

Jack's reflections on Surrinder's paper (attached):

The conversation café on the 23rd August 2003 included responses to the attached paper by Surrinder.

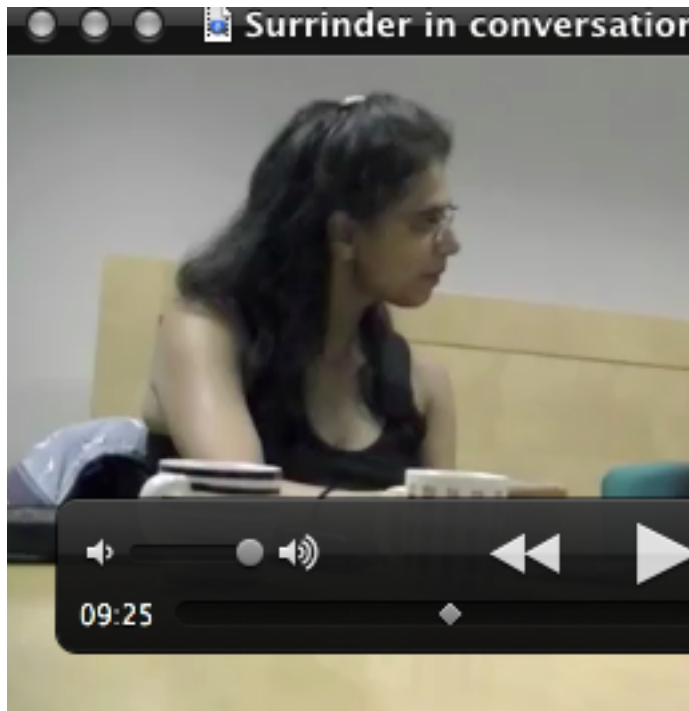
32:21 minutes of the conversation were video-taped at:



<http://www.youtube.com/watch?v=5rp6nGCUutA>

The video is unlisted which means that only the members of the conversation café conversation can share it, as long as we don't share the url with anyone else.

You can download the whole of the clip to your hard disc using the free download called download helper. You can then load the clip into quicktime and move the cursor quickly to the times on the images, getting a feel for the embodied expressions of meaning. The first two images at :59 seconds (above) and 9:25 minutes (below) communicate to me Surrinder's capacity and disposition to attend to the other. I'm hoping that we can share some of our responses to the video-clip and the images.



In her writings Surrinder asks:

What am I interested in about my practice?

And answers:

Developing and modeling healthy relationships based on respect and honesty with families is how I approach my work as a health visitor.

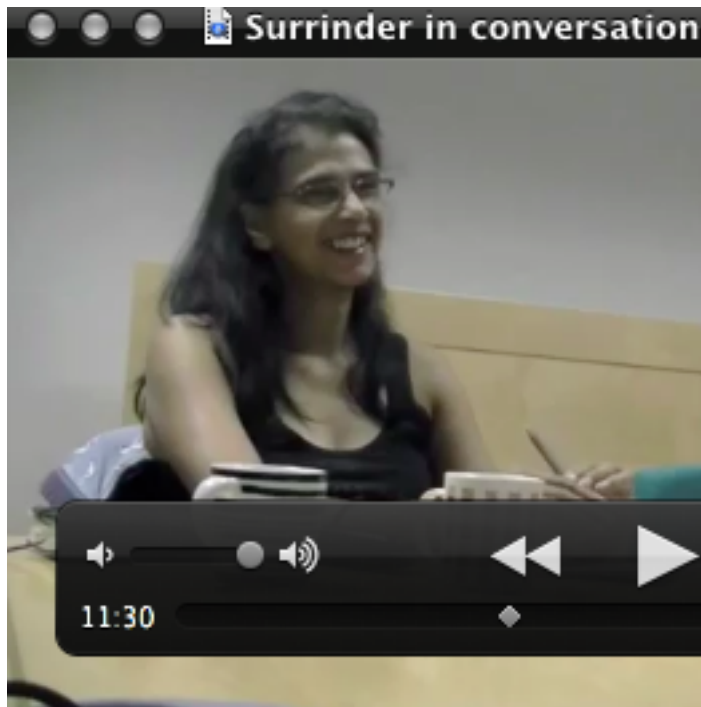
I'd like to focus on learning to understand Surrinder's meanings of 'healthy relationships'. I suspect that Surrinder's point about:

actively try to build relationships that empower others to help themselves.

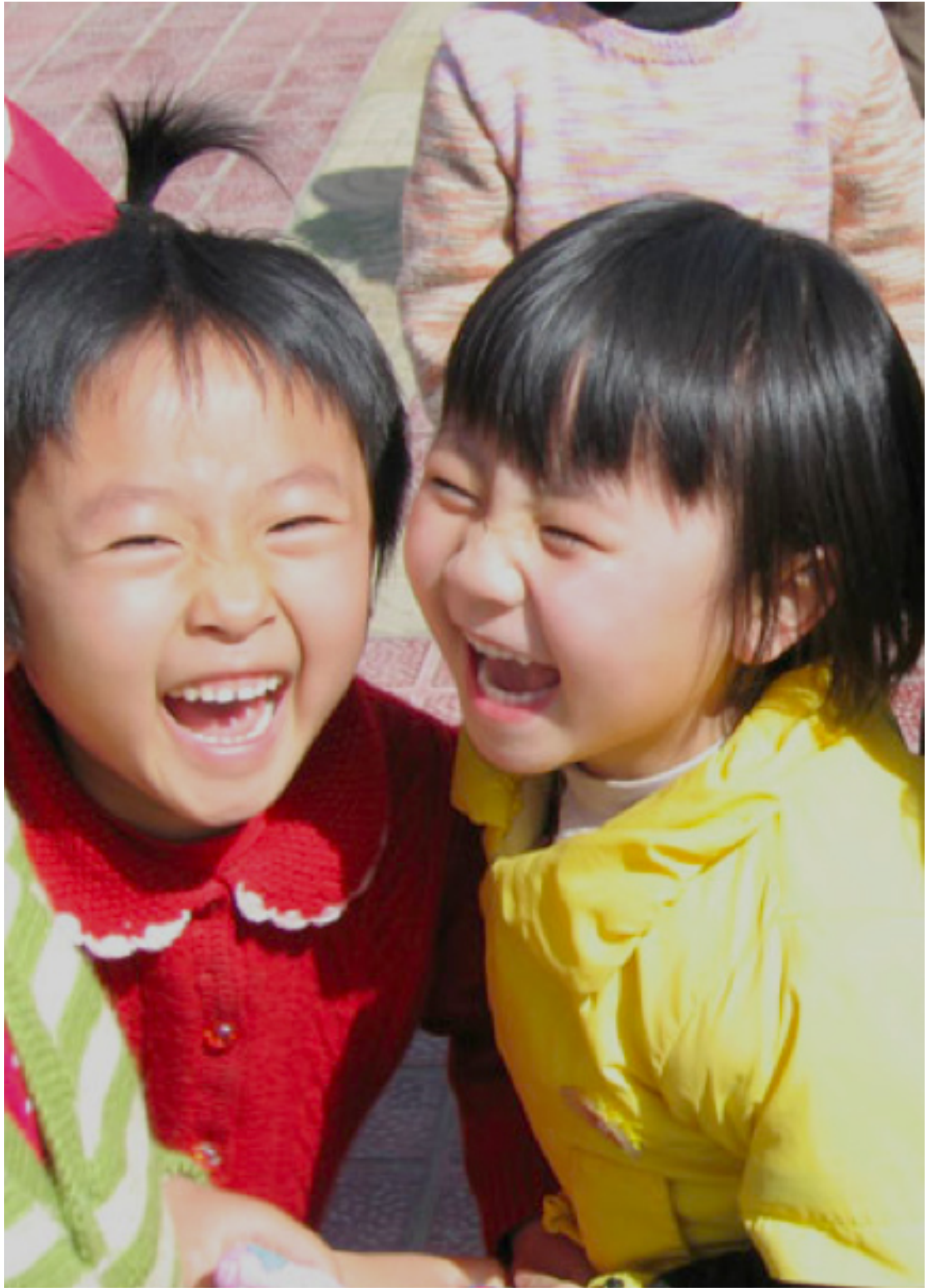
is very significant in what Surrinder means by a 'healthy relationship'. Surrinder makes this point three paragraphs above her question about 'What am I interested in about my practice'.

I'd like to check the validity of my insights that Surrinder expresses what I call a life-affirming and life-enhancing energy in her contributions to 'healthy relationships'. I believe that the images at 11:30 and 20:30 communicate an

embodied expression of life-affirming and life-enhancing energy that helps to constitute 'healthy relationships'



In the video someone – I think it is Debra or Surrinder - mentions the first image below of two Chinese girls that also communicate the embodied this expression of a life-affirming energy in 'healthy relationships' The image that follows of my grandson Luke was given to me today by my daughter Rebecca as a birthday present.



I've now got this image in my study and I smile each time I look at it as it evokes my own pleasure in feeling the life-affirming energy of a 'healthy relationship'.



What I'm wondering is whether we could deepen and extend our conversation on Surrender's desire to develop and model healthy relationships based on respect and honesty with families in her work as a health visitor which includes building relationships that empower others to help themselves. What I'm wondering is whether we all might include in our understanding of 'healthy relationships' the expression of a life-affirming/enhancing energy that I'm experiencing as I look and respond to Surrender's embodied expressions at 11:30 and 20:39 of the video-clip and to the images of the two Chinese Girls and Luke.

Love Jack.

Here are Surrender's writings for our conversation on the 23rd August.

Surrinder's paper for the conversation café on the 23 August 2013 at the Carer's Network Centre in Bath.

What concerns me?

I have for some time felt dissatisfied with my job as a health visitor which maybe why I have developed interests such as training/ lecturing outside of this role.

I like meeting people, engaging and connecting with them whilst hearing their stories. I try to help them to see their situation in a different way and at the same time learn from them. However, I don't believe the service offered is of any real quality. It feels like a tick box exercise and is more about fire fighting and not prevention.

There is a lack of support for practitioners when working with vulnerable clients. Practitioners offer support to clients but seem not always to take this advice for themselves. The increasing pressures where I work has meant that the number of visits we have to do does not allow us any time for reflection. This can in some cases affect objectivity when working with a family. Clinical supervision is not mandatory but left for health visitors to set up for themselves. Busy caseloads mean this is an area that is often neglected.

Recently whilst doing a Solihull Approach training a number of the student health visitors who were present expressed disgruntled views about the lack of support from managers when they had asked about supervision.

I spoke to a manager about this to be told that they did not have the resources to support practitioners to work in a "Solihull" way with families. It seemed providing the training was only to tick a box or use up some unspent money. When I started out as a nurse I liked the 'doing' aspect of the work such as actions that improved the health or quality of life for other people. I liked to feel needed by people who needed me because it made me feel better about myself.

Over the years I have become aware of this and actively try to build relationships that empower others to help themselves. Rather than try to meet needs within me.

I try to do this within my own family. Nina who is on the autistic spectrum is very confident about her own abilities and wants to be independent. I can see that I need to allow her as much freedom to become her own person To be there in the background if she needs the support rather than trying to anticipate it for her. To allow her to learn from her own mistakes.

Whilst on my sabbatical leave I am outside of my comfort zone. I find it very hard not to be busy and constantly doing things. However, I am learning about what is and is not important to me. Such as a need to for social contact and challenges that stretch me.

What am I interested in about my practice?

Developing and modeling healthy relationships based on respect and honesty with families is how I approach my work as a health visitor.

Why does this interest me?

Evidence to increase service and numbers.

I like to support people to be all that they can be. Help them to meet their own needs and the needs of those around them. I see at times work colleagues struggling to do this for themselves.

At meetings with other colleagues there does seem to be an air of negativity which is expressed verbally and affects others.

What evidence do I have to raise this concern?

Increase job satisfaction and staff retention.

Increase moral

Improved service to clients and responsive to their needs Improve outcomes for families

Who could help me explore at it? (anyone who would be interested - colleague, client...or...or literature or other influences on you)

Solihull Approach because it is a way of working that builds on their concepts.

conversation cafe

manager/UWE

colleagues

What could I/we do about it?

Write about my development as a health visitor and how I approach my work. Identify my values and whether I am incorporating them in my daily work. Talk about it and get ideas from other health visitors.

Hon

esty

Injus

tice

equality/ respect

Freedom

What data/evidence could I collect that things are changing?

Being shadowed and shadowing others at work.
Feedback from clients and service users.

How can I show my learning?

Meetings, presentations, writing for journals, conversation cafe.