Resilient moves: tinkering with practice theory to generate new ways of thinking about using resilience-based approaches.

Kay Aranda & Angie Hart 2014
Strategies for tackling social determinants of health to reduce health inequalities within healthcare system

**Six priority areas:**

- Education and training
- Working with individuals & communities
- NHS organisation
- Working in partnership
- Workforce advocates
- Health System – post April 2013
Resilience – what we know
<table>
<thead>
<tr>
<th>Broad areas</th>
<th>BASICS</th>
<th>BELONGING</th>
<th>LEARNING</th>
<th>COPING</th>
<th>CORE SELF</th>
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<tbody>
<tr>
<td></td>
<td>Good enough housing</td>
<td>Find somewhere for the child/YP to belong</td>
<td>Make school/college life work as well as possible</td>
<td>Understanding boundaries and keeping within them</td>
<td>Instil a sense of hope</td>
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<td>Enough money to live</td>
<td>Help child/YP understand their place in the world</td>
<td>Tap into good influences</td>
<td>Engage mentors for children/YP</td>
<td>Being brave</td>
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<td>Access &amp; transport</td>
<td>Keep relationships going</td>
<td>Make out career or life plan</td>
<td>Problem solving</td>
<td>Solving problems</td>
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<td></td>
<td>Healthy diet</td>
<td>The more healthy relationships the better</td>
<td>Help the child/YP to organise her/himself</td>
<td>Putting on rose-tinted glasses</td>
<td>Help the child/YP to know her/himself</td>
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<td>Exercise and fresh air</td>
<td>Get together people the child/YP can count on</td>
<td>Responsibilities &amp; obligations</td>
<td>Fostering their interests</td>
<td>Help the child/YP take responsibility for her/himself</td>
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<td>Enough sleep</td>
<td>Make sense of where child/YP has come from</td>
<td>Focus on good times and places</td>
<td>Highlight achievements</td>
<td>Calming down &amp; self-soothing</td>
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<td>Play &amp; leisure</td>
<td>Predict a good experience of someone or something new</td>
<td>Make friends and mix with other children/YP</td>
<td>Remember tomorrow is another day</td>
<td>Foster their talents</td>
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**NOBLE TRUTHS — underpinnings**

- ACCEPTING
- CONSERVING
- COMMITMENT
- ENLISTING
Practice theory

Wittgenstein, Heidegger, Schutz, Goffman, Giddens, Foucault, Bourdieu, Butler, Latour

Habitus
Communities of Practice
Discourses
Performativity

Socio-material approaches e.g. Actor Network Theory (ANT), Cultural and Historical Activity Theory (CHAT)

Action – Agency
Reality - Ontology
Context - Change

‘Turns’ Material & Affective & New Materialisms

Matter Materiality
Emergent
Entangled
Enacted
Escapes

Complexity and – Situated Learning Theory – Wenger
‘The practice turn’ – sayings and doings

- **Routine** behaviours, **activities** that endure **spatially**, **temporally** in a nexus of **sayings and doings** (Schatzki 2001). Embodied, **materially** mediated arrays of activities organised around **shared** practice understanding (Reckwitz 2002). **Repeat enactments of elements** sustains a practice over time.

- **Localised knowledge, meaning, materiality and action** (Shove et al 2012).

- **Relational approach to health practices** – shift from **individual health behaviours** to contextualised understandings of health practices.
Slim-line interpretation of practice theory

**Meanings**: Social and symbolic significance of participation, the meanings, emotions and motivations of this at any one moment and the impact on sense of self, identity

**Competencies**: Background knowledge, the know how, the tacit and propositional: practical consciousness manifest as skills and shared understandings of good or appropriate performance

**Materials**: Objects, infrastructure, tools, the body itself.
How elements merge, how practices emerge and survive

- Recruit or capture practitioners - willingness to adopt, use and keep alive – carriers - follow the practice

- Practices change when new elements introduced – entities (integration) and performances (elements enacted, repeated, recursive)

- Practices take hold in niches, regimes, landscapes - Combine or reconfigured in new ways with old ways but in different ways

- Emergent, entangled assemblages – provisional, fragile realities
Tinkering
Meanings

It does **fit with me** and my **views of life** and how I get through and also the way I like to work.

It was also about **applying it personally** when things are feeling a bit tough, and thinking about ‘how are we going to get through this day?’ and ‘**how can I manage work and this situation**’ (CoP member 2011)
The language of it felt different, but in practice some of it is stuff that I would already do... (CoP member 2011).

It really dove-tails well with the solution-focused approach... and I had been working in that way for a long time, and even more so since coming here to work (CoP member 2011).
Materials: Practitioner embodied resilience

- I’m almost a resilience framework in a body (Interviewee D: CoP 2011)

- It feels like it’s ingrained in me now, the way I work, the way I am the way, I develop [any intervention] programme ... it feels I’m living and breathing it [Interviewee G: CoP 2011].
Integration of elements to performance

[Resilient based practice] It connects up that whole team of people, so you have got me as a practitioner, you have got young people, you have got carers, you have got parents – and it connects up with the academic bit as well...whereas before maybe your focus was completely with the young person and not with any of the others in that network. So it is about kind of joining it up a bit more, and the framework being applicable to everybody that is involved rather than just applicable to one person there.
Sometimes with young people where it has broken down, the placement has broken down and it has all going very wrong, and may have been there for a very long time. And I think for this young woman yesterday, the thing about hope and actually thinking about – well what might happen to give her hope. That might be that she starts at college, with a lot of support she might start college.

She has done the first bit with masses amount of progress so it is giving her some hope – of changing her friendship group, changing where she lives and getting her out of the pattern of self-destruct. And I was thinking in there about learning and hope and building her self esteem and confidence and getting her out of a downward spiral really. So the first thing was about a safe place to live. The safety and the belonging, to where she is going to move to because the foster care has broken down and she is going to move into supported lodgings, so it is about giving some basics first. We are going to get you established in this place. And then we are going to think about college. (CoP member 2010).
There are a couple in the team that were interested. I was working with A in the group about doing peer supervision of our teams together. (CoP member 2010).

I think people know that a long term relationship is valuable, but it is not very easy to do in our current culture, our organisational culture...it feels like what is valued is getting people through the doors, so that at the end of the year you can say that you have had this many referrals (CoP member 2010).
Making visible configurations of context: routine, everyday practice

- Feeling disorganized, haphazard, lost
- Instinctual, reactive, staid, uncreative
- No shared language, understanding, direction of purpose
- Narrow approach, top down, expert led, focused on risks than need
- No confidence, overwhelmed, motivation and morale low, not valued
- Isolated
- Time constrained, target driven culture, short term relationships and interventions, unsatisfying
- Lack of stickiness, validity, recognition of previous learning/training
What does this mean for interventions by practitioners?

Not outside but part of
Not hero or victim
Modest approach, subtle and contingent
Uncontrollable and Unknowable
A different understanding of change
What does practice theory add/reveal?

- Practices rather than individuals as unit of analysis
- Practices are meaningful performances and entities in themselves
- Deeper level of explanation, identification of significant configurations of elements (e.g. resilience and public health theory and practice),
- Attention to situated and dispersed nature of social practices and their enactment
- How practices compete, transform and converge, emerge, survive, endure or disappear, change, innovate and evolve

What does tinkering add/reveal?

- Values the continual, small attuned, meticulous adjustments, persistent, adaptive, attuned balancing and local negotiation of possibilities – good care (Mol et al 2010).

- Represents relational achievements – involves entanglements between human and non-human entities and between the social and material (Mol et al 2010).

- “Caringly tinker with themselves” (Vogel & Mol 2014)- the feeling phenomenological body assumes natural and universal – but cultivation demands local management.
What does this add/reveal for reframing resilience and inequalities in health?

- A new vocabulary or a novel picture of human and social agency?
- Help reframe resilience? Focus on just resilience or capacities or capabilities or combine – look for interactions/fields of practices?
- Transformative effects of participating in practices – effects and value of small local interventions
- Move from theorising reproduction to change to reduce inequalities? Inequalities research needs to account for the interplay of structure and agency (Abel & Frohlich 2012)
- Questions of power – equal access to practices?


