage brain on the front sheet (designed to be relevant to young people) was not a real depiction of the brain and therefore 'counter to their mission' to deliver accurate information (SE pg. 11). We negotiated a statement of support from Public Health

instead and removed them from the list of partners, which was no great detriment and averted disintegration as another pathway to continuity emerged. The tendency to retreat to familiar agency stances and cause the disintegration of fragile co-operations remains a challenge in our support for children and young people, as it did in my work with African farmers.

I learnt that the notion of 'quick wins' may be hazardous in multi-agency work as, of course, it is not about the problems we are solving but the relationships we are forming and the sense of motion we are creating. Perhaps the problem will take as long to solve as the relationship takes to build. This fragile dynamic tells me about the increased attention we need to pay to the network and the relationship between its parts.

Another setback was the work we started to bring impacted young people together with their parents in joint activities such as cooking. As I recall the rationale, I am focused on the specialist partner's opposition to bringing together young people who self-harm and I fear that my unconscious irreverence to their position may have added to my desire to provide a context that tested the boundaries. We identified and invited about five young people and their families to engage in the facilitated activity event and provided a further opportunity for discussion and reflection together. At the outset the young people

expressed that they were interested in meeting each other and had to be persuaded to accept that their parents would also attend. All the young people were known to our service and we had engaged successfully with their parents, but they were not known to each other. A practitioner met with the young people, got to know them, listened to their views on how the activity might go and undertook safety planning with them and their families for if the event were to be distressing in any way. This included the planning for the preparation and aftermath of the event. The young people issued invitations to their parents as part of that preparatory phase.

Two of the young people's fathers indicated they would struggle to attend the event (one due to a football match and another for an unknown reason) and both young people became extremely upset and withdrew from the event. Another young person worried about how her divorced mother and father might get on at the event and declined to attend. Ultimately, we decided to cancel the event as it was no longer viable. We contacted the two families who still wished to participate and supported them in planning an alternative 'quality time activity' with their young people on the date of the planned session.

Both mothers from the families whose fathers withdrew reported to us that their young people had been significantly distressed. In one instance that distress showed itself through increased self-harm, which the mother managed. One of the young women who had still wished to participate took an overdose the night after her 'quality-time' activity because she feared that the closeness with her mother would be lost when family life returned to normal. The final young person who had wished to participate refused to go to school the following Monday and insisted on staying at home with her mother. We supported all the parents through this period and invited them all to parent support sessions in the community or to local authority sessions. All attended these sessions and reported improved family situations as a result.

This was a testing time for our project group. The possibility that an intervention or lack of one could cause harm worried us and I related to the practitioners within our network who are temporarily overwhelmed by the risk and safety concerns of what we do. This is not dissimilar to our model of a family organised by the risk of self-harm. Of course, I chastise myself, there is always a 'reaction' to a cancellation. Whilst our model had predicted that the quality of relationships in the family were important and that parent and child attachments were significant, these young people had indicated that the major draw for them was meeting each other and not their families. Was this a case of young

people initially misconstruing the practitioner about their ambivalence to their parental attendance? Does this distress relate to fragile attachment at this teenage stage of development and low mentalization, in line with our model?

It also occurred to me that the specialist advice to refrain from connecting young people together was almost irrelevant here as the highest context was their security in their relationships with their parents. Some redress was at hand in our project where there were different entry points and multiple connections between pathways. All the parents agreed to attend the parent support sessions and benefitted from the ideas and techniques discussed. This further supported the feeling that we were moving in the right direction with our attachment and mentalization based approach.

I reflect now that as soon as we started to plan the event, we were establishing a network, even if the individuals were unknown to one another. Therefore, I should have considered the risk of disintegration caused by a cancellation of the event and its impact at the outset of our planning. Yet again I am finding that our research endeavours mirrored our model in so far as seeing that safety planning and the utilisation of circles of support might have contained the distress in the network. Likewise, the compassion and forgiveness we recommended in the face of inevitable setbacks at the parent

sessions, guided us now as a project team as we harnessed our resilience to move forward with insight. My clinical supervisor seemed more interested than worried and I valued his containing response in my 'wobble' moment.

Deleuze et al's framework (1987) suggests that the sustained flow of progress beyond the setback, is explained through re-adaptation to the presenting context (Deleuze's lines of flight, 1988, pp. 88-89); the discovery of alternative pathways through the crossing of boundaries of difference (away from Deleuze's segmented constraints 1988: pp251/205) allowed us to restart in a new place and defy the barriers to its continuity.

12. Training, conferences and workshops (See Figure 4, pg.93)

Ideas to connect and connecting the ideas that connect us

Our pilot project approached its preliminary conclusions and we ran the second conference of the project in 2016 to share our findings and some of our draft resources with 85 multi-agency practitioners from the East of England, showcasing work that focused on different parts of our system (SE pg. 65). Momentum continued to build as we received invitations to present at conferences and training sessions on our emerging model (Figure 3) and the interventions that were derived from it.

The resources for the general practice work stemmed from my work in the children's disability service and responded to requests from GPs for case studies to be included alongside theory (SE pg. 109). I admit that I did not have to work at selling our training offer, rather 'word of mouth' and the interconnections of the project parts meant that the invitations to present to various groups and events flowed in. At times they exceeded my capacity to meet the need. The project group, our inquiry voluntary partner and other clinicians also presented at events which I did not attend.

Timeline of Events - Project period

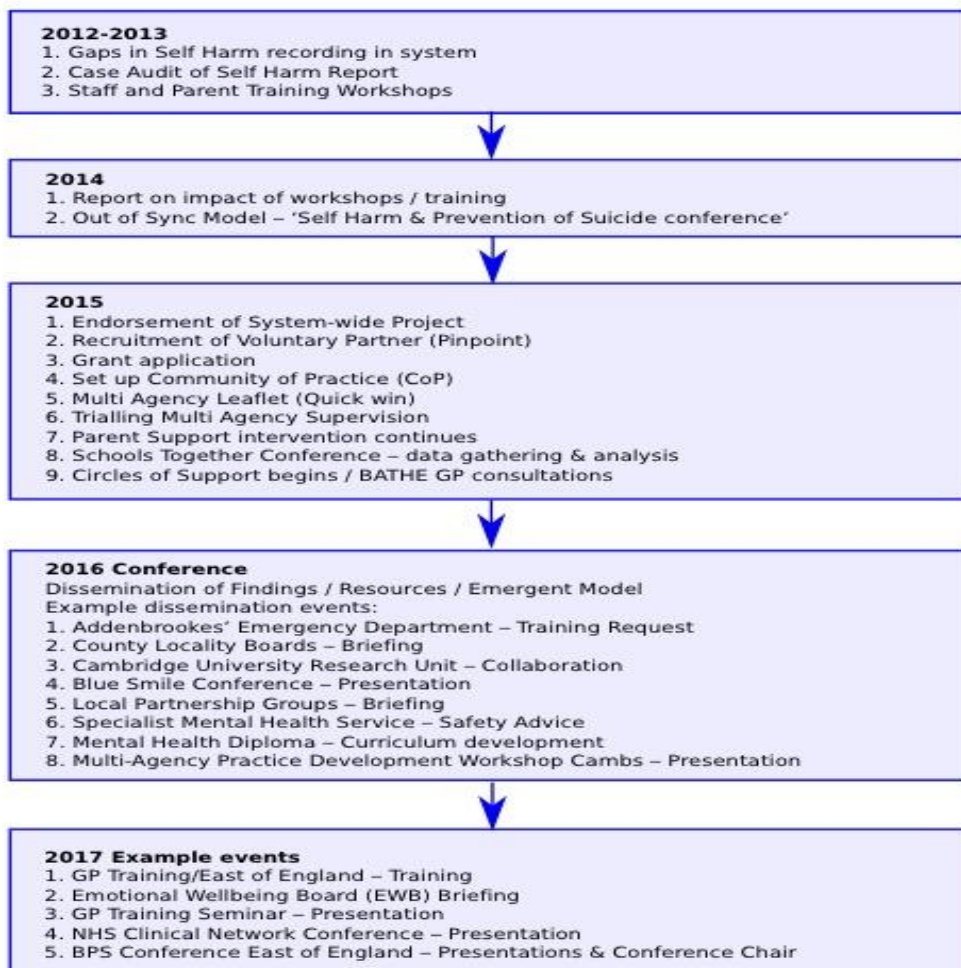


Figure 4

This brings me to the issue of community-based practice and quality assurance. Can you have a quality cohesive product with multiple layers of agency involvement and co-production that is not top-down? At this stage of the project these questions preoccupied me in my own clinical supervisions. Perhaps as my clinician role became more centrally-positioned the parent voice of my distress began to subside and an arboreal professional thinker started to re-emerge and addressing these questions became possible again. I continued to challenge myself to stay committed to a model of community partnership that was both trusting and empowering. There were times when I had to resist the primal drive to use historic local authority power to impose rules and regulation on the network (akin to DeLander's assemblage coding (2006, 2016)) in a return to the safer place described in Mason's safe certainty (1993).

An example of 'enabling organic growth' despite the resultant dilemma of appropriateness of the 'help' was illustrated when a lay colleague provided supervision to schools on self-harm. I respected the school's choice of 'helper' even if I struggled to understand their decision, aware of my own therapist journey with my expert-self. I also wondered about some of the risky cases being discussed in our community parenting groups but reminded myself that parents had decided to privilege the benefits of a parent-to-parent group with lay facilitation over engagement with professionals.

I agreed with my supervisor to privilege the 'whole' through wider inclusion and creating a cooperative partnership that could tolerate difference, engage parent and family voices/choices and create a framework in which risk management remained in the domain of partner agency rather than reverting to the traditional approach of the local authority or health service dictating the terms of partnership. I do not think that this constitutes a reduction in quality services but it does necessitate the requirement for transparent working within the network, and of ensuring consistent generosity and respect for each other in order to address important matters such as the safeguarding of children within the work.

The co-delivery of training with partners was fragile, as our model predicted. There were external factors such as the local authority diminishing the work of the 'other' or refusing to pay for our parenting programme partner to attend the national award ceremony. The latter instance was easily solved. I felt strongly that the whole team should go or we should not go at all so we did not attend the ceremony. My own organisation pressured our partner to withdraw from the self-harm work in order to prioritise another local authority contract in a different area, without my knowledge, only to renege on this agreement later. At the point we were unclear whether the community parent support work could continue. I note our strong connection and a sense of reluctant separation imposed by a larger political system. However, this setback did not derail the project as

the momentum had built to such a degree that parent champions filled the void and they continue to offer parenting support in the community today.

I see Deleuze et al's intensity of forces at play, in which the accurate depiction of sequencing and timings (using their metaphor) are temporarily foiled by periods below ground. I note when the project adhered to all of the rhizomatic principles in the period of highest impact, our centred methodologies failed to predict and sequence events that seemed to have taken on a life of their own. The struggle between stabilizing and destabilizing forces and the transition from the simple to the increasingly complex is fertile territory for the construction of the rhizome.

The other test of my resolve was the inclusion of parents and young people in the dissemination events in an extended communities of practice concept. Their voices are key and are at the heart of our model and so it is entirely appropriate that we really hear them in the roll-out of training and conference presentations. The wider the involvement, the harder it is to ensure project coherence and the notion of 'professional generosity' (and its implied shared protocol, defined by its professional membership) is replaced by the trust and respect built between human beings. We negotiated, encouraged and

supported activities and responsibilities as appropriate to our partnership vision. Our network remained whole, our relationships respectful and our achievements shared.

We overcame the sources of tensions by naming them, locating ourselves personally and within our agencies and articulating the dilemmas of this way of working as well as the system-wide gains. I aimed to listen to the concerns of the 'other', placing an emphasis on their contribution so that the relationship was reciprocal. I note these multiple challenges, typical in rhizomatic growth, resembled the threats to Delanda's assemblages where the solutions lay in de-territorialisation rather than the imposition of greater rules and solidifying of identities.

I was asked to chair the British Psychological conference in the Eastern Region and submit abstracts of our self-harm work to the conference panel. The panel selected two self-harm sessions (the parent support programme and circle of support intervention) and another of my multi-agency network projects for presentation. Some of the practitioners who had worked on the project co-delivered their first conference presentations (SE pg. 88). I attribute this conference request to the mounting local interest in our work and the wide involvement of practitioners with the project.

My main delight from this conference was seeing my younger colleagues grow in confidence and to support and mentor them in their preparation. I reflect on my own growing ease with professional generosity, an attribute associated with the further shifting of my relationship with Stephen Covey's private and public victory. McAdams et al (1992) also associated increased generativity towards a younger generation with a mid-life phase within Erikson's life stage model (2004). I wonder now how my parenting journey had informed my developing leadership style and the mentoring of the young talent before me. Was the unconscious reduction of worry about my own daughter's future releasing the tension in one part of the universal system that energises the flow in another?

13. Tracing the story of impact assessment (See Figures 1,2,3,4)

Half a story

Impact refers to the measurement of the effectiveness of activities and to judging the significance of changes brought about by those activities. It can describe the goals for an intervention, forecasting the effects that might be expected from a model or observable change. Arguably and conventionally, the variables for impact are considered and the processes or vehicles for driving the impact identified before the work begins. The scope of the level of impact from an individual, family and community perspective and the time frame for its assessment require thought. The nature of the

homogeneity of impact, an appreciation of circular causality and the role and identity of the agent or agency driving the impact and resources available are additional considerations. I wonder if the 'domino' metaphor is the cause or effect of the impact of our work and whether objectivity is undermined in implementation by multiple people from multiple agencies. I will refer to these matters below.

The strategy to drive impact from this project involved the development of a model to guide subsequent interventions by practitioners in order to bring improvement to practice and was particularly focused on enhancing the family experience of help. The initial plan was to build on the success of my first 'Out of Synch' conference workshop and use our first project conference to launch the inquiry and the second conference a year later to complete it with dissemination of the learning, recommendations for practice and the outlining of some intervention ideas.

I wanted to use a systemic and circular approach to explain causality and effect for those of more reflexive persuasions and employ some empirical statistical evidence to appeal to my hard data-orientated colleagues. The vehicle for increasing the reach of the learning was through leaflets, parent-to-parent books circulated across the county and the conferences, supervisions, specific interventions, consultation sessions and

training activities that ensued for professional and lay colleagues who were then called upon to champion the work in their area of operation. The homogeneity of findings at the level of parent support intervention is considered in our dissemination report. The area of impact assessment which has been harder to evaluate, has been the medium- to long-term outcomes for these families, not least because of the limited data we have on the parents as a condition of their engagement with the project.

We set out to achieve system-wide impact with the number of participants in parent support programmes and partners taking part in our conferences and training events giving us one quantifiable measure of our impact. I did not expect our reach to be so extensive and between March 2016-2017 alone, the project reached approximately 150 parents, 350 professionals, practitioners and lay partners with 135 GPs benefitting from our clinical updating, case conferencing and training - fully exceeding our expectations. These numbers do not include those already involved from the time of the 'Out of synch' model, earlier work with parent support or subsequent activities.

When I consider that this work was additional to my day job and that the same was true for my participating colleagues, it feels like we had a significant impact indeed. Other local authority districts, counselling agencies and schools initiated the set-up of parent

sessions and circles of support using their own budgets. Without any top-down mandate, the work has remained outside the local authority machinery and owned by parents, families and the community of practice for whom it is helpful (I note Roger's first maxim; 'The community owns the work they have created', Wheatley et al, 1996). With dissemination and community ownership, the implementation phase becomes inherently skewed to reflect local and individual interests posing some dilemmas, as previously discussed.

I am not sure that I paid sufficient attention to the evolving nature of my identity as it was informed by the different job roles and interwoven with my 'multiplicities' of self as the project progressed. By 2015, the early voices of my childhood and my 'distressed parent-self' that were enacted by working in a parent-facing service were beginning to fade as my newer, grounded and integrated voice became more audible and offered a slightly different steer from my position in children's services. I reflect that the compartmentalization of knowledge and practice, polarization of personal, professional thinking and the adoption of different roles amplify barriers to coordinating knowledge and contexts but reflexivity provides a bridge between these multiple experiences. This reminds me of my own relationship with power and enablement in response to my evolving personal and professional identity even in periods 'underground' as a mother/carer.

There are two reports of this time that capture the project impact. (Parental Support Report (SE pg. 7), the Co-ordinated approach to self-harm project report and resources which we disseminated at the final conference, (SE pg. 15). In the conference report, I note my negotiation of stakeholder interests as I move between crediting contributors and describing the work and results in language that supported the interests of my clinical team and our families at the same time as including resources that could support practitioners in their work.

The EWB and director of the local authority invited me to submit the work to the 'Children and Young Peoples Now' Mental Health Innovation Awards 2017, where it was a finalist (SE pg. 131). This award submission document attempts to demonstrate the reach of the project, changes reported by the families, the effectiveness of the training in the model and suggested interventions for the professional system. The awarding body defined the framework for impact assessment into which we entered our qualitative and quantitative data. I wonder how communicating our work through this vehicle impacted on our ability to describe the more reflexive elements of the project. Nevertheless, it was not until this point that we attended to a range of quantifiable elements of participation which, interestingly, we had overlooked. This reminds me of DeLander's assemblage coding and territorialisation concepts where our lack of hard

data collection is indicative of increased de-territorialisation, supporting rhizomatic growth.

There were invitations to present at other district events, GP conferences and seminars, and clinical network events from the East of England too. I usually attended these with my voluntary sector colleague who was involved with the parent programmes with the aim of ensuring that the partnership element of the work remained the highest context, mirroring the relational aspects of our model and our approach to the research.

Myron Rogers stated 'We need to be working across institutional and professional boundaries, moving to tilt the dynamic balance of identity from role to whole' (2016, pg. 6). I add that the 'whole' should include our partners in the voluntary sector and lay roles in our resource-restrictive world in children's health and social care services.

13.1 The unexpected ripples and outcomes

As a result of the promotion of our work through the GP network and the sharing of our work with Marian Stuart, I was invited to submit a case study about circular BATHE for her *Fifteen-minute Hour* psychotherapy book (6th edition, Autumn 2018) in the USA at her request (SE pg. 128).

In addition, the specialist mental health service asked for my support in training their staff and improving their communications with parents, with a particular focus on addressing how they supported families with safety advice during the 'waits' for services (SE pg. 173). They still struggle with referring parents to parent support sessions run by the local authority and the community because there are no guarantees that service offers will be sufficiently enduring and county-wide to warrant publication in annual service directories. This interests me as the community service world is always changing as activities are up-dated, contracts change and resources are redeployed. I am not sure the specialist partner understands the constraints of this operating environment. I now struggle to define the moment when the power in the relationship between the specialist service and this community project started to shift and we moved into greater synchrony and began system-wide conversations. Likewise, we were asked to support work being undertaken by a university research team into a new pilot imaging therapy for the management of self-harm and to take part in radio programmes.

Without doubt, the biggest surprise has been the clinical team's adoption of this way of working in order to address clinical service development in our mixed economy of community partners. The clinical leadership invited me to roll-out the so-called 'coordinated approach' to other projects. These projects use the same model of

working, with a joint learning goal at its core, but their clinical needs are different. All clinicians now have objectives to work in this networked way in a new performance management system. The Local Authority appraised my performance as exceptional in these years (SE pg. 153) supported by the feedback from practitioners in on-line annual clinical surveys. (SE pg. 159)

I am interested in the role of momentum in accelerating this lateral spread, which I define as the strength or force gained by motion, or by a series of events around the work and the networks of interest. I wonder about Myron Roger's definition of coalescing and stewardship stages in the development of communities of practice (2016) and building a context in which change can happen (Wheatley et al 1996, p. 39). 'In self-organization structures emerge. They are not imposed. They spring from the processes of doing the work'.

If there was a tipping point in the establishment of momentum in this project, I certainly did not expect that change could take hold in the timescale allowed for the project. I guess that the timing and our position between the formal systems that prevailed and the collective fresh ideas of our partnership provided a fresh lens through which to view old problems and (partially) expedited the possibility for a lateral spread – a

phenomenon not dissimilar to my father's approach to community enterprise in Fenland all those years ago. However, I do not feel that the interplay between science and art, personal tracings, traditional theoretical explanations or the coordinated model of our practice captured throughout this thesis sufficiently describe the project impact in the context of increasing complexity, multiplicity and heterogeneity. Nor do these explanations sufficiently describe the relationship of the system to its parts in this period of slightly nomadic project development and proliferation, which prompts me to return to considering the Deleuze and Guattari framework in an attempt to illuminate these events.

'It is about repetition without a model - a dice throw enabling differences to emerge from within its very repetitions' (Deleuze et al, 1988: ix).

Deleuze and Guattari's framework complements rather than counters the other ideas. It responds to the gaps between the organising processes and within my own identities and contexts so that new possibilities are revealed in the journey of 'becoming'.

The 'tree' in all of us and in our organisations can be changed by the rhizome. My professional style was made more open to change through my early attraction to the

'irreverent' and my 'strange' unpredictable encounter in my parenting life, which, in turn, influenced my leadership style and increased my professional generosity and generativity. As a woman, researcher and practitioner, I have adapted to my landscape of different and merging identities; assembling and dis-assembling myself in the tactical deployment of my knowledge and skills in visible and invisible ways to effect change and enable constant connection. Such navigations in contexts of multiplicity risk a loss of authenticity but, in these works, my freedom from formal management constraints has enabled me to stay grounded in the work I enjoy and close to my personal values.

I was not able to predict the exponential growth of this project but I could contain myself in dealing with the uncertainty and begin to notice the signs of change at the periphery of my vision and respond appropriately. This is similar to our invitation to parents in our workshops to notice the signs of change in their children who are impacted by self-harm. I reflect that this positioning of 'noticing' is a more distant relationship enabled from acentred or meta-perspectives to which I am drawn.

13.2 Limitations of the Deleuze philosophy

There are negative implications to these philosophical ideas if they are applied without restraint. Whenever we enjoy organic growth around services we fear fragmentation, the effect it may have on the client's experience of help and the confusion about what

help is available it may cause the referrer. Deleuze et al (1987) celebrated the creativity of rhizomatic communities but many clients of health and social services (as well as those who run services) value predictability, reliability and accountability.

I also note that we dwell on fragmentation between services and but less on the causes of fragmentation such as short-term funding agreements with community providers in a competitive commissioning context. These undermine trusting, long-term relationships in this sector and reduce transparency, thus adding to the forces of intensity that steer 'below-ground' activity.

The Deleuze and Guattari work (in its complex nature, nomadic form and narrow conceptualisation of history contrasted with a plethora of ideas) leaves space for imagination and interpretation. It is not a complete theory but it offers a thread to connect a collage of other ideas. Similarly, the rhizome and associated thinking is useful as a lens rather than a bespoke explanation. It works best to describe change and learning. The mutuality between the tree and the rhizome is an essential element in this model that can only be appreciated when a reflexive methodology provides additional information about the contexts in which our work is located. It is a philosophy rather than a science and, as such, should be held lightly as a means to widen our curiosity and deepen our appreciation of the processes impacting the work in all its multiplicities.

14. Current and future directions of the work

Both the self-harm management practice and inter-agency organisation outputs from the work continue to generate new shoots. At the level of self-harm management, the parent-to-parent communities continue to operate across the county. The Circle of Support intervention is delivered across the county but has also extended to address the containment of distress among families impacted by attachment issues and trauma. An additional resource, the Risk Assessment Conversation (RAC) has been developed from our refined practice to help contain the network under distress to support conversations around risk that do not disclose unnecessary client personal data in breach of some agency's missions. This resource is included in the updated report 'Co-ordinated approach to self-harm project report and resources 2017'. Some specialist services have used the Circle of Support to ease the transition of discharge from hospital. Clinical supervision is offered by the county to practitioners working from all agencies and some have now linked attendance with performance appraisal objectives. I continue to work alongside specialist partners in the training and professional development of GPs and have also supported neighbouring county partners in planning and delivering training events around self-harm.

In typical rhizomatic fashion, the work has proliferated laterally in different, unexpected directions through new evolving resourceful communities of practice in order to meet local needs. I am drawn to the reflection of my clinical supervisor here

‘These are the not-so-random consequences of a highly attuned approach in which all voices in a network are encouraged and their concerns are taken seriously.’

(SE pg.150)

At the organisational level of output, I have set up these new communities of practice in our extending network (following a similar coordinated model around different issues) and attracted external funding for these multi-agency formations so they can both research and deliver services and interventions for the benefit of the community. The work with self-harm was a vehicle to inform our embryonic practice which is now being continually refined in other fields of application through our multi-agency project work. Our learning about the importance of parent and family involvement and the circle of support technique to hold connections across the layers of community, thread through that practice in all these initiatives. These project networks are focused in adult literacy, a trauma project that uses gaming as a pilot therapeutic intervention, a project that links animal welfare to children’s wellbeing and the ‘Birth as a medium for change project’ upon which I will elaborate.

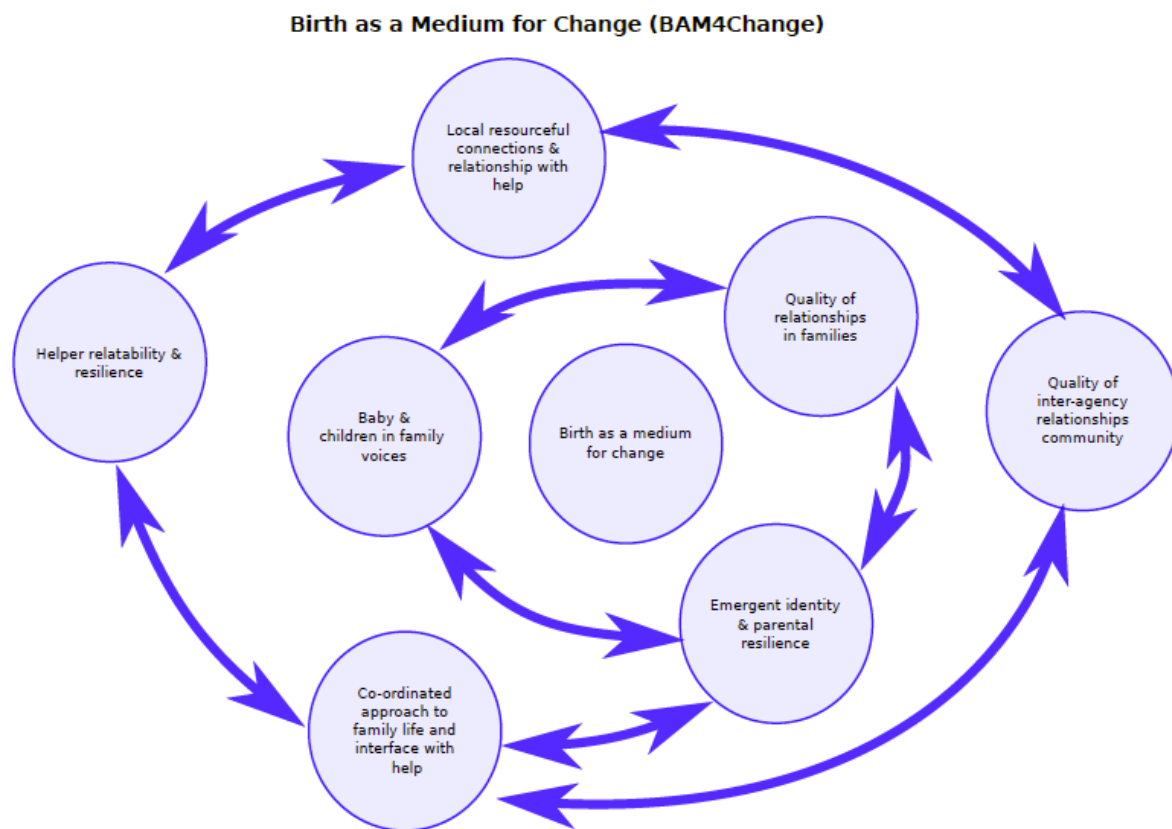


Figure 5

The 'Birth as a medium for change project' has also been nominated by one of the partner agencies for a national award in 2018 (SE pg. 139). The partner network is

different to that of the self-harm community. The context (around vulnerable pregnant women impacted by mental health) is stigmatised which limits the appropriate help-seeking behaviour of the expectant mother and her family. In the project, stakeholders from health and local government are located around a network of community agencies and helpers from different professional and lay backgrounds. The network delivers a collaborative service to these most vulnerable women. This is traditionally fraught territory where risk around pregnancy, birth and infant care organise a whole professional system and lay helpers have struggled to make a sustained contribution.

The pregnant women are supported by a 'doula' birth companion (resonating with the circle of support technique) through the pregnancy and birth process where the 'doula' acts as a nurturing figure to the mother and a bridge to the connecting network. We hypothesise that this nurture experience of the mother is re-enacted through the attachment with her infant and in the strengthening of connection in the family and community. (Typically, in this cohort, without a doula, the birth process can trigger a range of fears for the women, interrupting the bonding experience with her infant and fracturing the relationship with a hyper-vigilant professional system).

The doula collaboration supports the mother in strengthening her relationships with the community of help in her new parental identity. It goes some way to contain her distress

so she can still be present to her infant reducing the anxieties of the agencies around her family. The work builds upon the emergent model from the self-harm project. It focuses on hearing the mother's voice, supporting the quality of relationships around her in the family and between the agencies, challenging stigma when it poses a barrier to appropriate care and strengthening community connection. The coordinated network of help is non-hierarchical, bound by a bespoke Memorandum of Association agreement and funded through bids to employ local doulas from the community. The group thinks and receives clinical supervision as a multi- agency network which remains connected as an entity through the work.

We hope to scale up the work and seek substantial funding because of promising pilot data where the trajectory of women's' and children's' lives has been changed. The wellbeing of this cohort of mothers, the rate of breast feeding, reported infant attachment and relationships with professional help have surpassed our expectations and the full evaluation study is expected autumn 2018. There have been no care proceedings yet with our children of the project. Mothers with significant mental health issues have continued to be supported in their community with no new hospital admissions for psychiatric care and the cohort are all engaging with local communities of mothers in some form or other.

Each additional project refines our learning about the conditions for the successful application of this way of working; namely stigmatisation, historical difficult relationship with help, development of a shared sense of significance around a social issue, capacity and capability of mobilisation of a wide and diverse community of help, scope for coordination and supervision, availability of wider access to other community networks and services, meeting the multi -agency requirements for structuring the work in so far as non-hierarchical ways of working, risk management and recruitment of funding.

I have recruited post-graduate interns to evaluate each project. Each multi-agency collaboration is coordinated in accordance with a bespoke Memorandum of Association agreement between agencies so that they each remain independent of each other but are clearly associated. These entities/assemblages meet the conditions to attract and receive finance but they are not subject to the limitations of tree-like bureaucracy and as such remain cost-effective in the delivery of services.

I am presenting to the clinical team on the dissemination of 'new ways of working' and supporting colleagues in identifying potential projects within their communities of practice where this approach may be impactful. I have supported another local authority in replicating one of our pilot projects in their area.

These 'off-shoots' still lie between systems. In these spaces I have connected with a facilitative and mentoring role in order to bring about change. This has taken place outside the management hierarchy and can be traced through my own maturation. This role offers a different professional generativity: a merger of ideas from 'tinkering' practice, mentoring and rhizomatic philosophy have each enabled me to influence change. This position has also enabled me to supervise interns, work with funders and support clinical colleagues outside of centralist structures so that I can be freer of organisational constraints but also continue to work alongside our diverse community of practice in order to improve services to families. Rather than try to create order around these emerging relationships through the imposition of strategy and hierarchy, I align myself more with Wheatley et al (1999, p. 17) 'this world of exploration is one which tinkers yourself into existence...mess upon mess until something workable emerges.'

Another direction is to re-think the connections around the formulated problem and ideas in these projects. Deleuze et al (1988) and Delanda (2006, 2016) invite us to use assemblage thinking about language, in so far that the stratification of word-order can organise linguistic expression and meaning. We can de-territorialize the term 'Self-harm' by separating the single identities from the entity (taking away the hyphen) to evoke Deleuze's 'lines of flight' within a single plane and offer new possibilities of meaning in

the fluidity of fresh connections. Those possibilities include a sense that from ‘harm’ ‘self’-insight or ‘self’-development can evolve and we can come to see the strengthening of the narrative of the positive ‘self’ concept instead of the dominance of ‘harm’.

Throughout this project, I have addressed the importance of reflexivity of ‘self’ as an agency for change in the role of the parent with their child, with practitioners in supervision, with the family and each other, with the practitioner in their researcher role and with the whole person in the practitioner. Unlocking the term self-harm provides an iterative relationship with each constituent part and their possible connections in which the self can ‘be’come’ a driver for good in a journey of recovery. (With this in mind, I now offer an alternative post-reflexive title for this thesis as ‘Self as a vehicle for the management from harm in a connected system of support.’)

15. Concluding thoughts

‘The events in our lives happen in a sequence of time, but in their significance to ourselves, they find their own order... the continuous thread of revelation’.

Eudora Welty (1983/4, pp. 68-9)

When I look back on what I have written, I can see a connecting thread running from my childhood and through the development of professional competencies in a breadth of psychological work, models and contexts. I see a reflective transpersonal journey that

clarifies my understanding between my inner and external world and allows me to linger in the tensions, discrepancies and contagions of my work contexts and my practitioner, gender, leader and parent identities.

I observe my ancestry of practice – the acknowledgement of my ‘irreverence’, the tracing of collaborative, grounded and ‘action’ principles to the ‘gatherings’ of my childhood and the insider/outsider narratives also informing my ‘curious practitioner stance’ from different roles my more recent knowledge acquisition and pluralistic approaches. I note patterns of mirrors and spirals in the interweaving of life and work. I have learnt to unravel myself from the absolute draw of classification and causality in exchange for embracing a ‘loose connection’ to appreciate complex landscapes as a ‘tinkerer’ in a changing formation.

I also note my practitioner researcher relationship accompanying self-harm across my various roles in a system that parallels the family relationship with help. It has provided me with continuity across different roles in this compartmentalized organisation. My work with communities has enabled me to create ‘lines of flight’ that have freed me temporarily from the organisational constraints of local government.

My political and strategic skills have been even more helpful in my current role in which I have had to rely on my personal competence and status over and above organisational authority. This project journey, from a focus on mutual parent and child relationships (replicating my own preoccupations at that time) to one on the siblings and family entity and the professional system in my current role, were all enabled because this work lay between formal systems.

I think about Osterman et al's reflective practice model (2004) and acknowledge my systemic organisational psychology knowledge and skills as being a cornerstone of my current clinical work which has enabled my attunement to working in a complex context. I see a journey with my therapist-self, finding ways to locate myself in the science and art of the work, holding to authenticity and re-positioning myself in a shifting system between my whole self, my practitioner self and the community with whom I am involved.

The writing of this thesis has been an undulating rhizomatic journey, sometimes orderly and expected and at other times I have found that the work has taken me to unexpected places to which I was led by curiosity and new opportunities to reflect from a different angle. I have tried to hold my reader in mind in this story. I am increasingly aware that

structure and order aids understanding - paradoxically in a rhizomatic story - and I have offered a choice of maps (figures) to guide the reader through. I have discovered a generative writing journey of many layers - from structure, to content, to reflection and reflexivity to re-theorising. If I started with a beginning, it became the end and the end the middle with the benefit of reflection in this thesis. The sessions by appointment with my tutor offered punctuation to a mapping exercise that might otherwise have overwhelmed me in the same way that my starter, middle and end questions guided the methodology in my primary exploration.

I also reflect on a woman's story - perhaps typical and aligned to conventional binary expectations, in which I gave up a career to become a carer and went into a role with little status and credibility. The healing journey of a daughter enabled me to find the spaces and opportunities within this alien context to re-discover older knowledge whilst connecting with the new. I re-theorise my entity as an assemblage of identities as both insider and outsider.

I started this work to trace a story of 'becoming' that seemed contextualised in compartmentalised theories, serendipity, relationship-building with people and 'lived experience'. I leave this task with integrated knowledge, a map and greater clarity on

the route of my practice development, mobilised in order to support my clinician colleagues and interns in creating their own maps for working with self-harm and other clinical phenomena in the community.

Appendices

- i. **List of public works, the impact on the field of practice and index to supporting evidence (SE).**

Public works	Impact on field	Supporting evidence page
<p>1. Reports and leaflets</p> <p>I. Parent Partnership Service- findings on emotional wellbeing in parents and children/recommendations 2013</p> <p>II. A brief report on Parental Support Data for Cambridge County Council 2017</p> <p>III. Quick guide to self-harm. Leaflet for professional and voluntary sector</p>	<p>The reports, leaflets and papers increased the opportunity to share ideas and influence wider practice and strategic direction through meetings with the Emotional Wellbeing board, Public Health and generating conference or seminar papers.</p> <p>The leaflet became part of the local mental health resource website for children and families and the self-harm information is regularly updated.</p>	<p>Pg. 4</p> <p>Pg. 7</p> <p>Pg. 11</p>
<p>2. Coordinated approach to self-harm project report and resources 2016/7, updated</p>	<p>Coordinated approaches to the management of self-harm are now more common with parent and family involvement at the core of best practice. The</p>	<p>Pg. 15</p>

<p>2.i Models and frameworks - working with self-harm (resources section of Coordinated approach to self-harm report)</p> <ul style="list-style-type: none"> • Out of synch model • Case studies included in report 	<p>community of practice employs the same resources and information to support their work and relationships within and between the system are strengthened through joint supervisions and events improving the care of young people and their families.</p> <p>There is more thinking about the possible impact of the system response to self-harm and unintended consequences such as 'waits' for appointments that can escalate self-harm behaviour.</p> <p>The resources to address barriers to help-seeking and/or recovery have been well received by many practitioners in different sectors.</p> <p>The Out of Synch model continues to offer families a mentalizing approach to improve their communication. 'The Out of synch' approach has also been applied to the design of the communication element of critical incident training in schools and to consider the timeliness of feedback</p>	<p>Pg.29</p> <p>Pg. 41</p> <p>Pg. 42,45</p>
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<ul style="list-style-type: none"> • 'Waits' for appointments management 	<p>in the workplace in an HR conference.</p>	Pg. 30
<ul style="list-style-type: none"> • Emergent coordinated model around self-harm 	<p>GPs have benefitted from changing the way they support young people and their families using social prescribing to refer to support groups as well as medicinal treatments.</p>	Pg. 44
<ul style="list-style-type: none"> • Circles of support 	<p>They have embraced the simple BATHE framework to good effect and carefully consider how they provide immediate help which seamlessly</p>	Pg.30-37
<ul style="list-style-type: none"> • Parent support programme 	<p>crosses services, validating the young person and family distress averting increased escalation of risk.</p>	Pg.19,60,90
<ul style="list-style-type: none"> • Social prescribing (to support groups) and Circular BATHE in general practice 	<p>The Advanced Mental Health diploma for community practitioners has changed their curriculum to include Circular BATHE as a consultation technique around self-harm and this approach has also been captured in the 6th edition of Marian Stewart's international book on consultation techniques for general practice.</p>	Pg. 17,134, 48,128,171-172
<ul style="list-style-type: none"> • Supervision groups questions 	<p>The specialist mental health partner has changed aspects of their communication to young</p>	Pg. 36

<ul style="list-style-type: none"> • Risk assessment conversation (RAC) 	<p>people and their families to take the findings on board. Service re-design work in different regions have been influenced by the work.</p> <p>Circles of support and parent groups are ongoing across the region and considered as alternative pathways of support for families and the developing evidence-base validates their use.</p> <p>Clinical supervision in multi-agency groups has contained the distress in the network and reduced the number of transfers of young people and families between helpers from the 'hot potato' effect.</p> <p>The RAC tool has supported other networks and been showcased at a Cambridge university event in 2018.</p> <p>See Section 6, 'Additional evidence' below for survey and other feedback.</p>	Pg. 50
<p>4. Case studies</p> <p>I. Essay. Where self-harm is part of a complex presentation. (Self-harm in siblings-a case study). 2015</p>	<p>The case studies offered an opportunity to follow the journeys of young people and their families in a collaboration with General Practice as we</p>	Pg. 96

II. Award submission- Birth as a medium for change 2018	share and develop those ideas with a wider network across sectors and regions.	Pg. 139
III. Reflection on coordinated network model by clinical lead 2018		Pg. 150
6. Additional evidence	Describes the impact of the work from others' perspectives in their field of application.	
I. Appraisal /managers' reports		Pg. 153
II. Online clinical survey feedback		Pg. 159
III. Doctoral reference		Pg. 168
IV. Memorandum of Association Agreement/Extract		Pg. 170
V. Emails		Pg.171

ii. **Map of project work in relation to the Level 8 Descriptors referenced in Metanoia Programme Handbook**

PROFESSIONAL CONTEXT	APPLICATION	Evidence supplied
Excellent Practitioner	<p>The work explores the incremental development of a coordinated network approach in a community of practice and the development of specific resources and techniques around the management of self-harm; a process documented in a journey of reports to the multi-agency Emotional Wellbeing Board in Cambridgeshire from 2013, appraisal reports from 2015 and the impact assessment of strands of the work through various means (2016-2017) including the dissemination of the project findings to the wider regional and national network of interest. The thesis also considers the impact of the coordinated work around self-harm on the evolvement of new applications for this way of working.</p>	<p>Context statement</p> <p>Reports (2013, 2016/2017 Co-ordinated approach to self-harm project report and resources) invited by the multi-agency emotional wellbeing board Cambridgeshire and open to the wider community of practice. Pg. 15</p> <p>Management Appraisal forms from 2014 (since the onset of performance ratings and performance related pay) evidencing rating as an 'Exceptional' practitioner in the highest band of performance. Pg. 153</p> <p>Parent support intervention - Evaluation study verified by Anglia Ruskin university 2017. Pg. 7</p> <p>Examples of Circle of Support impact assessment</p>

		<p>feedback from a parent and practitioner. Pg. 158,9</p> <p>Abstracts submitted to British Psychological Society (BPS) conference review panel and presentations made 2017.Pg. 89</p> <p>Case study for General Practitioner consultation, Circular BATHE technique accepted for publishing 2017 Pg. 128</p> <p>Further nomination of another project for National Award, Mental Health Innovation 2018, in a wider application of the coordinated network approach around the management of birth for vulnerable women impacted by severe mental health issues. Pg. 139</p>
Ethical understanding	The project moved from a specific and limited context of a family appreciation of self-harm (2012-2014) to consider the dilemmas in complex contexts of research and practice around self-harm involving others in the formulation of solutions and action through the coordination of	<p>Context statement</p> <p>Formulation of issues in complex context. Case study -where self-harm is part of a complex presentation (Self -harm in siblings Essay 2015) Pg. 96</p> <p>Resource to support network at risk of</p>

	<p>communities of practice (2015-16).</p> <p>Dilemmas were shared respectfully, solutions formulated, and resources generated together through the vehicle of 'Thinking hubs' and learning events in an action research approach. This provided a platform for the continuous development of practice around self-harm in an ongoing revision of theory and practice through participation in learning events, clinical supervisions, case reviews and analysis to bring about resources and techniques that could improve practice (2016-2017).</p> <p>An understanding of the distinctive features of this approach helped us to expand the ideas into related but new contexts where stigmatised difficulties around multi-agency working and family engagement with professional help prevail.</p>	<p>disintegration around communication when risk is escalating.</p> <p>RAC (Risk assessment conversation) tool as a resource for multi-agency risk assessment conversations which identifies that different agencies have unique value-driven interpretations of information sharing protocols. (2016). Pg. 50</p> <p>Light-touch framework to structure connections between partners and participants to share the combined and shared ethos and values around the work through the Memorandum of Association; refined for the birth project in revised coordinated model. (2017) Pg. 170</p>
Context	The work describes a growing knowledge of both complex, unpredictable specialised contexts and formulations around self-harm in an increasingly multi-layered and	Context statement and specifically Figures- Timeline pg. 24, Assemblage model pg. 16 Case study -Where self-harm is part of a complex presentation.

	<p>fragmented service delivery framework as well as an awareness of the impact of individual differences affecting engagement with the project.</p> <p>A deeper understanding of this complex context was achieved because I changed my clinician job twice through the project; we included coordinated multi-agency related tasks (EG. leaflet) to build and strengthen the relationships in the network in focus as preparation for a bigger pilot project. We committed to organising a range of events to gather the views and experience of the wider network and families linked to self -harm.</p> <p>The formulation and testing of hypotheses about individual differences in relation to accessing support was also addressed through the documentation of individual client journeys through 'helping' services and testing the statistical data for evidence of individual differences such as gender, class, age, sexual orientation and other family characteristics.</p>	<p>(Self-harm in siblings- Essay 2015) Pg. 96</p> <p>(2015) Quick guide to self-harm. Leaflet for professional and voluntary sector. (Multi - agency leaflet developed as part of the project as a vehicle to closer collaboration). Pg.11</p> <p>(2015) Flyer inviting the wider network to Multi-disciplinary and multi-agency clinical supervision around self-harm and accompanying example feedback sheet. Pg. 63</p> <p>2016; 2017 revised) Report. Co-ordinated approach to self-harm project report and resources. (Includes findings across demographic groups in parent support interventions, variations in outcome attributed to different pathways of service (voluntary sector partner viz-a-viz local government) and appreciates the wider context of partnership work). Pg.15</p>
Responsibility	This project required a sense of autonomy;	Context statement

	<p>acceptance of responsibility for self, others and the maintenance of a professional position; alongside a commitment to consult and empower others by the evolving process of the organisation of the work. The position of being 'between' the elements of help to enable connectivity whilst being employed by another agency -is a constant reflection through this journey.</p> <p>The different lenses on autonomy are traced from an early life in Fenland, through the positioning offered from subsequent external consultant roles and working as part of a clinical team but closely linked with community partners.</p> <p>The empowerment of others is considered around the strengthening of the voice of the impacted child and family, the dilemmas of including both child, family members and lay colleagues as partners and the potential opportunities of using communities of practice and learning events to mentor and support younger colleagues in their careers.</p>	<p>Feedback -from appraisal process 2015-2017 Pg. 153</p> <p>Reference for doctoral study 2016. Pg. 168</p> <p>On-line Clinical survey impact assessment comments from the project network. (2016-2017) Pg. 162</p>
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Commitment	<p>Ongoing personal and professional development took place throughout the project (including the studying of additional relevant qualifications) as well as accessing ongoing supervision from a lead clinician.</p> <p>Receptiveness to scrutiny from the wider network around self-harm management across the project lifespan was evidenced by participating in joint learning events as a delegate and a presenter.</p>	<p>Context statement</p> <p>See example list of presentations provided to conferences, training workshops and events and accompanying example invitations, abstracts, programmes and impact assessment feedback. (2014-2017) Pg.53</p> <p>Evaluative reflective feedback from GPs, clinicians and managers pg. 32, 72, 126-127,150</p> <p>Submission for judgement of the work around self-harm in CYP award process. (2017) pg.131</p>
PROFESSIONAL KNOWLEDGE		
Knowledge	<p>The project brought together knowledge and theory from different areas- clinical and counselling psychology and therapies, systemic thinking, organisational psychology and change theory and the contribution of Deleuze and Guattari's philosophy to frame a deeper and alternative appreciation of the organising principles in the journey of the work.</p>	<p>Context statement; tracing and interweaving of a personal and diverse professional journey.</p> <p>Theoretical ideas hand out - 2016 clinician CPD session.pg. 58</p> <p>Invitation and response of peer network to comment on the work. Pg. 32,126-127</p> <p>Reflection on coordinated network model by clinical lead 2018, Pg. 150</p>

<p>Acquiring knowledge</p>	<p>The project required an extensive use of sources and a versatility in adapting data collection from different contexts for different purposes in a mixed methodology over five years. The original field of encounter was relatively simple - parent and child, then extended to siblings by 2014 before the context widened to practitioners and community 2015-2017).</p> <p>There was a need to fit the right research method to each project stage for a specific context, recognise dilemmas of application and then assimilate findings from these various data sets in a coherent robust way to inform the next steps of the work.</p>	<p>Context statement; action research framework incorporating grounded theory approaches to qualitative analysis from workshops, case studies, alongside quantitative pre and post intervention surveys and reflexive and philosophical approaches to formulating and evaluating the information.</p> <p>See Figure 4 Breakdown and sequencing of events pg. 93/Context Statement</p> <p>Essay beyond self-harm - General practice as a context for data collection using case studies.2016 Pg.109-125 and evaluative feedback Pg. 126-127</p>
<p>Analysis of knowledge</p>	<p>The thesis proceeded logically in its articulation of the various strands of theory to explain observations from different perspectives. However, the work was initially missing a framework that captured the evolving process of the work over time as it proliferated laterally and transferred into new applications. The gap was filled by bringing in the Deleuze and Guattarian philosophical approach to</p>	<p>Context statement; the Deleuze and Guattari philosophical framework offered a new lens to the work.</p>

	bring a fresh understanding of the contradictions in the information we had gathered.	
Application of knowledge	The project work analysed information and ideas mindful of the needs and interests of specific groups of practice in the subsequent generation of frameworks of knowledge application.	Context statement Out of synch model for parents and families and practitioners 2014 Pg.41 Circle of support technique 2016/7 Pg. 30-37 Circular BATHE technique for self-harm consultation in general practice. Case study and handout. 2016/17 Pg. 48, 128
Synthesis of knowledge	Some of the work of the project synthesised knowledge from previous approaches to fit the expanded context of a relational approach to self-harm EG. the third dimensional additions to the Cycle of harm, the circular addition to the BATHE technique or the Circle of Support technique with its history in the attachment-based Circle of Security model.	Context statement Theoretical ideas; handout CPD clinicians 2016 pg. 76 These expanded ideas are covered in the resources section of the report below; 2016; 2017(revised) report.; Co-ordinated approach to self-harm project and resources Pg. 15
Evaluation of knowledge	Independent evaluation of the project was collected at each stage of the work in a variety of ways including feedback from the Emotional Wellbeing Board on the direction of the work	Context statement Online clinical survey feedback Pg. 159 Learning event feedback

	<p>from 2013 and the pilot research project 2016/17. The first conference presentation 2014, reflective written case study work from 2015, pilot data impact assessment of interventions 2016 was all refined through the feedback of others.</p> <p>Additionally, clinical and joint peer supervisions, CPD sessions with colleagues and on-line clinical surveys collected feedback from multiple sources in response to the dissemination of the work.</p>	<p>Feedback from the community of practice. Pg. 73</p> <p>Reflection on coordinated network model by clinical lead 2018 Pg. 150</p>
PROFESSIONAL PRACTICE		
Competency skills	<p>The project work developed my knowledge and skills as it progressed from a parent focus (2012-2014) to a family 2014-2015) and subsequent community appreciation of the impact of self-harm (2015-2017). Each extension of the work necessitated consultation with others to both bridge the gaps in my knowledge and mobilise a new cohort of partners to support the new directions whilst maintaining on-going work.</p> <p>A project incorporating such multiplicities required a versatility of styles from activist, passionate,</p>	<p>Context statement</p> <p>Case essays</p> <p>Case study -Where self-harm is part of a complex presentation. (Self-harm in siblings- Essay 2015) Pg. 109</p> <p>Essay beyond self-harm - General practice as the context for data collection using case studies-2016 Pg.96</p> <p>2016; 2017 revised) Report. Co-ordinated approach to self-harm project report and resources Pg. 15</p>

	reflective, neutral and reflexive. The different types of document offer a lens on each of these styles at various times in the project journey.	
Self-appraisal and reflection on practice	The work engaged a community of practice action research approach from 2015 where learning together was at the heart of the process in an ongoing modification of ideas. In addition, parents and lay colleagues were equally part of this process from different positions in the project as the work progressed including the dissemination stage from 2016/7 where the wider appraisal of peers was sought in learning events and workshops.	Context statement Feedback from events and appraisal from practitioner colleagues in the community. Pg. 66, 72,73,126-127 Online clinical survey Pg.159
Managing continuing and ongoing learning	The work required an audit of my own knowledge and skills to expand its reach. I explored a range of development initiatives to this end including updating in therapies where the self-harm context was a specific application of knowledge (2013-2016). Those learning opportunities included my own supervision, courses, self-directed research and conversations with clinical specialists.	Context statement
Problem solving	My work environment was often problematic in the sense that initially it did not	Context statement

	<p>recognise self-harm as an issue (2012-2013); it did not always embed partnership working in its approaches; networks were prone to disintegrate over differences in operational priorities or competing values and beliefs (leaflet 2015) or by being over-organised by risk (2014/6) producing the client-experience we named as the 'hot-potato effect'.</p> <p>The community of practice and action research approach went some way to addressing these barriers to help by insulating the network from disintegration to be present to families in distress by developing tools and resources to support the network and families directly.</p>	<p>Out of synch model Pg. 41 (Hot potato effect Pg. 39) 2014 included in report below</p> <p>2016; 2017 revised) Report. Co-ordinated approach to self-harm project report and resources Pg. 15</p> <p>Leaflet 2015 Pg. 11</p> <p>See resources including Risk assessment conversation (RAC) included in Report 2016; Pg. 50, 2017 revised). Co-ordinated approach to self-harm project report and resources.</p>
Communication/presentation	A range of presentations and workshops were run, abstracts submitted, and work verified in the project period.	Context statement Figure 4 -See events list

References

Alvesson, M. & Skoldberg, K. (2000) *Reflexive methodology: New vistas for qualitative research*. London: Sage Publications

Anderson, H. & Goolishian, H. (1992) 'The client is the expert: A not knowing approach to therapy' (pp. 25-39) In McNamee, S. & Gergen, K.J. (eds.), *Therapy as social construction*.

Attia M. & Edge J. (2017) 'Be(com)ing a reflexive researcher: a developmental approach to research methodology.' *Journal Open Review of Educational Research*, 4 (1) (Accessed March 2018)

Bager-Charleson, S. (2012) *Personal Development in Counselling and Psychotherapy*. Exeter: Learning Matters

Barab, S. & Squire, K. (2004) *Design-based research: Putting a stake in the ground*. Available at: https://doi.org/10.1207/s15327809jls1301_1 (accessed March 2018)

Barnett, R. (2004) *Learning for an unknown future*. *Higher Education Research and Development*, 23 (3), 247–260

Bergson, H (1991) *Matter and Memory*, (*Matière et Mémoire*, 1896), trans. Paul N.M., and Palmer, W.S. New York: Zone Books.

Bevington, D. & Fuggle., P (2012) '*Supporting and enhancing mentalization in community outreach teams working with socially excluded youth: the AMBIT approach.*' In Midgley N. and Vrouva I. (eds.) *Minding the Child: mentalization-based interventions with children, young people and their families.*, Routledge, 2012.

Blanchard, J. (2003) *Targets, assessment for learning and whole school improvement.* Cambridge Journal of Education, 33 (2), 257-271

Bluhm, D. J. Harman W., Lee T.W. & Mitchell T.R. (2011) '*Qualitative research in management. A decade of progress.*' Journal of Management Studies 48(8), 1866-1891

Blum, F (1955) Action Research – A scientific approach? Philosophy of Science 22, 1-7

Bourdieu, P. (1986) '*The forms of capital.*' In Richardson J. (ed.) *Handbook of Theory and Research for the Sociology of Education.* New York: Greenwood.

Burnham, J. (2013) '*Developments in Social GRRRAACCEEESSS: visible-invisible, voiced-unvoiced.*' In Krause I. (ed.), *Cultural Reflexivity*. London: Karnac Books.

Byrne S, Morgan S, Fitzpatrick C,Boylan C, Crowley, Gayhan H, Howley J, Stanton D,Guerin S (2008) *Deliberate self-harm in children and adolescents; a qualitative study exploring the needs of parents and carers*. Clin Child Psychol Psychiatry 13,493-504

Cecchin, G., Ray, W.A., & Lane, G. (1992) '*Irreverence, a strategy for therapists' survival.*' In Campbell D. & Draper R. (eds.) *Systemic thinking and practice*, London : Karnac Books.

Chen, Y. (2001), '*On Vertical Mergers and Their Competitive Effects,*' RAND Journal of Economics, 32, 667–685

Clarke G, Kumar S (2006) *Exploring parents' responses to their child's deliberate self-harm*. Health Education,106, 9-20

Cooperrider, D., & Whitney, D. (2000). *Collaborating for change: Appreciative inquiry*. San Francisco: Barrett-Koehler.

Corbin Dwyer, S. and Buckle, J.L. (2009) '*The space between: on being an insider-outsider in qualitative research.*' *International journal of qualitative Methods*,8(1), 54-63

Covey, R.S. (1989) *The seven habits of highly effective people*. Franklin Covey

Cox, E. (1996) *Leading women: Tactics for making the difference*. Sydney, Australia: Random House

Cronen, V., & Lang, P. (1994) 'Language and action: Wittgenstein and Dewey in the practice of therapy and consultation.' *Human Systems: The Journal of Systemic Consultation and Management*. 5 (1-2)

DeLanda M. (2006, 2016) *A New Philosophy of Society: Assemblage Theory and Social Complexity*. London: Continuum

Deleuze, G. & Guattari, F. (1987) *A Thousand Plateaus: Capitalism and Schizophrenia*. London: University of Minnesota Press

Deleuze, G. & Guattari, F. (1988) *A Thousand Plateaus: Capitalism and Schizophrenia*. London: Athlone Press

Deleuze G. (1995) *Negotiations, 1972–1990*. New York: Columbia University

Edge, J. (2011) *The reflexive teacher educator: Roots and wings*. New York: Routledge.

Erikson K. (2004) 'Reflections on generativity and society: A sociologist's perspective.'
In: de St. Aubin E., McAdams D.P., Kim T.-C. (eds.). *The generative society: Caring for future generations*. Washington, DC: American Psychological Association, pp. 51–61.

Etherington K (2004) *Becoming a reflexive researcher: using ourselves in research*.
London: Jessica Kinsley

Festinger, L. (1957). *A Theory of cognitive dissonance*. Stanford, CA: Stanford University Press

Fingerman, K.L., Cheng Y., Birditt K.S., Zarit S.H. (2015) 'Only as happy as the least happy child: multiple grown children's problems and successful middle-aged parents' wellbeing.' *Journal of Gerontology B-Psychol* 67 184-193

Glaser, B. and Strauss, A.L. (1967) *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine Publishing Company.

Goss, S.P. & Mearns, D. (1997) 'A call for pluralist epistemological understanding in the assessment and evaluation of counselling.' *British Journal of Guidance and Counselling* 25(2) 189-198

Goss, S. & Stevens, C. (2016) *Making research matter. Researching for change in the theory and practice of counselling and psychotherapy*. Routledge.

Hayley, J. (1991) *Problem solving therapy: New strategies for effective family therapy* US: Jossey-Bass. Quoted in London: Harper Torch Books

Holland, J.L. (1997) *Making vocational choices-a theory of occupational personalities and work environments*. Odessa F.L. Psychological Assessment Resources Inc.s

Jabri M. (2016) *Rethinking organizational change: the role of dialogue, dialectic and polyphony*. New York: Routledge.

Jung C.G. (1965) *Memoirs, Dreams, Reflections*. New York: Vintage Books

Kouzes J., Posner B. (1987) *The leadership challenge*. Jossy-Bass

Law, H., Ireland, S. and Hussain, Z. (2007) *The Psychology of coaching, Mentoring and Learning*. Wiley and Sons

Leech, N. and Onwuegbuzie, A. (2011) 'Mixed research in counselling: trends in the Literature'. *Measurement and evaluation in counselling and development* 44 (169). Available at <http://mee.sagepub.com/content44/3/169>. (Accessed Feb 8,2018)

Lewin, K. (1947) '*Frontiers in group dynamics*'. *Human Relations*, 1(1), 5-41.

Lieberman, M.D. and Stuart, M. (1999) 'The BATHE Method: Incorporating counselling and Psychotherapy Into Everyday Management of Patients'. *Primary Care Companion, Journal of Clinical Psychiatry*, Apr; 1(2), pp. 35–38.

Mason B. (1993) '*Towards positions of safe uncertainty*.' *Human Systems: The Journal of Systemic Consultation & Management*. 4, pp. 189-200

McAdams D.P. & de St Aubin E. (1992) '*A theory of generativity and its assessment through self-report, behavioral acts, and narrative themes in autobiography*.' *Journal of Personality and Social Psychology*. 62, pp. 1003–1015.

McLean J, Maxwell M, Platt S, Harris F, Jepson R (2008) *Risk and Protective Factors for Suicide and Suicidal Behaviour: A Literature Review*; Edinburgh Scottish Government social Research. Available at <http://www.scotland.gov.uk/publications>

Morgan, C., Webb, R. Carr, J., Kontopantelis, E., Green J. & Chew-Graham C. (2017) 'Incidence, clinical management, and mortality risk following self-harm among children and adolescents: cohort study in primary care.' *BMJ* 2017; 359: j4351

Morris Hughes N., Clarke H., Tew S., Mason P., Galvani S., Lewis A., Loveless L. (2008) *Think family-A literature review of whole family approaches*. Social Exclusion Task force. Cabinet Office.

Neuman, J.E. (1999) 'Systems psychodynamics in the service of political organisation change.' In French, R. & Vince R., (eds.) *Group relations, management and organisation* (pp. 54-69) Oxford: Oxford University Press

Nowak, C.; Heinrichs, N. (2008). ". *Clinical Child Family Psychology Review*. 1 "A comprehensive meta-analysis of Triple P-Positive Parenting Program using hierarchical linear modelling: Effectiveness and moderating variables 1, pp. 114–144

Osterman, K.F. and Kottkamp, R.B. (2004) *Reflective practice for educators: Professional development to improve student learning*. 2nd edn. Thousand Oaks, CA: Corwin Press

Parker I. (2004) *Qualitative Psychology: Introducing Radical Research*. New York: Open University Press

Pearce, W.B. (1994). *Interpersonal communication: Making social worlds*. New York: HarperCollins

Pearson, A.K. (1999) *Deleuze. The clamor of being*. Minneapolis: University of Minnesota Press.

Pedler, M (1991) *Action learning in practice*, 2nd edition, Gower

Raelin, J. (2009). "Seeking Conceptual Clarity in the Action Modalities." *Action Learning: Research and Practice* 6 (1): 17–24.

Rank, O. ([1924]) *The trauma of birth*. New York: Dover.

Renninger, K.A. and Schumer, W. (2010) *Building Virtual Communities of Practice: Learning and Change in Cyberspace*, Cambridge University Press, Cambridge.

Revans R.W (1983) ABC of action learning. London. Gower.

Rice, A.K. (1965) *Learning for leadership: interpersonal and intergroup relations*.
London: Tavistock publications

Richo, D. (1991) *How to be an adult: A Handbook on Psychological and Spiritual Integration.*, Paulist Press.

Rober, P. (2005) *The therapist's self in dialogical family therapy: some ideas about not-knowing and the therapist's inner conversation* 2005 Dec, 44(4): 477-95.

Rogers, M. (2016) *Communities of Practice for systems of leadership*. Presentation to London Leadership Academy and Kent, Surry and Sussex leadership collaborative.
(Available from www.kssahsn.net/what-we.../leadership.../COP%20handout%20May%202016.pdf; accessed March 15th 2018)

Seligman, M.E.P., Steen, T.A., Park, N., Peterson, C. (2005) 'Positive Psychology Progress: Empirical Validation of Interventions.' *American Psychologist*, 60 (5), Jul-Aug, pp. 410-421

Shapiro, F. (1989) 'Efficacy of the eye movement desensitization procedure in the treatment of traumatic memories.' *Journal of Traumatic Stress*, 2, pp.199-223.

Smith, F. (1985) *Writing and the writer*. London: Heinemann Educational Books

Stigler, George. (1951). 'The Division of Labor is Limited by the Extent of the Market,' *Journal of Political Economy*, 59: pp.185-193.

Strauss A. (1987) *Qualitative Analysis for Social Scientists*. Cambridge: Cambridge University Press.

Sutton J. (2008) *Healing the hurt within; understanding self-injury and self-harm and heal the emotional wounds*. How to books ltd.

Symington, J. and Symington, N. (1986) *The clinical thinking of Wilfred Bion*. Hove: Routledge.

Trepal H, Wester K, MacDonald C (2006) *Self-injury and postvention: responding to the family in crisis*. *The Family Journal: counselling and therapy for couples and families*.14 342-348

Tulloch A.,Blizzard L, Pinkus Z.(1997) *Adolescent-parent communication in self-harm*. *Journal Adolescent Health* 21, 267-275 .

von Bertalanffy L. (1969) *General system theory*. New York: George Brazillier.

Webb, L. (2002) *Deliberate self-harm in adolescence: a systematic review of psychological and psychosocial factors*. *Journal Advanced Nursing* 38, 235-244

Welty, E. (1983/1984) *One Writer's Beginnings*. *The William E. Massey Sr. Lectures in the History of American Civilisation*, London: Harvard University Press

Wheatley, M. & Kellner-Rogers, M. (1998; 2000) In Jossey-Bass. Hesselbein, F., Goldsmith M., Beckhard R. & Schubert R. (eds.) *The Communities of the Future*. *The Drucker Foundation Future Serie*. Ch 2. (Available from; <https://www.margaretwheatley.com/articles/paradox.html>, accessed March 18th 2018)

Wheatley M. and Rogers M. A. (1998) *A simpler way*, San Francisco: Berrett-Koehler Publishers

Wright P. and Taylor D. (1984) *Improving leadership performance*. Hemel Hempstead: Prentice Hall International Inc.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. W.W. Norton & Company

York-Barr J., Sommers W.A., Ghere G.S. and Montie J. (2001) *Reflective practice to improve schools: An action guide for educators*. Thousand Oaks, CA: Corwin Press

Zuber- Skerritt, O (2015) Participatory Action Learning and Action Research (PALAR) for community engagement. A theoretical framework. Educational Research for Social Change (ERSC) vol 4, no 1 pg 5-25