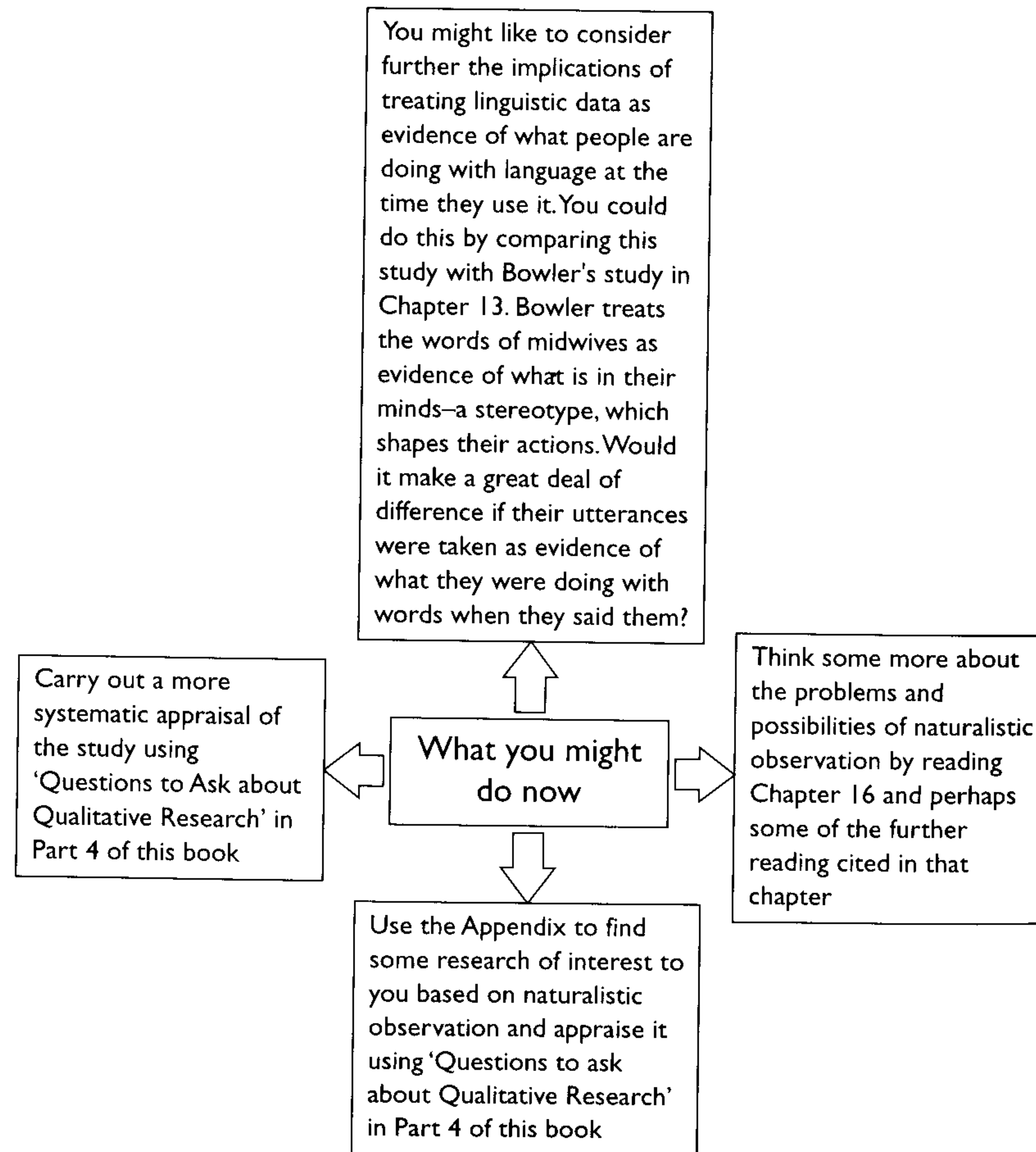


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What you might do now



CHAPTER 15

ACTION RESEARCH: APPLIED QUALITATIVE METHODS IN THE FAMILY CENTRE

Winter, Celia (1996) 'Creating quality care for children in the family centre', *Educational Action Research*, 4 (1): 49–57

EXEMPLAR

What you need to understand in order to understand the exemplar
The general idea of 'action research'. <i>See Chapter 16, section 9</i>
Where claims are made about cause–effect relationships, the importance of having clear characterisations of the situation before and after the intervention. <i>See Chapter 5, section 10</i>
The difficulty of demonstrating cause–effect relationships convincingly without experimental control. <i>See Chapter 5, sections 1 and 3</i>
The importance of providing readers with information as to how the data were collected and analysed so that they can be evaluated. <i>See Chapter 16, section 7</i>
Insofar as the action research is presented as a model to follow, the importance of specifying very clearly exactly what actions were taken. <i>See Chapter 5, section 7</i>

Introduction

The major purpose of 'action research' is to effect some worthwhile change. In that sense its major objectives are those of practice rather than research. The research aspects of action research have to do with recording and analysing what happened in order to explain why, and perhaps to provide a clear model for others to follow in order to produce similar results. Thus it is possible for a piece of action

research to be 'good practice' and 'poor research', or 'good research' and 'poor practice'. In the former case this would mean that something good happened, but for reasons which are far from clear, and in the latter case that something bad happened, but for reasons which are very clearly explained. From the point of view of *readers* of action research, its quality as research is much more important than its quality as practice, irrespective of whether the results of the actions taken were benign or not.

The exemplar study for this chapter is chosen from one genre of action research – *educational action research* (see Chapter 16, section 9), where most emphasis is placed on the value of what those involved in the research learn from doing it. The project also had the objective of improving the quality of services for children in a family centre. In both respects, claims are being made about changes and about causes and effects. Hence the kind of evidence required to make a convincing case involves some kind of 'baseline measurement' (how things were before, whether in terms of states of knowledge or quality of care) and some kind of 'outcome measurement' (how things were afterwards) and evidence that what was done was the cause of the changes recorded. There is no inherent reason why action research should not be quantitative. If *n-of-1* experiments or single case evaluations (Chapter 5, section 13) are 'action research', then they are quantitative examples. But it happens that most researchers who describe themselves as action researchers record their work in terms of qualitative data. There are particular difficulties in using qualitative data to demonstrate cause–effect relationships, and particular difficulties in demonstrating cause–effect relationships where experimental control cannot be achieved (Chapter 5, Introduction and section 3; Chapter 10 section 11).

CREATING QUALITY CARE FOR CHILDREN IN THE FAMILY CENTRE

Celia Winter

Abstract

This paper is written on behalf of social work practitioners at the Wyrely Birch Family Centre, Birmingham, by Celia Winter, Project Leader. It is our first attempt at action research and tells how, as a team, we worked to consider the wishes of small children who come with their parents to a family centre. It covers a period of work over 6 months in 1992 which included evaluation and self-examination. It is the story beneath the external management view of the family centre as working to

aims and objectives, tasks, roles, policies and purposes and shows how we tried to establish the centre as genuinely child focused without separating parents and children.

Much has been written about family centres and their impact on parents, but their impact on children has by comparison suffered neglect. For example, Kathy Cigno (1988), writing about 'Consumer views of a family centre drop-in', observes that they are something different from social work help for a range of adults and children but she does not interview any children. Similarly, Wendy MacFarlane (1989), in her paper 'Langleen Family Centre: a community social work approach to services for families', refers to children under the heading 'Bringing up children is problematic'. This adult perspective fails to recognise that children have an agenda in their own right. Jøns Qvertrup (1990) has commented in her *A Voice for Children in Statistical and Social Accounting: a Plea for Children's Right to be Heard* that information gained about families also comes from an adult perspective and therefore creates serious problems for those who want to give proper accounts of children's lives.

In our view, children have been lost from the family centre story. The following is an account of how, over a period of 6 months, my five colleagues and I set about creating quality care for children in a family centre.

The family centre is situated in the Wyrley Birch area of Kingstanding, Birmingham. It opened in September 1990 in a neighbourhood with few facilities, poor housing and people living with the effects of social isolation. The project is housed in a three-bedroomed maisonette, set amongst residential property and opposite the local shops. The model for the centre was developed based on ideas I had when I was a social worker based in an office going out to visit 'clients'. I used to wish there was somewhere to which I could refer my clients, somewhere where staff could give time to people and offer something to increase the self-esteem of parents. Here, local people can bring their children to a thrice weekly 'drop-in', they can seek advice if desired and we also provide individual work with families referred by the local Social Services Department, which results in our assisting and supporting families where child care and child protection is of concern. The emphasis is on voluntary participation. The centre also offers groups for parents such as cooking, swimming, discussion – all with a crèche facility – and also trips, outings and the 'drop-in'. This phrase is used to describe the facility open 3 days a week to parents and children under 5. People may 'drop-in' between 10 am and 3 pm for as little or as much time as they wish. Opportunity is given for socialising and for children to play. The Health Authority runs the baby clinic and a family planning clinic from the centre and staff from the Department of Social Security and local councillors run advice sessions.

We developed the centre within the almost taken-for-granted, perhaps typical, perspective of family centre workers, which assumes that in order to be successful one must engage the parents and offer an alternative way for social work. We assumed that we had an opportunity to have different, more positive and less threatening relationships with parents. We believed that we could offer the opportunity for parental participation in decision-making, experiencing choice and control, and for informal learning. These were things we had hitherto not found possible to offer within our local authority social work experience.

However, as a staff group we were interested to find after approximately 18 months that, through our evaluation of everyday life in the centre, we were all particularly concerned about the children and their situation in the daily life of the

centre. Whatever our role within the centre, our encounter with children was held in common. We all had reason to give thought to addressing the same question – 'Where are the children in all of this?' In order to own the question, we agreed to consider how it linked to our experience. There was a tension for staff who were being placed between the demands of the parent and those of the child. We recognised that we were likely to be contributing to it because of our ambiguity about our responsibilities to parent and child interests. We were unclear about our expectations compared to staff in nurseries, schools or playgroups or even a health and welfare clinic which takes place in our building once a week. We recognised the need to work towards developing a policy towards children in the centre without invalidating the parents' experience gained from using the centre.

To pursue this policy task we had to disengage from our past thinking and perceptions. We had to criticise our assumption of the 'family' as user of the centre, as we could see that this failed to recognise the child as a person with rights. Children were being marginalised by being viewed as visiting the centre whilst it was being used by their parents. We concluded that our purpose in developing a policy was to give children the status of 'persons' within the centre, not that of 'somebody's child'. In order to be successful we had to bring about changes in adult behaviour and in the assumption that made children invisible or influential, as a 'bother to control' or 'objects of concern'. We thought our end result should produce guidelines accepted in the project to govern how children should be given rights to a quality experience of child care.

So, what had to be done? Our aim was to understand and to change a problematic situation. We chose our research methodology accordingly. A problem was emerging from the experience of staff in the family centre. We were experiencing an uncertainty in our work, the concrete meaning of which was not clear to us as a team. How were we to discover how to address a problematic situation in which we were all implicated?

In *Human Enquiry in Action*, Reason (1986) pointed to how we might regard ourselves as both the subjects and the objects of our research: how together we might inquire into the experiences we shared that we needed to understand more fully by systematic study of what happened in a situation we thought we knew well!

Prior to moving to the centre I, as Project Leader, had felt very strongly the need to research into the development issues of the project. I did not know exactly what method would be appropriate but was sure that a collection of statistical data would not be entirely satisfactory. As part of our practice, we had kept a daily diary within the centre and were already regularly reviewing and evaluating our activities and events. Therefore the idea of participatory research seemed the right method for the centre. It involved staff fully, enabled everyone to take an active and valuable role whilst enabling team building and a development of understanding between the group. We were as a group led by a consultant, who guided us throughout, as none of the staff had ever attempted action research or indeed any research before. Most of the children at the time of the research were under the age of 3.

The staff group is made up of six women, two of whom were formerly social workers. Practitioners reading this will be familiar with the experience of being jaded by the social work role, with its increased bureaucracy and lack of community involvement. This, as well as being seen in a negative light by clients, was a strong motivator for us wishing to work in a family centre. Other members of the team had worked with small children in nurseries and as childminders.

The development of the research took some time. Guided by our consultant, we did not arrive at our question immediately; rather we were led through a process of review and evaluation to the question, 'How can we create quality care for children in a family centre?' In order to begin becoming researchers we needed to share our own personal experiences. Each of us tried to articulate our own perspective on the children within the centre; how we felt towards them, how we thought about and perceived them, as well as how we behaved towards them in the centre. The change process therefore began with our personal learning. Sheila Harre-Augstein and Laurie Thomas write in *Learning Conversations* (1990): 'the group begins to understand that there is experiential and conversational evidence of learning about a situation and there is recorded behavioural or performance evidence of learning'. In other words, if we were to resolve our problematic situation, we had to observe our process, record our observations, interpret the data and demonstrate that we were able to learn together.

These separate, personal reflections that began the research ensured that it became a collective learning process out of which we recognised that we needed to review our practice, look at our past experience with new eyes and consider change. During the research process, we saw the value in monitoring, recording and analysing practice and could see the development of the project team as a learning group.

After the initial period of sharing personal ideas and beliefs, we adopted the target of achieving a coherent picture of the quality of our practice through undertaking observations of the drop-in. We needed to know how it worked for the children. It was a difficult task as we found our attention being sought mainly by the parents. We collected data from amongst the everyday action, with no structured questions but by focusing our observations on the experience of the children as they arrived at the centre. Each member of staff undertook an exercise in tracking the arrival of the children and making notes on what they observed.

We all found the process of tracking interesting but difficult. Some children went about their business but others, familiar with our attention and interest, sought to engage us. Parents sought our attention and things would happen to distract us. As a team we spent time breaking down the situation, discussing and considering our personal perceptions and developing themes. One of the significant themes was the lack of continuity provided by the staff and this led us to recognise the need for certain 'ground rules' which would ensure a degree of overall continuity within the drop-in. This sounds quite a simple task but in fact proved to be quite time consuming. It necessitated self-examination and criticism of practice. Our consultant suggested how we might test the validity of our experiences to enable us to decide on necessary changes in practice. We did this by discussing the aspects of drop-in, the inconsistencies of what staff do at drop-in and what we would ideally like to achieve. The development of the research element of the work led us away from an awareness of the children themselves to a consideration of our own practice.

Another theme which affected the children was food. We became aware through the observation of the level of children's concentration spans, the amount of drinks and crisps being offered by parents and the interest shown by both parents and children at the staff's lunch-time activities. As a staff group, we are inclined to bring our potatoes to bake in the microwave, as well as beans, soup, etc., but initially, it was clear that the parents had neither thought about lunch for themselves nor for their children. This appeared to be due to lack of parenting skills, lack of knowledge

about the culture of the centre and in some cases, lack of money. We found that we (the staff) were continually feeding little open mouths if we sat in the drop-in to eat. Some staff found this irritating. They felt the need for personal space but also felt concerned for the children – again, a self-awareness was highlighted by the research process. We encouraged the parents to bring lunch if they wanted to stay all day and indeed began to provide toast for the extremely hungry. We are pleased that this pattern of bringing lunch has now become established.

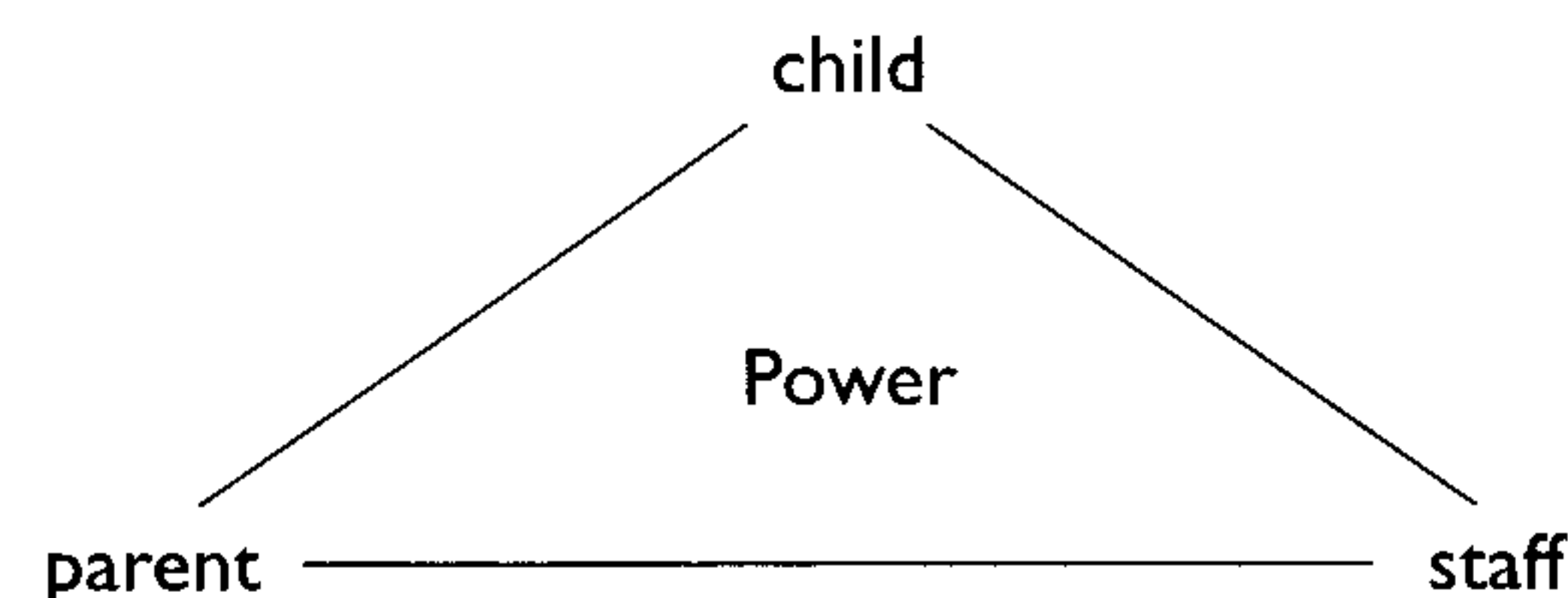
The reflection process and sense-making process encouraged by our consultant helped us to see that it would be important for two members of staff to be involved in drop-in – one for the parents and one for the children – even though sometimes the number of people in the building is very small. It sounds so obvious now as I write 3 years later, but by developing our idea together, it has become practice owned by us all. We do not make definite arrangements as to our role, other than a common understanding of the necessity for one of us to concentrate on the adults and one on the children. The children, as a result of these arrangements, have attention and focus from the adult who in turn encourages parents to value the pleasure their children gain from positive play.

The irritation felt by staff at the interest shown by others in their own food was recognised, as was the space needed by staff. Staff care and attention to our own needs was considered and measures to ensure this were incorporated into the Ground Rules. Our Ground Rules are outlined in the Appendix. Three years on, all these ground rules are an accepted part of life at the centre. They are the norm and it seems strange in retrospect that it took so long to develop.

Our next exercise was to consider the position of power held by the child within the relationship with the parent and the staff from the centre. We wanted to consider the impact of the centre on the children and whether they had any influence in their parents' decision to come to the centre. We tried to spot 'critical incidents' relating to the power held by the child with the relationship between parent and staff (see Figure 1).

We began to observe and reflect upon situations. For example: Polly aged 2 came to the drop-in with her mother just as we were leaving to go swimming. Mother was not prepared for swimming as she had visited the Housing Department. Polly insisted that she wanted to go swimming and in spite of her mother saying she had no costume, no time and no inclination, Polly won the day. They went home, fetched the costumes and both enjoyed swimming. They subsequently came swimming regularly. Jo, mother of Lance (aged 2), told us how Lance had pressurised her into coming to the centre. He shouted out the names of staff from the balcony as we arrived at the centre, which is situated beneath his flat. He took his coat, tried to put it on and made for the door. Jo knew exactly where he wanted

Figure 1 Power in the parent-child-staff relationship



to go. She said he wouldn't let up until she agreed to come. Mark, aged 15 months, was struggling to get out of his pushchair on the opposite side of the road and pointing at the gate. His Mum said 'OK, OK, we'll go on the way back', which they did. These and other situations made us reflect upon how the children attach meanings of their own to being at the centre. Is it a place of safety, a place of peace or a place of stimulation? Is it somewhere they can recall which is local and almost within their reach where they can be assured of a welcome and recognition of themselves as people? We consider the power of children to influence their parents and all adults. Anna was not at all happy in the centre; although under 2 she made it very clear she did not want to come, and in spite of her mother's expressed desire to take part in a group, she ceased to do so. Anna won her point.

During both these processes, i.e. developing the ground rules of the drop-in and tracking and observing the children, the parents engaged themselves by questioning our interest in their children. We then included the parents in our observations and subsequently drew their attention to the pleasure of their children's actions: so often the 'magical moment' of a child's action and activity can be lost in the general 'hubub' and chaos of everyday life.

These observations were especially interesting to us in view of our original perception that we had to 'hook' the parents to come to the centre, otherwise we would feel unnecessary and under-used. We could see that the children did have influence over their parents – clearly not a new idea, but it was interesting to us in relation to specific children who may have been perceived by adults as being appendages to their parents. It made us question what influence staff at the centre had on parents. We hoped that our positive child-aware approach was having a knock-on effect. Parents began to say, 'You are so good with them', which concerned us. We do not wish to be seen as more expert than the parents and we have continued to bring parents into our activities with the child where at all possible and appropriate.

In the wake of the drop-in research, we also reviewed the crèche. We run two groups each week for which we provide a crèche. Because of space, the groups are 'closed', enabling us to have an idea of numbers and personalities. Drawing upon our knowledge, we listed our 'ideal crèche' – the things we would like to do, the ages and number of children and the staff ratio. We then listed the 'reality' and compromised, creating as near to our ideal as we could under the circumstances. Plans were agreed regarding time, activities, staff, drinks, etc., and ground rules drawn up. These include a slot for parents and children to reunite and share their separate experiences at the end of a group.

Again with the benefit of hindsight, I believe that we are now more confident in ourselves as workers and as a team and that we should have invited parents to join with us at this stage, but we did not. At this stage, we believed that by providing a 'better facility', we would be creating quality care for children. We did not attempt to obtain the child's voice, merely our interpretation of the child's view based on our experience of child development theory.

The idea of doing some research running alongside the setting up of the centre developed into a learning process for staff. The fact that we had a 'reflective culture' already in place (i.e. we were accustomed to planning and evaluating our activities), meant that participative research fitted comfortably into the everyday work of staff. It began with a topic of common concern and developed into a task. The task led to reflection and agreed changes in working practice. This has enabled us to increase

understanding of our role, and has given an example to parents of the importance of questioning how their children experience the world.

We have by no means finished. We are learning about the process of our learning and about how we can achieve change in a crucial area of our practice. We have developed as we have accumulated experience and awareness. We have become more accessible to children on their terms and are able to share this with their parents. Within the centre, negotiating ground rules and tracking and drawing attention to 'magical moments', has brought recognition of the child as an individual and has developed in the parents an acknowledgement and acceptance that their children do have rights.

In the light of our new knowledge and with the growth and development that 3 years' further experience affords us, both as individuals and as a team, we are currently using action research methods to develop a children's group in a refuge for women who have been victims of domestic violence. The work we did as described in this article has greatly enhanced our skills and I hope that a future article will show that development.

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Appendix

Ground Rules

1 Role of organiser

Stage 1: **Organiser** welcomes, makes drinks, gets toys out. As the day progresses, organiser becomes **Facilitator**.

Stage 2: **Facilitator** needs to communicate expectations, i.e. clearing centre by 3.15 pm, ensuring washing-up done.

Stage 3: **Organiser** + team support for completing the day.

2 Toilet

Parent's responsibility.

3 Child care

- Care of children for short periods by arrangement, including other people's children.
- Users take responsibility for other people's children they are minding.

4 Advice

Advice by appointment but *publish opening times*.

5 Safety

- Bolt the garden gate.
- Use one garden only at a time.
- Delegate responsibility to parent or staff to supervise garden.

6 Food

Monday and Wednesday.

- Change staff at lunch-time or lunch-time cover.
- Respond to hungry child with toast – parent to prepare.
- Encourage parent to bring food for child and self.

Monitor feeding of children in Diary

- Care of self – own space.
- Care of children – hunger.
- Care of each other – celebrate food.
- Care of parents.

What you might do now

