

## ***Moving on Up!* Therapeutic movement for postnatal anxiety and depression: Finding significance through alongsideness, enquiring collaboratively and living theory action research in health visiting.**

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### **Abstract**

*Moving on Up!* is a multi-agency project to develop therapeutic movement for mothers with postnatal depression and promote physical activity in families. It is a collaboration between the Active Lifestyle Team of an English local authority, movement therapists, health visitors, crèche staff to care for the babies separately, and mothers, providing opportunity for the author to explore her health visiting values of 'alongsideness'. Whilst 'alongsideness' describes a philosophy of health visiting, it also describes a relational methodology for creating practice knowledge that sees everyone as valuable knowledge creators in their own lives (Pound, 2003). Participants consider their uniqueness within a collective sense of community and begin to recognise their own significance as a state of mental wellbeing.

Values of alongsideness act as explanatory principles and standards for practice evaluation. As an epistemology, alongsideness employs Living Theory (Whitehead 1989). Accessibility for participants unfamiliar with this research is increased by calling the developmental process 'enquiring collaboratively'.

The author explains the energised commitment created by the process and its influence on her view of alongside practice and researching, on the project team, mothers, the project itself and agencies involved.

**Keywords: Alongsideness; Health Visiting Research; Enquiring-collaboratively: Movement-therapy**

## Introduction

*The Moving on Up!* project involved 150 mothers, in groups across three sites over two years in an English local authority. The first aim of this multi-agency developmental project was to explore movement as stimulus for change in body and emotional awareness for mothers with postnatal anxiety and depression. Underlying aims were to enhance mothers' attachment with their babies and promote physical activity in families while exploring the practitioners' involvement in the process.

This is my account as a health-visitor researcher exploring my practice values of alongsideness, first developed in my doctoral research (Pound, 2003), in a new context with mothers and other agencies. For this enquiry, I am particularly indebted to Jessica Brodrick, Michelle Rochester, Sarah Haddow and Katie Brown, the core enquiry team whose expertise and enthusiasm shaped the process. In order to understand, evaluate and explain the new service, we needed a methodology capable of making the collaborative endeavour central to the living process of practice as research. This Living Theory action research methodology embraces the wide influences and possibilities of professional practice.

Here I explore:

- What does health visiting offer?
- Identified health needs
- Why 'enquiring collaboratively'?
- Why publish our story?
- What methodology will build an evidence-base for *Moving on Up!*?
- What data could show evidence of learning and change?
- What learning comes from working collaboratively?
- How is my/our practice changing?
- How do I bring alongsideness up to date?
- How is *Moving on Up!* changing alongsideness?
- How are insights checked?
- Practice-based learning and evidence-based practice.

## Background

As a practising health visitor, *Moving on Up!* gave me the opportunity to explore my practice values and research collaboratively. The values of alongsideness provide an explanation for how I engage with families, colleagues and practice as a researcher:

*Alongsideness* has emerged as the central motivating value I attempt in all of my relationships. It relies on my *respect* for people, who I see as being in a *process of becoming*, as I am myself. As I foster *connections* with people, often using *light-heartedness*, I also need to *accept differences* in other people's beliefs.

My endeavour to ensure individuals experience their *self-determination* calls for my *encouragement* of their process. At times when my decision-making is clouded by complex situations, I turn to my *responsibility* to maintain balance between acting for parents and in the interests of the children (Pound, 2003, p.187).

Continuing reflection during the recent years of staff shortages, I began to see a previously unrecognized contradiction to *alongsideness* I found I also valued *urgency and focus* to get the job done. Acting on these values could interfere with *lightheartedness, connection* and having time for a *process of becoming*. Recognizing this contradiction prompted discussion with colleagues about how we keep values we know are important in the foreground while looking out for each other (Pound, 2012). While exploring contradictions between practitioner and organizational expectations, balance emerged as an additional *alongsideness* value (Pound 2013c). This paper uncovers *empathic responsiveness* and the importance of an individual's belief in their person *significance* as aspects of mental wellbeing. (Adapted from Pound, 2003)

Values of *alongsideness* describe qualities of relationship I endeavour to live in my personal and professional life and for helping others to understand their goals and process towards more fulfilling lives. *Alongsideness* also offers an explanation of my use of Living Theory action research for understanding, improving and explaining real life practical situations. For this project I decided to call this complex process an "enquiring collaboratively" project in order to make it more accessible for the agencies and mothers involved. All participants gave ethical approval for their names to be included in the text.

## What does health visiting offer?

Health visiting, as public health practice, is uniquely able to focus on the health of an individual child in wider family-centred activity, with a population perspective in mind and involving diverse teams of practitioners (Department of Health (DH), 1995; DH, 1999a; Billingham, 1994; Baldwin, 2012). For me this means I can attempt to hold the parts and the whole of an individual's health needs and wider possibilities in mind at the same time (Pound, 2013a). Put simply, principles for health visiting practice are:

- Search for health needs
- Stimulate an awareness of health needs
- Influence policies affecting health
- Facilitate health-enhancing activities

(Council for the Education and Training of Health Visitors, (CETHV), 1977).

One health visiting remit in response to need identified, is to promote physical and mental health, wellbeing and resilience of parents and children, particularly during pre-school years, 'to avoid health and social problems in later life' (Her Majesty's Government, 2010; DH, 2014, Moullin et al., 2014; Dix et al., 2014). In the interests of improving children's attachment, resilience and ability to manage future emotions, our intention in *Moving on Up!* is to promote mothers' wellbeing and responsiveness to their children by alleviating postnatal mental ill health:

The pathway followed by each developing individual and the extent to which he or she becomes resilient to stressful life events is determined to a very significant degree by the pattern of attachment developed during the early years (Bowlby, 1988, p. 688).

A second aim for this project is to increase physical activity in families with young children by enhancing mothers' interest in movement (Davies, 2014).

## Identified health needs

A new mother came regularly to clinic because she was lonely and found it difficult to access groups. She felt unconfident in that her English was not good enough to introduce contemporary dance to the local mother and toddler group. Her desperation to dance for psychological recovery and to re-find herself was beyond my personal understanding. I was intrigued by possibilities from finding out. I was to learn that although I might not turn to physical activity to lift my spirits, it appears not uncommon as a psychological lifeboat.

By chance, Jessica, a member of the local authority Active Lifestyles Team, was considering broadening her 'Passport to Health' remit of physical activity for adults with identified health limiting conditions, to mothers with postnatal depression. The particular needs of this group, including childcare, were a barrier to her service indicating something specific was needed for them. Further chance introduced me to 'Make a Move' educator Michelle who was experienced in working in educational settings with young people facing behavioural, environmental and emotional disadvantages in schools. Both expressed interest in dance for postnatal depression. With Jessica's organisational skills and encouragement from local psychological services, a pilot was launched. Mothers were identified by health visitors using an Edinburgh Postnatal Depression score (EPDS) above 12 (Cox et al., 1987), Whooley questions (Whooley, 1997), or their own professional experience that a mother could benefit from the project. Movement psychotherapist Sarah, whose experience included a mental-health unit for mothers and babies, was on maternity leave so inactive from 'Make a Move' for the first few months. She offered significant support for Michelle's transition into the postnatal group and returned to run groups herself, offering another dimension to our enquiry.

Also vital to the success of this venture, the Percy Centre crèche frees mothers to concentrate on themselves. Tonia's team is mindful of the particular needs of mothers who may be leaving babies for the first time. Katie, a mother who attended a group:

... got involved because I got caught up in the enthusiasm and momentum. The words 'I can help with that' popped out of my mouth before I could really think. ... I was quite frightened that the course had come to an end. So it is still part of my process. (Katie, personal communication, November 14 2014)

Anne, an independent researcher in the field of health psychology, was also invited to work with us.

## Why 'enquiring collaboratively'?

*Moving on Up!* is the next stage of my search to understand alongside relationships and how it improves my health visiting and my project development. Alongsideness also colours the relational enquiry methodology, which is partly explained by 'enquiring collaboratively' and more fully as a form of Living Theory research (Pound, 2003). Through this enquiry, I seek to understand and create a relationship-based project and build explanations not only about efficacy but also about the value of enquiring collaboratively for everyone involved. Developing explanations of this project could influence our practice and our agencies beyond the group.

Question: What does enquiring collaboratively and alongsideness add to the therapeutic process of *Moving on Up!*? For me, *Moving on Up!* is a next phase of research because of the opportunity it offers to be alongside other enquirers in ways I have not managed before. In the past, I led on community projects with others helping or dipping in and out. Colleagues generosity and interest in contributing energised my quest, but the living theory enquiry aspect was seen as my special interest - an extra (Pound, 2012). *Moving on Up!* is the first time I have been involved in a team enquiring together for individual and collective purposes. In this, it feels as if everyone has passion and commitment to develop the project, experience personal growth and create explanations.

*Moving on Up!* offered opportunity for everyone involved to reflect on our contributions to the project and future possibilities for our services. We are creating an exemplar of multi-agency practitioner research for health, social and community care that values working together, building knowledge for the benefit of all. It is also about finding explanations of less tangible aspects of good practice that make a real difference for people, while we broaden our influence on positive social change (Pound, 2013c).

The project is founded on belief that each of us is expert in ourselves and in our particular fields of practice. We are all vital to the process. My expertise is 'alongsideness' in health visiting and researching practice (Pound, 2003). I am a novice in physical activity, dance as an educational process, movement psychotherapy and understanding the diverse experiences of postnatal anxiety and depression, as a new mother. It feels as if we are all growing, finding out new things and changing, sometimes almost imperceptibly. For me it's not what I do, but understanding why and how I do it that provides a buzz of worthwhileness.

Through previous research I came to see my health visiting as being alongside, like a collaborative enquiry in which parents are asking how they can be better parents, while I am asking how I can be more helpful. It was natural for this current venture to also be a

collaborative endeavour between all involved, including the mothers as became appropriate for them. Mothers' collaboration would be implied more by our belief in their knowledge about themselves and the responsiveness of our relationships, than as a burden of responsibility for them. In my alongside health visiting, shared decision making depends on reciprocal respect and trust in the knowledge and skills of each other and in my sensitivity to their particular needs for guidance or control. This differs from an assumption of 'patients' as passive recipients of professional expertise. All mothers in *Moving on Up!* are perceived as collaborative enquirers with useful skills for their own recovery, for supporting each other and, as appropriate, for developing the project.

Questions I ask myself:

- How do we create reciprocal respect with mothers and balance their need for guidance or control?
- What part does alonsideness play?

## Why publish our story?

There is a knowledge contribution to be made by this multi-partner developmental research that includes service users, for the future of health care research. It demands we focus on less tangible aspects of practitioner activity not normally recognised in usual research that seeks statements of generality. If we don't find a way of explaining our unique practices, the "candyflossness" of the parts that enhance wellbeing will evaporate and may be lost when the experience was over. By "candyflossness" I refer to the allusiveness of our intuitive individuality and contribution to the whole that would remain unexplored for ourselves and unexplained to each other.

I can help Michelle, Sarah, Jessica and Katie to find ways to explain and develop their understanding of why they act as they do to enhance their lives and the future of this kind of activity. Pushing this further, including all the mothers as enquirers, as appropriate to their recovery and interest, ensures that the same level of energising care and learning is available to everyone. I believe this new research style to be fully compatible with the current drive towards more compassionate practice (DH, 2012). We can each make our learning explainable and influence our own futures, that of our families and the social climate we operate in. The complexity of this purpose accords with the broadest intentions of health visiting (CETHV,1977; Pound, 2013b&c). For me the "why" and "how" of enquiry is as important as "what" the treatment is for postnatal mental health because the parts influence the whole, whatever project I work in. *Moving on Up!* offers a valuable learning vehicle for all involved and I don't need to persuade any of them of its usefulness.

An example of the "candyflossness" comes from our *Moving on Up!* workshop at Marcé International Conference on Perinatal Mental Health (Pound, et al., 2014). On video we captured a shift in delegates' demeanor, from anxious wariness to emotional engagement. (Unfortunately we don't have the necessary permission to make this public.) This brief, lived experience showcased Michelle's skill in accessing emotions through movement. However, even the video does not capture the full emotional experience of being there, moving under her guidance. The video clip shows an influence on delegates but

the excited enlightenment and learning experienced by those present is not captured on film. Lived emotion and how it influences our future is not accessible to onlookers. We need to search for meaningful explanation because the influence of emotion is central to our work. I believe that changes in ourselves are unlikely to be lost as we intuitively build on what we have learned, but without a language of explanation we find it hard to share or make the most of the emotional and physical impact of the experience we claim is effective. In living and discussing our experiences and our individual interpretations of them, we are uncovering less tangible but life changing “candyflossness”.

We could identify guiding principles for explaining and evaluating our intentions. In this way we would enhance the benefits for mothers, their families, for wider projects and for us as practitioners. We could explain ourselves to commissioners and funders while adding to knowledge about relationship-based practice and research methodology.

Describing physical activity and an enabling emotional climate for health is not enough. Amongst alongsideness values, I came to recognise a sense of personal worth and significance that appears influential for mental wellbeing. I wanted to clarify values for *Moving on Up!* and consider their possible applicability for other arenas of practice.

Question I ask myself: What guiding principles are emerging from *Moving on Up!* ?

## **What methodology will build an evidence-base for *Moving on Up!*?**

Questions I identified:

- What does enquiring collaboratively and alongsideness add to the therapeutic process of *Moving on Up!* ?
- How do we create reciprocal respect with mothers while balancing their need for guidance or control?
- What part does alongsideness play?
- What guiding principles are emerging from *Moving on Up!* ?

The purpose of researching is to understand, improve, evaluate and explain *Moving on up!* and satisfy requirements of evidence-based practice. My previous experience showed me how language, such as “Living Theory action research”, caused barriers to colleagues’ engagement with an unfamiliar methodology. For this project, I decided to use ‘enquiring collaboratively’ as an accessible starting place for the eclectic mix of sport science, educational and therapeutic dance, person-centred values and intuition. Living Theory adds emphasis on creating principles for guiding, checking and explaining what we are doing and that we act as we claim.

As practitioners, it is usual to reflect. *The Moving on Up!* team enjoy talking and thinking about the purpose and process of sessions. It was the need to account for ourselves to funders and managers that motivated our focus on evaluation and explanation. We use questioning dialogue, email, literature, videos, questionnaires, interviews, group-statistics, validation groups, conferences and peer review for gathering, interpreting and checking our



insights. Video recordings of our conversations and events began to show how we are together.

The question arose, is this enough in a health field that requires an evidence-base for practice? A well-established hierarchy of evidence for evaluating safety and effectiveness for patients has emerged from medical science and is perceived necessary for all health care interventions:

#### Levels of Evidence

Type I evidence – at least one good systematic review, including at least one randomized controlled trial

Type II evidence – at least one good randomised controlled trial

Type III evidence – at least on well designed intervention study without randomisation

Type IV evidence – at least one well designed observational study

Type V evidence – expert opinion, including the opinion of service users and carers

(from National Service Framework for Mental Health, DH, 1999b, p.6)

Type V, is seen as anecdotal and unscientific. This understates the rigour of Living Theory as a valid form of research that practitioners internationally have used to contribute to the evidenced knowledge bases of their professional practice. Living Theory theses can be seen at Whitehead (2014, <http://www.actionresearch.net/living/living.shtml>).

Practitioners' and mothers' unique perspectives call for *Moving on Up!* to be guided by relationship values that remain open to questioning and re-evaluation. Our enquiring collaboratively relies on relationship congruence as the life-blood of empathic responsiveness. Differences and similarities between mothers' and our own experiences are evident on our video poster for the Marcé conference (Pound, 2014).



**Video 1:** M [Moving on Up!: Autumn 2014](http://www.actionresearch.net/living/living.shtml) Pound,2014).  
<http://youtu.be/IMWf8R8MdzE>



We need insider-research to embrace inevitable contradictions of humanness and change in our relationship-based learning that relies on uncovering intuitive, passionate values as guiding principles informing how we offer mothers a service.

Research to satisfy usual requirements of commissioners and funders, that looks for generalised statements that eliminate contradiction and avoids researcher contamination, would be contradictory if conducted by our collaborative team. Health psychologist Anne, with an interest in physical activity and depression, was invited to join. She introduced the possibility of semi-structured interviews for refinement towards a randomised control-trial. Informed by academic knowledge of the field, she proposed interviewing mothers and staff, to uncover themes and identify what was happening at a point in time, with a view to making statements of generality. She anticipated producing a model that could be applied elsewhere. As this type of research was unlikely to help us grow a new project and uncover the relationship principles we were looking for, we decided to delay these interviews. We decided to concentrate on continuing to develop our evidence from 'enquiring collaboratively' (Pound, 2014) with the reassurance of hearing that it is sufficiently persuasive to capture commissioners' imagination and secure funding at this time. Forms of practice research for different purposes remain an ongoing area for our discussion.

Recent studies of best practice in health visiting are drawn from systematic reviews (Cowley et al., 2013). I am wondering how this current peer-reviewed research could be included in future reviews of health visiting. I am eager to enhance the credibility of Living Theory as a research method for health care. I would also like other health visitors to similarly experience enhanced resilience from finding ways to articulate their practice intentions while exploring the efficacy of their relationships and their wider influence on their service.

## **What data could show evidence of learning and change?**

A traditional literature search is unnecessary because this enquiry is grounded in our own embodied knowledge, not finding gaps in the established knowledge of others. However, we critically engage with insights from literature when useful to our enquiry. I notice that I use current experiences, hot topics and literature that prompts thought, in conversations with clients and colleagues. It is the nature of community practice to be open to current influences for exploring meanings of what I understand and how I act. Exploration of fit with my current values and knowledge either validates, through agreeing with it, adds substance to my understanding or, if contradictory, adds another dimension for consideration. Contradictions emerging in this paper for examination are between research methodologies; between theories of Rogers (1983) and Alinsky (1989); between containment of mothers and their collaboration; and between humility in relationships and recognition of personal significance. As a team we use:

- Personal reflective journals and reflections on group sessions;
- Email discussions;
- video of our meetings;
- Video of sample group sessions;

- Video of presentations including Bath Conversation Cafe and Swansea, Birmingham and Swindon conferences;
- Videoed mother and team interviews;
- Collaborative creation of the Marcé video, abstracts and writing of the yearly reports and EJOLTS paper;
- Reports of health visiting (HV) colleagues who attended groups;
- Reports of HV colleagues who remained in contact with mothers after sessions;
- Session statistics - EPDS, attendance numbers.

### **What learning comes from working collaboratively?**

It seems too simple to suggest the energising mutual regard and goodwill, the project team calls our 'love fest', is sufficiently explained by our enquiring collaboratively. As a team we continue to uncover values that motivate us individually and the project as a whole. Even without naming them we agree that movement, enquiring together and relationship-based practice are the basis of *Moving on Up!* Our ways of being together so productively include intuitive values we are yet to name. I believe they have much to do with alongsideness. I cannot speak for the team because alongsideness arises from an amalgam of personal experience, perceptions and beliefs brought to my consciousness through researching using Living Theory (Pound, 2003). Although others say values of alongsideness have resonance for them, inevitable differences in our life journeys prompt nuances of differing meaning. My experience of these differing perspectives is in turn changing alongsideness, giving credence to the 'living' nature of personal theories of practice.

From the beginning of *Moving on Up!*, a climate of excited enthusiasm that something good was happening persisted. It continues to be a surprise for me to be working with a team where everyone remains energised and proactive about what we are doing and how we explain it. I notice the warm regard we have for each other every time we meet. How do we sustain it? It appears that no one has to create this climate, it just happens. It cannot be explained just by our being nice people. We are unlikely friends because of our age range, life experiences and different circumstances, but we like each other and enjoy being together for our unique purposes. A glow of excited goodwill, purposeful engagement and light heartedness is ever present as we all "go the extra mile" to accommodate each other. We are productive. Sarah, speaking about a draft of this paper said:

I appreciate the thread of alongsideness and togetherness in the paper spoke to me like an anchor, all through. No matter what differences, views or opinions, we always have this constant base of alongsideness and collaborative enquiry. Maybe it is that which balances us all out and makes us equal? Why is there not a definite leader? There is leadership in moments but not a constant chief of the love fest.

We all have a mutual respect and understanding for each other, our work, the mothers, the crèche etc. As you say we are unlikely friends because of age etc yet I have had in-depth, valued conversations with you that I cherish and learn from all the time. Your knowledge and

interest in me and for each other is giving me self worth. We all make each other feel we are important and that we value what each of us is contributing. (Sarah, personal communication, November 8 2014)

I wondered if the difference in commitment between this and my previous projects arose from the prospect of personal gain. Our initial motivations were each different:

- Jessica wanted to use residue 'Passport to Health' money to engage mothers with depression.
- I wanted the challenge of creating a new multi-agency project with a mother and to explain it.
- Michelle and Sarah wanted to assure commissioning for this new therapeutic movement project.
- Katie joined group as a mother in a group, then wanted to continue enquiring.

When asked, Michelle said simply, 'I am getting it *now*', implying future gains, although vital, are not her only motivator. She too, finds value in the process. Sarah speaks of cherishing in-depth, mutually rewarding conversations that give 'self-worth ... because we all make each other feel important and that we value what each is contributing'. Similarly Jessica said:

We are a great collaboration because each of our personal aims blend so well together. We are productive, perhaps because we haven't been directed or instructed to perform and achieve this project by our employers. We are doing it because we want to and because you have created a true collaborative enquiry method for us. (Jessica, personal communication, November 14 2014)

Katie said :

Why does it work? I think we are all equal, with individual expertise/interests that are non-competing and we are working on a single (contained) idea. We are also exploring, with no pressure/deadline/expected result (maybe thats just me however - you have given me license to dabble) It feels quite luxurious to debate and discuss with a roving brief! (Katie, personal communication, November 13 2014)

In this project everyone has their particular expertise, takes their lead and is respected for it. There is no overall leader. Experiencing ourselves as valued and equal players, I believe our basic emotional needs for a sense of belonging, competence in making valuable contributions and energising hope are realised (Lew and Bettner, 1996). Sarah, after a team meeting said, 'I feel important, as if I am part of something'. This resonated with my contemplations about my health visiting future. Significance for me is closely tied up in working with people. Where will I find significance when I retire? It was a short step to realising that self-worth and personal significance, features of mental wellbeing, is often wobbled by motherhood. This is a value we promote in *Moving on Up!* During sessions I have heard, 'I can be *me* again, I am not just a mother'.

Pace and intensity increased as we submitted abstracts, funding bids and our video report for the Marcé conference. As Katie's participation in a group ended she offered her marketing skills for making the video (Pound et al., 2014):

Yes I want to ensure the continuation of Moving On Up!, but I cannot profess to purely altruistic motives.... On reflection, I believe becoming involved helped me to feel 'useful' in a non-mum related way. The program had given me a bit of 'me' back and I didn't want to lose it again. It has given me some 'me' time to be me with a group of people whose company I enjoy, and whom I respect. It has enabled me to use a part of my brain I hadn't been using, and missed. I have learned a lot from some very passionate, intelligent, kind people. It has also given me a feel good factor for helping a charity. And it has helped the buzz of the program and how it helped me get better, to last. I think, in hindsight, I was quite frightened that the course had come to an end. So... maybe, probably...definitely it is still part of my process, but even that feels OK! (Katie, personal communication, November 13 2014)

Meeting in her house, we found she had studied our conference-abstracts and incorporated them into storyboards. We had no budget. I waited briefly, because of my fear of spoiling the collaborative endeavour and goodwill by taking over. Uncomfortable feelings are an excellent alert, in this case to the possibility of power imbalance, but I may not always be sensitive to others. I believed I wasn't the only one who could do it and knew that whoever made the video would inevitably create a slant that would not be from everyone's viewpoint. No one stepped forward and suggestions about freelance film makers, needed funding. Having film of our first meeting in my camera, I checked with the others, transferred Katie's storyboards to slides, collated them into iMovie for unlisted Youtube and the process began. Intuition and my wonder about how the others felt about my doing this heightened my awareness of the importance of consulting, sharing and valuing contributions and the worth of all the others. As many as could, met weekly. We videoed and emailed freely. I circulated drafts, responded to suggestions and we continued debriefing every group session. We captured our individual perspectives on video and as ideas developed textual explanations were added to the film. Making the film was our most active researching phase and would have been different if undertaken by an outsider (Pound, 2014). For me it highlighted the importance of alongsideness while deepening my understanding of how it impacts on practice.

I wondered how to avoid spoiling the collaboration by leading. Some things seemed easier for me to act on but I was wary that my sense of urgency to get it "right" in research terms might feel like I was taking over and the collaborative feel be lost. During the movement sessions I began to notice how frequently mothers expressed fear that they might dominate in movement tasks. I realised my concern about taking over may be unrealistic. It helped to keep everyone informed, remain tentative and accept suggestions and help. Being tentative is about holding my own ideas in mind while remaining open to the other and avoiding a need to persuade. Everyone continued to contribute and meetings and emails remained enthusiastic and encouraging with deadlines met.

In this project "alongsideness" means I help others clarify what is important to them and how it influences their actions. I use questions and tentative observations. It is easy because we all want to have those discussions and each member appears to feel valued. I am aware of health visiting skills that keep a bigger picture in view, that is wider than the issue of immediate concern. This means I am aware of considerations beyond postnatal depression. In this case, enhancing infants' future mental wellbeing through improved attachment and maintaining promotion of longer-term physical activity for children's future health.

The enquiring process encourages each of us to uncover our own explanations of what motivates our unique approaches. We research this way because it works in that everyone appears to experience their significance in their contribution and wants more of it:

I agree that we want more because our feelings of self-worth are improving. For me, this is also a journey of learning and personal and professional development and a different journey to that of all my other work colleagues and professional counterparts. This approach, for me, encompasses project management from a co-ordination view and in terms of planning, doing, checking, acting, and also team building (participants and 'staff') and confidence building for all. We perform so well as a team because we are honest, have respect for each other and have all the characteristics of a high performing team. These include relationships and communication, empowerment, flexibility, recognition and appreciation, morale, optimal performance and now I believe we have gained a purpose and some vision. We share leadership and development but ultimately, you are the expert in alongsidness/collaborative enquiry so we look to you to lead us on the research front. (Jessica, personal communication, November 14 2014)

There is a growing body of knowledge to show validity given to practitioners' explanations of their findings from practice<sup>1 2</sup>.

## How is my/our practice changing?

Michelle said she doesn't see how her practice is changing, she is still doing the same things but is more thoughtful about it. I agree about this effect. Giant shifts in understanding what I do, are less these days because of my years of researching but I am still questioning, checking and broadening my understanding of myself in new contexts. Jessica, whose role is more facilitative, said:

Now I can see how the future of my service can involve family activity to manage health and wellbeing, prevent obesity, etc and how MOU could be step one in a cradle to grave physical activity pathway. Linking with health visitors was perfect and I can really see how you can be a catalyst for change at an important time in a person's life-course. Life should be about feeling good and happy and having a baby can bring that and test it simultaneously. If a mother can reconnect mind and body, experience the effects of physical activity through movement and dance (these include the bio-physical, bio-chemical and psychological effects), in the very least the seeds are sown for them to consider the impact of being active on wellbeing. If you combine this with the psychotherapy benefits also present in this project, it explains why we are onto a winner; improved mood and wellbeing and motivation to move - we have evidence of all of these outcomes. (Jessica, personal communication, November 14 2014)

It is how we all feel about the project and the process that is most influential for us, as much as consciously changing what we do. I have faith that my practice subtly changes

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<sup>1</sup> See <http://www2.ed.gov/nclb/methods/whatworks/edpicks.jhtml> for a body of knowledge about professional wisdom

<sup>2</sup> See Webinar from Julie Duffield (November 18, 2014) Making Sense of Student Work—A Protocol for Teacher Collaboration (Video) <http://vimeo.com/112314062> Retrieved December 4 2014

over time because I recognised it gradually happening through the doctoral process. I see it as a 'process of becoming', which I appreciate as a value within alongsidness (Pound, 2003, p. 33; Figure 3). I now see the process of practising and enquiring together is as important for all of our learning. Change is more noticeable when I can identify it in words. An example is my need to explain our intentions to mothers in early weeks of the first group. I gave too much information about it being an enquiry process. Uncertainty, from the implication that we didn't know what we were doing, was de-stabilising when the women needed to trust and be held. Both Sarah and Michelle were gentle in also explaining that hearing about experiences of other mothers in previous groups was unhelpful when mothers were only able to think about their own situation. I believed them before I fully understood the importance of supporting each mother's ability to heal herself. This relates to the alongsidness value of a "process of becoming".

I am becoming more aware of what being "fully present" and "body aware", values of Sarah and Michelle, might mean. The importance of movement as a life-line is new to me. I enjoy dancing and was vaguely aware of a link with my emotions. I have now experienced possibilities of heightening emotional awareness through movement and music. A future thread for this research could be to encourage the health visitors supporting groups to consider how we experience sessions for ourselves and how we balance this with the containing and supportive roles we offer.



### Robyn's best thinking today

**Figure 3.** The process of becoming (From Pound, 2003, p. 33)

Learning for me is in the amount of encouragement I need to give to keep mothers coming to groups. The intense emotional experience appears to surprise some who may



avoid the challenge the following week. I now use texts and phone calls to let them know how much they will be missed, gauge how they are and offer encouragement. When asked about the appropriateness of my calls, I am told they are valued for giving courage to come and for highlighting their part in the group. Some remain passive for a host of reasons underlined by feeling inadequate, hopeless and avoiding risk. I wonder if home visits before the group starts might ease access and encourage supportive connections, or if their own health visitors might be better placed to help?

## **How do I bring alongsideness up to date?**

As I planned this paper, I was introduced to Rules for Radicals and wondered if Alinsky's (1971) campaigning for a fairer society would be useful in looking again at alongsideness. His usefulness to me is in a contradiction that helps me re-examine shifts towards alongsideness during my journey. His rules appear now, in 2014, to be combative ways to use power for winning points and forcing change by out-arguing, humiliating or confusing people. The words "fight", "attack", "ridicule" and "threaten" underpin an aim to convince masses of people to vote for leaders so they can have political power to enforce change through legislation. Being interested in social change I thought about my experiences campaigning for children's rights through the 1990s (Pound, 1994). Policy changes and legal reform for children were part of my aim and I recognise my motivation to attract support. Persuasion tactics for campaigning became inconsistent with relationships I found worked for exploring new ideas while maintaining cooperation and resilience while working with families. Here lay a contradiction I needed to understand and resolve.

Rights for children offered a lever for social change and I saw family life as foundational for a healthier society. Wider public health needed to be multidimensional because at the time so many social structures were hierarchical (Pound, 1994). I saw that active campaigning was needed on several levels:

- raising awareness with individuals, whether or not they were with me;
- targeting child-interest groups;
- political lobbying for legislative and policy change.

As a front-line public health practitioner as well as campaigner I could test my ideas on everyone I came across and watch the effect. Out of this grew some awareness of what works and what doesn't. I came to recognise that when my actions did not influence positively, I felt embarrassed, self-doubting and isolated. Emotions helped me realise the importance of relationship in all human interaction and that it is a reliable alert to noticing the effect I have on others. I have come to see that professional, academic, political or any other source of power is less reliably persuasive in influencing lasting change. How could I expect people to treat each other with respect if I did not do the same for them? It is hard to



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predict how another person will interpret your power, as mentioned above<sup>3</sup>. It is easier to see the benefits of encouragement.

I am not alone in needing to maintain my self-belief. While campaigning, I sometimes felt like a lone maverick and found it helpful to gather support from the security of like-minded people to give me courage. Alongsideness grew from these experiences. I needed to seek 'like-mindedness' in campaigning. In this way, the people I wanted to influence could take courage in questioning themselves, trust themselves to learn from mistakes and remain open to new ideas, as did I. My priority shifted from persuasive arguments for convincing, towards alongsideness and collaborative thinking in all spheres, particularly with families (Pound, 2003).

Being a front-line practitioner was an asset to being a campaigner because it was my job to work with people from across the social spectrum. As people became aware that changes were needed for the sake of children, some wanted to avoid me because of implied criticism in my message. It was up to me to find ways to reconnect with them and their positive intentions towards children. I noticed the excited energy and light-hearted openness that came from respectful regard and humility in seeking solutions together. I was not always right and I also had much to learn about democratic ways of being in family life. I found it worked better to start where people are, regardless of where that place is, or my view of it, and to go with them towards the place they would prefer to be. The preferred place usually involves more rewarding relationships with other people, including children. This method works because people feel valued in their human worth and in recognising their contribution to change.

It was Sarah who put Carl Rogers (1961) at the heart of *Moving on Up!* Rogers' person-centred values were influential in my search for more attuned ways of being so that genuineness and connection on common ground are central to alongsideness. Light heartedness and humour are handy tools for promoting a sense of belonging together where everyone can feel at ease enough to voice their views. This indicates I am more proactive than Rogers in the relationship because our time together might be short. Health visiting is different from counselling in that my agenda may differ from that of the parent. Positive regard is therefore not unconditional but respect, connectedness and honesty, that Rogers calls congruence, allows differences to be aired without alienating each other. In turn, this differs from Alinsky's (1971) use of confusion and polarisation to attract like-minded voters to gain political power for change: alongsideness finds a place somewhere between the two.

Maybe enquiring collaboratively is another way of saying "person-centred practice". "Person-centred" describes a mission statement and style of relating more than the reality of practice in some health care settings. Jessica commented that, 'Person-centred practice' is a great term but I wonder if, on the face of it, it sounds like simply taking a person-centred approach to delivery. It fails to explain the alongsideness of everyone involved'. (Jessica, personal communication, November 14 2014)

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<sup>3</sup> For more on questions arising from my campaigning relationships see Chapter One of my doctoral thesis (Pound, 2003)

Person-centred practice, enquiring collaboratively and alongsideness require evidence of efficacy. This highlights the added value of Living Theory research which requires practitioners to produce evidence that we actually do as we claim.

## **How is *Moving on Up!* changing alongsideness?**

### **1) Containment to collaboration**

In the groups it is obvious that the qualities of relationships between mothers and professionals shift in response to mothers' changing needs. At the start of groups some mothers are anxious about how they will cope. Some avoid their fears by not turning up or going home as soon as they arrive. My instinct is to "hold", at least emotionally if not physically, like a parent who has taken charge but is also listening and trying to understand and name the emotion. This lasts as long as it takes for panic to subside and sufficient safety to return, for the mother to feel hopeful she can cope in the group.

In a textbook for Mental Health Nursing, containment is mentioned in the sense of 'removing the burden of self-control or feelings of omnipotence' (Norton, 2004, p. 245). The intended effect is 'to reinforce temporarily, the patient's internal controls'. For these mothers, I take omnipotence to mean the overwhelming power of emotion arising from self-belief that prompts fear and flight. The nursing reference carries warning of a risk of suppressing initiative and reinforcing feelings of isolation, leading to hopelessness and despair. I hear these warnings and understand that containment for those coming to *Moving on Up!* is a temporary measure responsive to the moment and always with the goal of giving responsibility for recovery and self growth back to the mothers as appropriate. I see mother's containment melding into her encouragement and hopefulness as she is reintroduced into the group and the intuitively sensitive care of the movement therapists. I see alongsideness as encouraging self-belief within a sense of belonging and self determination (Lew & Bettner, 1996).

Today, people in mental distress need the nourishment that nursing can offer. They need the human support that will help them deal more effectively with the tidal forces that have rocked their lives. They need help to gain the confidence to get back in the boat and push off from the shore, to begin again the journey on their ocean of experience. (Barker, 2003)

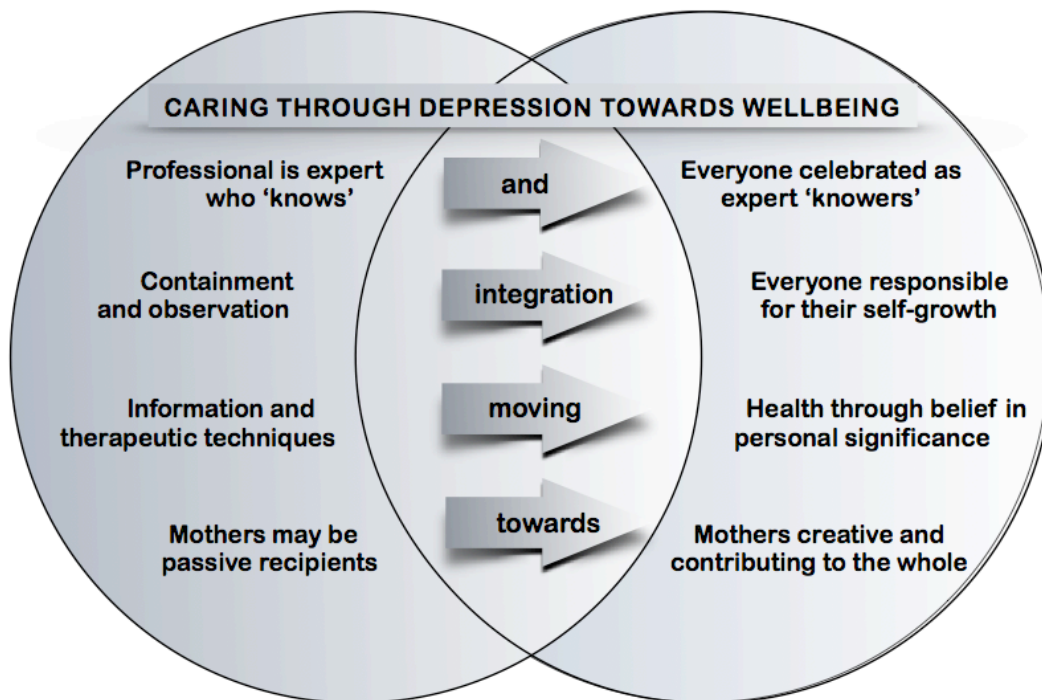
From *Moving on Up!* I am coming to understand that responsive, alongside relationships, in this context called 'enquiring collaboratively', acknowledge the mothers' attributes and abilities to manage their lives. I grasped this when Katie referred on the video to 'starting to mend myself' (Pound, 2014. 8.13-8.18). She is remarkable for her move over a few weeks from needing help to contain intense emotions towards increasingly collaborative involvement in helping others and later, her role in project development. She had moved from needing containment to contributing collaboratively and attended the Marcé conference.



**Figure 4.** Michelle, Robyn, Katie, Jessica and Sarah at Marcé

This reminded me of health visitor research discussions about how our relationships adapt in response to client need (Pound et al., 2001). Here (Figure 5), I adapt the published diagram to accommodate an idea arising from *Moving on Up!* that relationships change from responding to a mother's need for containment, to enabling her interest in helping others (Figure 5). Katie responded, 'I think this captures perfectly the experience (at least for me)' (Katie, personal communication, November 14 2014)

## Alongsideness in postnatal depression: Balancing the competing aims of responsive care



Adapted from Pound et al. (2001)

**Figure 5.** From containment to collaboration

During the sessions I witnessed mothers shift towards self-awareness, self-acceptance, and increasing ability to empathise with and help others. Their contributions to the group appeared to be part of their recovery. It was empathy and emotional support that was observable and commonly acknowledged in check-in discussions. In the video, Michelle describes when a mother's initial self-focus, 'I need help, how can you help me...' changes to, 'what can I bring?' (Pound, 2014.13.4). By moving together in the body-based activities, mothers relax, become more self-aware, accept others' concern and touch, beginning to enjoy and help each other. Sarah commented on mothers transferring this learning to their relationships with family members including attachment with their babies. In the video, Anna noticed that instead of wanting a break she began enjoying her daughter's company (16.4). Improved attachment for baby's future mental health is one of our aims. In later stages some become energised to help reflect on the project and wish to become involved in ensuring its future.

The particular dynamics of one group, possibly influenced by the depth of mental distress and on-going life experiences of several women, required continuing containment and encouragement to attend. Only one mother reached the stage where she felt able to contribute to the others' process. Telephone calls and texting became important to helping

them face their fears to turn up. These women were offered a further course and referred back to their health visitors for “listening visits” or referral to other services.

## 2) Collective endeavour, personal significance

The Ubuntu saying, “I am because we are”, helped the research team consider the equally valuable contributions of every member and unique learning experiences offered by every mother. Regularly rehearsing our indebtedness to each other, we began to see that our personal development and that of the project is because everyone’s contribution is valuable. We call the power of this connection our “love fest” in which:

‘There is leadership in moments but not a constant chief of the love fest! ... We all have a mutual respect and understanding for each other, our work, the mothers, the crèche.’ (Sarah, personal communication, November 7 2014).

We perform so well as a team - because we are honest, have respect for each other and have all the characteristics of a high performing team... We share leadership. (Jessica, personal communication, November 14 2014)

Social Interest is the term Alfred Adler gave to a state of health only possible when individuals are able to look beyond themselves to their cooperation and contribution in the world, because of optimistic belief in their own worth and resilience (Ansbacher & Ansbacher, 1956). Marie’s reversing the Ubuntu saying to, “we are because I am” (Huxtable, 2014), appears more difficult to accept because of its immodesty in a culture disapproving of self-congratulation. Work and project colleagues appeared certain in their initial denial about this. I wonder if it is because it is in contradiction with a cultural belief in humility, not blowing your own trumpet or standing out in the crowd? Perhaps it is one of the causes of depression in the first place? I became aware that being able to accept one’s self-worth within the group was sign of a positive sense of significance and mental wellbeing. Perhaps it represents an ultimate state of mental health?

I know that “I am because we are” and I’m almost there with “we are because I am” - is this my ultimate future gain? I think if I get there I will have reached a state of ultimate mental wellbeing. (Jessica, personal communication, November 14 2014)

Self-worth is a value we intuitively strive towards. Encouragement, a valuable part of aloneness, validates us all as worthy of respect. We recognise that a mother’s mistaken self-perceptions had value when she first created them (Ansbacher & Ansbacher, 1956) but with support, her creativity can find more useful ways to know herself. Mothers often cling to their constructed self-belief no matter how damaging to themselves. With us, they can voice their view, hear it themselves and begin to explore. In the video, Michelle said whatever mothers say is ‘valid and enough’ showing that she practices her value of acceptance.

## 3) Empathic responsiveness

Reflecting on her experiences in *Moving on Up!* Michelle describes the physical, emotional and social inclusiveness of dance (Pound, 2014). Her intuitive reading of others' needs she attributes to training in martial arts (Marcé abstract). As a team we become aware of the therapeutic value of empathic responsiveness through being in tune with each other. Attunement appears to enhance our commitment and gives us room to take risks and explore with each other. Michelle's understanding of mindfulness relates to the 'head holiday' she observes when dancers are emotionally engaged in moving closely together. 'It's like pressing the reset button', she says, 'when there are arms and legs flying around you can't think about what you will cook for dinner. There is so much going on around you'. Mothers notice the moments of release and recharging so they can 'go back out there again'. Empathic responsiveness appears similar to "connection" in alonsideness but includes more proactive activity.

### **How are insights checked?**

Insights emerge from attempts to explain our emotions and intuitive responses. We debrief every group and have research discussions, which are filmed, most weeks. Mothers are encouraged to express their feelings and articulate their progress. Referring health visitors are consulted about their observations and therapists have their own supervision. We have received no negative feedback about group delivery but eight weeks is too short for many mothers and more physical and psychological aftercare is needed. Rigour and validity is established through others' relatability to our insights. A separate weekly research group, Jack Whitehead and Marie Huxtable's Conversation Cafe, offers debate and critique when we present videos, and papers.

I feel clearer about the validity of my research when others say my explanations have relevance for them. Bassegy suggests:

The point about relatability of findings from one situation to another is that there is no guarantee that they can be applied, but the merit of the comparison is that it may stimulate worthwhile thinking. (Bassegy, 1995, p.11)

Search for relatability provides a type of triangulation giving depth to insights by expanding possibilities when contradictions arise or others disagree. Resolution involves movement towards greater understanding.

Winter (1989, pp. 38-67) suggests six principles for ensuring rigour that I adapted for this paper:

*Reflexive critique* questions assumptions, concerns and interpreted meanings.

- I make interpretations of accounts of incidents and other influences.
- I examine the reflexive basis of these interpretations, appropriateness of my perspective and seek other possible explanations.
- I form insights into questions to increase the range of alternative explanations.



- I offer insights to others to review appropriateness. (Pound, 2003)

*Dialectical critique* examines how contradictions and competing meanings in the multiple components of the whole are included in practical explanations.

*Collaborative resource*, entwined with dialectical critique, includes the challenge of enquiring together for negotiated interpretations that embrace difference.

*Risk* (I call 'openness to challenge') recognises personal threat involved in uncovering flaws, but allows optimism that acceptable explanations and solutions may be found.

*Plural structure* recognises that collaborative enquiry creates accounts, critiques and explanations ending not with conclusions, but possibilities with differing relevance for each reader.

*Transformations* of theory and practice are both necessary for continued vitality and development as questions are asked and contradictions confronted.

Research we heard at the Marcé conference (Swansea, September 10-12 2014) validated our observations of mothers and the need for non-drug related therapy. It also showed we need to be more proactive in promoting secure attachment for the babies. The video at the CPHVA (health visitor) conference (Birmingham, 5-6 November 2014) showed health visitor interest in the project. The presentation and workshop at the Regional Health visiting conference (Swindon, November 20 2014) highlighted our fit with current knowledge about the physiological links between activity and emotions for wellbeing (Cains, 2014).

One critique of *Moving on Up!* is the white middle class appearance of the women who responded to our invitation to film. Our local authority is 94.5% white (2011 census) but demographic make up of the groups is not accurately represented on video. Recruitment and retention require consideration. Some vulnerable mothers struggle with letting their defences down, especially if child protection services are involved. The amount of touch involved also prompted viewers' discomfort until the process leading to the later stage, shown in the video, was explained. There were questions about filming. The groups are not filmed. Research group videos are shown on unlisted You Tube with consent unless there are concerns.

Alongsideness offers standards for evaluating practice and research relationships with additional focus on developing self-worth. These values I see as tentative in recognition that my colleagues' perspectives are unique to themselves. For example, their specialist knowledge and perspectives were aired when considering recruitment of additional therapists and how to train them. However, it appears that my alongsideness values of respect, connection, self-determination, light-heartedness, process of becoming, accepting differences, encouragement are also broadly accepted as guiding principles for *Moving on Up!* Clarifying the unique meaning of these values as they are expressed in the practices of participants is worthy of further study.

## **Practice-based learning and evidence-based practice.**



I see good practice as on-going enquiry in which relationship-values I call alongsidness, provide standards for guiding and checking that I act as I claim. *Moving on Up!* is continuation of practice learning for me, as it is for the team. Building on unique expertise of professionals and all participants is also an exploratory learning experience for mothers in sessions. From the beginning questions arose about the need to satisfy commissioners and funders with credible evidence that we know what we are doing, get good outcomes and are cost effective. In other words expectation that we draw on:

... the conscientious, explicit and judicious use of current best evidence in making decisions about care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research. (Sachett et al., 1996, p. 71)

This implies health science research could produce evidence for what we are offering. Here lies another contradiction. External clinical evidence, systematically researched, cannot capture the learning and change of individual knowledge created from reflection in action and realised as reflexive practice in the subtle changes observed by Michelle. Our project relies on being able to attune to the unique skills of every player as valid and stimulating of useful thinking. We intend focusing on mothers' individual presentations of their experience rather than providing general interventions to meet general problems experienced by people who happen to be in a particular diagnostic category. Norman and Ryrie (2004, p.89), speaking about mental ill-health, suggest the experiences of a group of people is only an approximate guide for the experience of a single individual, if that is their experience at all. Research methods usually employed to assure safe practice in the health service will not provide us with the evidence-base we need to explain what *Moving on Up!* offers as a person-centred approach that we recognise as best practice. Our project is therefore a developmental process using our skills to align the women's process with aims of our employing services to enhance attachment and get people moving.

As practitioners we also need to establish guidelines for explaining how we provide a service and how we judge our effectiveness. Sarah and Michelle recognise component activities every session includes:

A few things I've realised about the core parts of our dance movement psychotherapy:

*Check in* = interpersonal relationships, to be in a place with empathy, congruence and unconditional positive regard (Rogers,1961)

*Exploration* = creativity, exploring the mind and body.

*Movement*= feeling energised, motivated, and all the benefits of exercising and realising those benefits.

*Reflection*= personal change which is supported continuously through the components of the therapeutic relationship

*Relaxation* = mind/body relationship.

(Sarah, personal communication, October 14 2014)

Jessica notes usefulness in the ethical principles: beneficence (doing good), non maleficence (avoiding unnecessary harm), autonomy (respecting freedom of action) and justice (fairness) as standards for caring professions. These are embedded in codes of practice for health visiting (Nursing and Midwifery Council, 2008) and the British Educational Research Association (BERA, 2011).

Through the review process of this paper I am encouraged to revisit my understanding of alongsidness as methodology for developing my living theory of practice but also as an epistemology for creating and revising knowledge. By this I mean a relational way of knowing, being and generating theories of practice relationships<sup>4</sup>. These processes form a logic I am creating for how I understand and create my life. Here lies an area for further exploration<sup>5</sup>.

Values of alongsidness support my practice and enquiry methodology by:

- clarifying my practice relationships (Pound, 2003, p.190-195);
- providing guiding principles that become standards of judgement (p.187);
- offering a mechanism (emotions) for recognising contradictions between intentions and reality - for enhancement of quality and learning (p.211);
- highlighting personal ontology, so that the enquiry process itself has therapeutic value e.g. awareness of my being a HV rather than just acting as one, explains why I find retirement hard to contemplate;
- fitting harmoniously with Living Theory research to generate theory;
- clarifying an alongside epistemology that differs from, but is interdependent with, Living Theory methodology<sup>4</sup>.
- Alongside epistemology has potential for scholarly enquiry in relationship-centred health-care practice.

For mothers, efficacy is most evident in their lived experience. In an evaluation session Lucy said, 'It is hard to put into words what this has done for me. I re-found "me" and what it was like to be alone with myself and really move'. Her partner who came to collect her, said now things were improving he would like to have a similar opportunity to talk about what it was like for him going through postnatal depression. Sophie described, 'feeling nurtured and listened to - I found a new way of expressing myself - am more mindful. It brings up emotions more than you would expect, when you might not have been aware of them before'. Ann described "surprise" in the emotional effect. All these mothers said they didn't know what to expect before they came, 'It exceeded expectations'. This shows health visitors still struggle to explain *Moving on Up!*

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<sup>4</sup> For how an alongside epistemology differs from a living theory of alongsidness see Pound, 2003, p. 225.

<sup>5</sup> See Moira Laidlaw (2004) A description of my logic. Retrieved December 4 2014 from: <http://www.actionresearch.net/living/moira/mllogic.htm>

## Conclusion

A multi agency project developed therapeutic movement for mothers with postnatal depression underpinned by further aims, to improve mothers' attachments with their babies and promote physical activity in families. Using Living Theory action research, called "enquiring collaboratively" for this project, the project team sought an explanation of *Moving on Up!* for commissioners and funders. Relationship values I call alongsideness were further refined through the course of groups in which all participants were seen as collaborators, as appropriate to them.

We recognised shifts in the emotional needs of the mothers from containment of emotions in the early weeks to becoming more self-aware and able to look beyond themselves to collaborate with others. The uniquely differing perspectives of each mother and each practitioner called for empathic responsiveness of practitioners in delivering therapeutic movement and discussion attuned to the moment. The energised commitment of mothers and practitioners in groups and research discussions highlighted our uniqueness within a collective sense of community. We began to recognise the importance of our belief in our own significance and worth within a state of mental well-being.

Participants often reported enhanced self-awareness, improved mood and that the research process itself was therapeutic. Mothers' growing empathy towards others appears to influence their attachment with their babies. Practitioners from each agency reported insights highlighted by researching *Moving on Up!* to create opportunities for developing and refining services beyond the project. Alongsideness values appear recognisable in *Moving on Up!* as standards of judgement for practice and research evaluation.

Living Theory methodology supported enquiry into the valuable practice knowledge of all participants for improving our lives and the contexts we operate in. I used my health visiting skill to hold the bigger picture in view while promoting each of the parts for the intended benefit of all. Through this research I revisited alongsideness as an epistemology as well as for creating a living theory of health visiting practice.

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