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# How common knowledge is constructed and why it matters in collaboration between professionals and clients



## Nick Hopwood<sup>a,b,\*</sup>, Anne Edwards<sup>c</sup>

<sup>a</sup> University of Technology Sydney, School of Education, PO Box 123, Broadway NSW 2007, Australia <sup>b</sup> Stellenbosch Universiteit/Stellenbosch University, Department of Curriculum Studies, Private Bag X1, Matieland, 7602, South Africa <sup>c</sup> University of Oxford, Department of Education, 15 Norham Gardens, OX2 6PY, UK

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#### ABSTRACT

Professionals are increasingly called upon to work *with* clients. We employ culturalhistorical concepts to reveal how professionals and clients accomplish joint work on problems in services for families with young children. Professional-client interactions in day stay and home visiting services are considered, first focusing on how matters of concern are worked into departures of significance (employing 'D-analysis'), then conceptualising joint professional-parent work in terms of common knowledge and the object of activity. The importance of motives and their alignment is revealed. We show the value of D-analysis in elucidating how common knowledge can be constructed and why this process may be problematic. Finally, we reflect on the fluid and situated nature of this kind of collaborative work.

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### 1. Introduction

Professionals in a range of fields are increasingly called upon to work on problems *with* clients, where each party recognises and responds to what is important for the other. This shift in the relational basis of practice requires professionals to exercise distinctive forms of relational expertise (Edwards, 2010). We employ cultural-historical concepts to reveal the detail of the negotiations in which professionals and clients accomplish joint work on problems in services for families with young children. The idea of co-producing, co-creating or co-constructing services – implying some kind of active involvement of end-users – is well established (Ostrom & Ostrom, 1977; Voorberg, Bekkers, & Tummers, 2014). This paper addresses a less well-understood aspect: co-producing a *way forward* for specific clients experiencing complex problems. This perspective frames the analysis in terms of communicative work and reciprocal learning, rather than in terms of client involvement in design, initiation or implementation of the service itself. The focus is on questions of motive as they come to matter in the detailed, negotiated work between professionals and particular clients. Recent research has mapped general conditions and contextual factors (such as level of education, trust in government) that favour active participation and outcomes of co-production (see Bovaird, Van Ryzin, Loeffler, & Parrado, 2015; Parrado, Van Ryzin, Bovaird, & Löffler, 2013). While it has been suggested that there is scope at policy level to foster collective co-production for service innovation (Bovaird, Stoker, Jones, Loeffler, & Pinilla Roncancio, 2016), the way professionals and individual clients work together and 'negotiate the interaction' (Ryan, 2012, p. 314) to co-produce ways forward for the client remains of crucial importance.

<sup>\*</sup> Corresponding author at: University of Technology Sydney, School of Education, PO Box 123, Broadway NSW 2007, Australia. *E-mail address:* nick.hopwood@uts.edu.au (N. Hopwood).

Co-production has many diverse forms, including end-users choosing service providers, contributing to prospective or retrospective consultation about service quality and design, individual actions (sorting waste for recycling), volunteering and informal contributions (such as providing in-family care), enduring relationships between institutions and organised groups of citizens, as well as ways individuals work with service providers in matters relating to their personal concern (Parrado et al., 2013). Our analysis addresses the latter, in a transformative partnership guise in which both parties' understandings of themselves, the other, and their role in the process may be reworked (Bradwell & Marr, 2008; Ewert & Evers, 2012). This specific notion of co-production implies citizens in collaborative relationships or partnerships with professionals, who in turn accept user expertise and work to empower clients rather than wield power over them (Gannon & Lawson, 2008; Needham & Carr, 2009). Our framing therefore opens up scope for conceptualizing client involvement beyond typologies of client as co-implementer, co-designer or initiator (Voorberg et al., 2014).

The focus is on two state-funded parent education services in New South Wales (NSW), Australia. We reveal how understanding of each other's motives (common knowledge) can emerge as a critical resource in collaborative work that leads towards developments that benefit the family and mitigate risks to the child. Edwards's (2010) prior work on relational expertise is extended, making new connections between common knowledge and professional-client partnerships in relation to an undertheorised service domain (Elkan, Blair, & Robinson, 2000).

The paper builds on and contributes to an ongoing discussion around relational work, including key arguments made previously in this journal that have subsequently been taken up more widely. Attending to new (relational) forms of practice requires a shift in analytic focus from individual action to action with others (Edwards, 2005). This early paper outlined connections between Vygotskian concepts of mediation and a concept of relational agency—a capacity to work with others to expand the object being worked on. This "recognises the importance of pre-existing personal understandings gained in other situations in mediating interpretations of new situations, and argues for attention to the negotiations that individuals made as they work in and with the social" (p. 172). In a subsequent paper Edwards (2011) extended this cultural-historical framework for understanding relational work, arguing that relational agency is mediated by *common knowledge* built at the boundaries where professional practices intersect and a feature of relational expertise required in collaborative work on complex tasks. Common knowledge is the central concept in the present paper, which adds to Edwards's (2011) paper in two key ways. First, it explores common knowledge in work between professionals and clients. The development and application of this concept have focused more on work between professionals or integrated care (see Nuttall, 2013; Stuart, 2014)—even when patient engagement is at issue (Casimiro, Hall, Kuziemsky, O'Connor, & Varpio, 2015). Second, it links this concept with aspects of Middleton's (2010) 'D-analysis'—an approach that attunes analytically to participants' concerns.

#### 2. Risk, prevention and partnership

The 'risk and protection-focused prevention' paradigm (France & Utting, 2005) shifts from viewing problems in terms of disadvantage to considering risk and what might prevent the negative effects of risk from being actualised (Edwards, 2009). NSW policy foregrounds the need to identify risk factors and vulnerability, aiming to assist families in the transition to parenthood, build on strengths, and enhance parents' resilience (NSW Health, 2010a, 2010b, 2011). Targeted programs and services support families with young children at risk, with home visiting an internationally common example (Baggens, 2004; Hall, Slembrouck, Haigh, & Lee, 2010; Heritage & Sefi, 1992). In NSW, day stay services are also accessed by families where risks have been identified.

The shift in the relational basis of professional work is also relevant. Rather than services provided by professionals for clients, it is increasingly common to view practices as unfolding *with* clients. Taking up the notion of co-production focusing on interactions between professionals and clients as they work together on specific problems (see above), we explore these issues specifically in relation to risk and prevention services around families with young children (Fowler, Lee, Dunston, Chiarella, & Rossiter, 2012). From a cultural-historical stance, (Edwards 2010) refers to a 'relational turn' in expertise, highlighting implications for how we understand professional practice and the negotiations that occur between professionals and clients.<sup>1</sup>

The partnership approach to working with clients is one manifestation of co-production, and it has emerged alongside the risk and protection paradigm. Within prevention services, partnership has varied specifications and models. However, common features include a relational focus, power sharing, joint decision making, and client autonomy (Hook, 2006). Partnership counters 'expert-led' approaches known to be associated with client frustration and avoidance, and the risk of parents feeling judged and excluded from decision making (Edwards, 2010, 2007; Hopwood, 2016a,b; Davis & Fallowfield, 1991). Focusing on universal home visiting with new mothers in Sweden, Baggens (2004) found that the dominance of nurses and a task focus can "make it difficult for parents to bring their own questions and concerns into the discussion" (p. 26). Alternatively, reframing professional–client work in more relational and responsive (though not symmetrical) terms is manifest in Family Systems Nursing (Wright & Leahey, 2009), the McGill Model of Nursing (Feeley & Gottlieb, 2000) and the Family Partnership Model (FPM) (Day, Ellis, & Harris, 2015). In the services studied, FPM has been implemented as part of a wider adoption across Australia.

<sup>&</sup>lt;sup>1</sup> Engeström (2008) describes co-configuration as a historically new form of practice. This is related to ideas of co-production, but is tied conceptually to system-level analysis associated with Cultural-Historical Activity Theory, and so does not fall within the scope of the present analysis.

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