Case Study

Insights into Positive Approaches to Parent Partnership Working in UK Nursery Schools

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Abstract: In this article, we share interviews with Maintained Nursery School (MNS) leaders in deprived areas of the West Midlands of England. This constructivist research was carried out to better understand the 'why' and 'how' of parent partnership in early years settings. During our conversations with leaders, they explained how they establish and maintain positive relationships with parents, and in this article, we highlight examples of tangible benefits to the lives of children and families resulting from their partnerships. Our data identify a moral imperative felt by practitioners to 'fill the gap', resulting from the demise of public services in the area. Our interviews reveal the intrinsic satisfaction these leaders experience in 'making a difference'; but we question a system which relies upon goodwill, and represents a largely invisible and unrecognised public service, attempting to mitigate the impacts of growing deprivation and adversity.

Keywords: parent partnership, early years, maintained nursery schools, leadership, care

1. Introduction

During 2020, the year that the authors were engaged in collecting data from MNS leaders for the purposes of this research, 30% of children in the UK were classed, by the Department for Work and Pensions, as living in poverty (defined as having less than 60% of contemporary median household income) (Marmot et al., 2020). This figure is predicted to rise to 40% by 2022 (Lyndon, 2019). It is well documented that the effects of poverty are complex and pervasive, resulting in inequalities throughout life trajectories, including adverse impacts upon health, development, educational attainment, employment and income (Dickerson & Popli, 2016; Lyndon, 2019; Marmot et al., 2020). Whilst this article does *not* focus on the impact of the Covid-19 pandemic, the effects of the virus have only widened the inequality gap and affected those already struggling with economic instability, mental and physical health problems, disproportionately (Conti, 2020). MNSs are state funded schools for children aged 3 - 4 years (pre-school), predominantly located in urban areas of deprivation in England. This study of MNS leaders builds upon two previous publications by the authors: Solvason, Cliffe and Bailey's (2019) paper, which critiqued the constricted view of the 'good' parent that is presented throughout educational discourse; and Solvason, Webb and Sutton-Tsang's (2020a) research, which exposed the extraordinary lengths to which practitioners in some MNSs go to sustain supportive relationships with parents and families. The latter research (Solvason et al., 2020a), which investigated the impact of MNSs, focused upon the areas of the South-West and the Midlands of England, and collected survey responses from 115 MNS practitioners and leaders,

which were followed by in-depth interviews with 21 MNS leaders. It was during these interviews that the researchers were both astonished and humbled by the commitment that these leaders and their teams demonstrated toward supporting the families of the children in their settings. This initial data collection prompted the second phase of the research which we discuss here.

What was particularly poignant throughout the previous interview data was the deep fund of trust created between practitioners and families. As such, it was decided that exactly how these trusting relationships were developed was worthy of further exploration. To that end, we developed our research questions for this next phase of research, which are:

- Why do MNS leaders foreground establishing and maintaining partnership with parents?
- How do practitioners achieve this partnership with parents?
- Is there evidence of impact resulting from partnership in practice?

1.1 *The 'place' of parents in Early Childhood Education and Care (ECEC) in the UK*

A deficit model of parents in education has long existed, whereby the expert practitioner 'makes up' for the seemingly incompetent parent. Alexander and Cottle (2014) discuss how this began in the nineteenth century with Margaret Macmillan's attempts to educate parents in the UK. They go on to explain how the deficit perception of parenting has persisted, despite ideas about the role of parents beginning to shift at the turn of the last century; with parents evolving from no more than consumers of ECEC services, where the only requirement was that they drop their child off at the start of the day and pick them up at the end, to parents becoming 'partners' in the child's educational journey (as found in government policy: Department for Education and Employment [DfEE], 1997; Department for Education and Skills [DfES], 2004; Peters et al., 2007). As such, parents are now expected to take interest in, and be supportive of, all aspects of their child's education, to the extent that their child's educative success or failure is placed in their hands. This enduring model of parental responsibility underscores educational policy in the UK (Bullock et al., 2010).

The concept of the 'good or bad' parent was explored by Smidt in 2007, but more recently by Solvason, Cliffe and Bailey (2019). They argue that within the context of UK educational policy the good parent responds passively to the instructions set out by the more knowledgeable education practitioner, whilst the bad parent dares to flout these directives and, worse still, have their own, *different* ideas about how to nurture their developing child. It has been argued that this inflexible, deficit view of parents serves to drive a wedge between home and school, rather than bringing parents and practitioners together into a fruitful partnership (Alexander, 2009); and it also devalues the wealth of culturally embedded knowledge and experience that parents can bring to learning communities (Solvason et al., 2019).

UK ECEC policy is riddled with inconsistencies. In it we find rigid assessment and standardisation entwined with concepts of individuality and diversity (Gewirtz, 2000). We also find a consumer approach to ECEC where settings, in competition with one another, 'market' themselves to parents, but with no financial benefit to the parent due to high and rising costs (Rutter, 2016). We have even seen the situation where the 30 hours of 'free' childcare (Local Government Association, 2016) offered to parents by the government has raised serious issues of financial viability for the ECEC providers themselves (Paull et al., 2017). Even with so much inconsistency, across the nations of the UK there does exist broad policy consensus where parent partnership is concerned. From "engag[ing]" with parents in England (Department for Education [DfE], 2017), to developing "positive partnership[s]" with parents in Wales (Welsh Government, 2015) and advising practitioners to "build strong, sensitive relationships" in Scotland (The Scottish Government, 2008) the general aim, of working collaboratively with parents, remains constant. But what is also constant across these policies is the lack of guidance for practitioners on exactly *how* this partnership should be achieved.

1.2 *The role of the MNS*

MNSs, which have existed in the UK for over 100 years, were first established to provide young children in the most deprived areas the opportunity to attend an education establishment free of charge (Thangarajah, 2018). The intention was to help, through quality education, to "close the gap" that disadvantage and poverty had widened in terms of opportunity for educational success (Solvason et al., 2019, pp. 191-203) and to provide for those children who were most at risk of under achieving (Bertram & Pascal, 2019; Nutbrown, 2012; Paull & Popov, 2019). MNSs are still found,

primarily, in geographical areas of disadvantage. Almost half of all MNSs are located in areas of deprivation, compared to just 15% of private, voluntary and independent settings (Paull & Popov, 2019). Domains of deprivation comprise measures of relative income, employment, health, education, crime, housing and living environment (Ministry of Housing, Communities and Local Government, 2019).

What is the difference between a MNS and any other nursery or pre-school? An important aspect is the qualifications of the staff. All MNSs must be led by a specialist early years head teacher, and they must also employ qualified teachers and practitioners. This is not the case in other types of early childhood setting where such qualifications are not mandatory. An obvious disadvantage of the qualification requirement is that MNSs are more expensive to run; and as a result, when the economy in the UK failed, MNSs soon felt the impact. Although more parents in the UK than ever are returning to work and childcare demands are rising (Lewis & West, 2016), one third of MNSs in England have closed since 1986 due to steady cuts in state funding (Paull & Popov, 2019)

1.3 *The MNSs' work with parents*

MNSs take a particular approach to their relationship with parents (Solvason et al., 2020a), which is not recognised in most parent partnership literature, and which is worth exploring further here. Although MNSs recognise the crucial role that parents play in their child's education, they do not place prescriptive, inflexible demands upon them (Solvason et al., 2020a). Rather than foisting the responsibility of academic development on parents as the child's first 'educator' (Vygotsky, 1978), Solvason Webb and Sutton-Tsang's (2020a) research found that MNSs took a very different approach. Throughout Solvason, Webb and Sutton-Tsang's (2020a) data, what came through very clearly was the idea that if parents could just fulfil their role and deal with the *care* aspect, then the practitioners could concentrate on the *education*. And when parents struggled with their responsibility of care, the practitioners stepped in; not to criticise, but to help. As a result, in many cases the "breeding ground for tension" (Hohmann, 2007, pp. 33-46) that can come about as the result of unreasonable expectations between practitioner and parent, was avoided. And with that element of judgement removed, space was left for genuine working relationships to flourish.

Although most practitioners recognise a strong relationship with parents as an important aspect of a quality experience for children, perceptions of what shape that relationship should take, vary enormously (Alexander & Cottle, 2014). Practitioners' opinions can be based upon individual professional histories (Goodson, 2003) but more pervasively, upon the priorities of the setting (Alexander & Cottle, 2014). A particular strength of the MNS is their ability to consider not only the educational needs of the child, but the more holistic care needs of the family unit (Alexander & Cottle, 2014). This value-based approach to work with families appears to be a historical facet of the MNS culture within urban areas (Paull & Popov, 2019) and this joined up approach (Goodson, 2003) adopted by MNSs creates a culture of transparency and, vitally, trust (Callan et al., 2016; Solvason et al., 2020b) which is conducive for developing meaningful relationships between settings and families.

Something that MNSs do particularly well is to acknowledge that the wellbeing of the individual child is deeply embedded within their own families, cultures and communities (Solvason et al., 2020a). Campbell-Barr, Lavelle and Wickett (2012) explained that:

> The failure to engage with the context of families could actually promote social exclusion. If the culture of the community that children come from is not recognised and valued, it can alienate them from the setting/school and turn them off education, as it is not for them. (pp. 859-874)

As such, MNSs aim to be a key component of their community. Our previous research (Solvason et al., 2020a) found that in many cases MNSs were attempting to replicate the support that had previously been offered by children's centres (a community, state funded, resource which brought together medical, housing, educational and welfare services under one roof) within the community; many of which have closed over recent years, due to new models of provision and extensive funding cuts. In their 2019 *Early Years Providers Cost Study*, Paull and Popov (2019) provided an overview of just some of the specialist services that many MNSs were providing; these included work with housing, health services and early intervention teams. Bertram and Pascal (2019) found much the same through their research, that many MNSs would go above and beyond their remit of early education and deal with varied "basic life requirements" of families; sometimes including help with signposting to support for drug addiction and debt management, a far cry from the ECEC role that they 'signed up' to (p. 2).

This raises the question of *why* these educational settings have voluntarily become so enmeshed in such a wide spectrum of family support. Solvason, Webb and Sutton-Tsang's (2020a, 2020b) research maintains that this has happened through MNSs recognising that the wellbeing of the child and the wellbeing of the parent are inextricably linked. Upon this premise, any investment into the mental, emotional, and even financial health of the parent, will have a positive impact on the wellbeing and development of the child. And, conversely, any educational investment in the child is an investment in the family (Campbell-Barr, 2015). In Solvason, Webb and Sutton-Tsang's (2020a, 2020b) research MNS practitioners frequently referred to Maslow (1943), recognising that if the fundamental needs of the child, in terms of love, security and basic care were not being met, then trying to 'educate' them would be a pointless exercise. As a result, help for the family was invested where it was perceived as being most needed.

In the UK, practitioners have a statutory duty to work with parents (DfE, 2017), but research suggested that where MNSs are concerned this moves beyond obligation, to a deeply held commitment to developing supportive, trusting parent partnerships (Bertram & Pascal, 2019; Solvason et al., 2020b). As a result of a demise in wider family public service provision (Lewis & West, 2016), MNSs have attempted to stop the gap in urban areas (Solvason et al., 2020a); not because of any government directive, but as a result of relationships built upon "trust, reciprocity mutuality and shared goals" (Rouse & O'Brien, 2017, pp. 45-52). Cuts in funding are also now impacting (in some cases terminally) upon MNSs. This was explored extensively in Solvason, Webb and Sutton-Tsang's (2020b) research and so shall not be a part of the discussion here — but it should be recognised that the substantial commitment demonstrated by many practitioners within our data, and by most early years practitioners in the UK, is performed on a basis of minimal pay.

2. Theoretical framework

Ours was a purposive sample chosen for participants' expertise in, and commitment to, developing parent partnership, as demonstrated through earlier research data (Solvason et al., 2020a). Our aim was to find out more about how these particular leaders established and maintained relationships with parents and families through a series of semi-structured interviews; with the aim of sharing this exceptional practice with a wider audience. We intended to better understand "the members' perspectives on the social reality" (Altheide & Johnson, 1994, pp. 236-247) of the topic under scrutiny, therefore ours was an interpretivist approach. Because of this, the sample is small and specialist.

We also took an appreciative approach (Cooperrider & Whitney, 2005) to the research, in that we were focused upon good practice, and understanding why it was effective, in order that such practice might be further developed. Because of the specificity of this sample, the findings are not intended to be representative of the practice of all MNS leaders; instead, the data is used to paint a picture of best practice to inspire others in a similar position and to celebrate the work being carried out by these exceptional practitioners.

3. Research method
3.1 *Context*

This research explored, through interviews, the particular practices of a small group of individuals ($n = 5$) within a particular context (Kemmis & McTaggart, 2005). Our participants were leaders of MNSs situated in the West Midlands of England, with each setting located in an area where between 29.2% - 33.9% of children are classed as living in poverty (The Health Foundation, 2021). Each setting was of a similar size with a similar number of staff. The parameters of the British Educational Research Association's *Ethical Guidelines* (2018) were adhered to throughout this research, in terms of formal processes of informed consent, withdrawal and anonymity, but, equally importantly, sensitivity, respect and appreciation underpinned all our exchanges with leaders. Stern (2011) advocates that for research recipients to truly be listened to and heard is a gift. Our aim was to "bring about good" in terms of research being a positive and affirming experience for participants throughout the process of the research, as Bloor (2010) advises, rather than a myopic focus upon research results only (p. 17).

Crotty (1998) suggests that unstructured interviews can be more informative, and our aim was to place no restrictions upon the information that our participants wished to share. The approach used aimed to initiate conversations

on broad themes based on key topics, rather than to direct responses too rigidly. After reviewing the previous data, it was decided that the interviews would cover, but not be restricted to:
- *Why* and *how* MNSs worked closely with parents?
- How was consistency established across a team?
- The ways in which leaders perceived these parent partnerships impacting upon children and families.

The participants were invited to take part in interviews via email and were given a choice of the interview being face-to-face or by telephone. One respondent opted for face-to-face and the interview took place at her setting, in her office, while the other four opted for telephone interviews. The interviews, which lasted between 30 minutes and an hour, were all carried out by the same researcher and were recorded using a secure, password-protected, handheld device. The resulting transcripts were emailed to the participants for verification and an opportunity for respondents to make any alterations that they thought necessary. Following participant verification audio recordings were deleted.

3.2 *Data analysis*

Analysis began with the author who had collected the data's "immersion" (Norton, 2009, p. 120) in the data by listening carefully to the interviews several times to ensure accurate transcription, over a period of several days. The broad themes which emerged were then categorised into a data reduction grid to identify connections and relationships within the data (Denscombe, 2010). At this stage, the process of analysis benefitted from the scrutiny of the non-participant researcher, who was able to test the coherence of the themes distilled from the data and check that the richly textual "thick descriptions" (Geertz, 1973, p. 29) reflected the conclusions being reached. Those conclusions are explored below.

The intention is not that this small, limited sample represents all ECEC practice in all settings. On the contrary, the sample was chosen due to its exceptional nature. In the sharing of data, we hope to place value upon the actions of those involved in this remarkable work and inspire others to reflect upon the values underpinning their own practice. Please note that the term 'families' is used throughout the discussion that follows to refer to any adult involved in the care and parenting of the child, whether biologically related or not. The leaders' comments are clearly recognisable by being written in italics.

4. Results
4.1 *Why do they do it?*
4.1.1 *Responding to adversity*

Some of our parents have got three jobs. They don't see each other. Literally when one comes through the door the other one goes out. They work weekends, evenings, night shifts.

The data consistently demonstrated every leader's perception of high levels of adversity in families. In addition to safeguarding and Special Educational Needs, which are perennial areas of concern for all ECEC settings, an array of additional hardships featured across these MNSs, the most marked of which was the rise in mental health problems amongst parents. One leader stated that for their families, mental health issues were *"a huge, huge issue"* and this was echoed by all others. Leaders also related the disparate effects of poverty upon families, including housing problems, domestic violence, health and legal issues, substance misuse, social isolation and availability of food. They gave vivid testimony of the hardships to which they had responded which included: practitioners driving parents to food banks; providing furniture; helping them negotiate housing and providing support with legal problems. Three separate examples of families fleeing domestic violence were shared during interviews, all of which involved parents arriving at settings with all their belongings and asking for help.

One of the reasons given for the practitioners' selfless response to families' needs was that they were *"filling a gap"* left by the reduction in services provided by the state. The services mentioned as becoming impoverished included: Family Support Workers; Legal Aid; housing; mental health workers; health visitors and maternity services within their local community. One leader stated, *"We are in an area of very high deprivation. For some of our families we are the only little bit of wreckage in a sunken ship. They've got no public services available to them anymore"*.

4.1.2 *Ethos*

We're a moral-based nursery we don't just do work here.

A sense of moral purpose featured strongly across the settings and clear themes emerged concerning the practitioners' desire to make a difference to the outcomes for children, their families and the wider community. This was not necessarily for immediate results; additionally, the longevity of the impact that positive parental engagement could have on the child's future was recognised. One leader explained: *"I see the children here for a year but it's about the next twelve to fifteen years…"*. According to the leaders, establishing and maintaining relationships with parents inspired families' confidence in staff and increased the likelihood of them sharing concerns, and their receptiveness to advice.

It was clear from all settings that they were aware of their nursery as central to the wider, inter-generational community, as well as being providers for children and their immediate families. The benefits and impact of community involvement were seen as part of a multi-faceted, interlinked approach to working with parents. For example, one setting had close links with a children's hospice who use their facilities to host special fundraising events. The setting has raised thousands of pounds for the hospice. There were two key values underpinning this partnership: first was the appreciation of the Muslim culture within the setting's local community, which recognises giving to charity as a religious duty; and the second was the aim to nurture an ethos of social responsibility in the young child. As one leader noted, it was important that children were exposed to such positive role modelling, because *"they do notice and take it in"*.

Intrinsic reward was a clear driver for the many ways that practitioners responded to the needs of families; from practitioners attending community events in their holidays, to driving a parent (who had passed out from not eating for days), to a food bank. There was a palpable sense of satisfaction in making a difference. However, leaders were aware of the toll that this could take on their staff. Leaders praised their employees for being *"tireless"* and working *"relentlessly"*, *"constantly changing and evolving"* and working over their allotted hours to support parents out of goodwill. One leader lamented the invisibility of this significant contribution that MNSs and their staff make when she shared: *"for nursery schools to be disregarded in such a public way is devastating. Absolutely devastating"*.

4.2 *How do they do it?*
4.2.1 *Dialogue with parents*

It's about sharing it in an accessible way that isn't about me being the expert and teaching parents.

The data revealed procedures in place to manage communications with parents, many of which are recognised staples of early years practice, such as: an 'open-door' policy; newsletters; parent consultations; the use of technology; workshops for parents; induction sessions and home visits. However, these procedures were underpinned by practice which aimed to optimise availability and a parent-centric approach. The willingness to always listen was addressed explicitly by this leader: *"I'm on the door every morning and every evening so I can say hello to them, and if they've got something they need to say, I'm always available there"*. And another head teacher gave an example of how she carefully considered the practical barriers of time and parents' work responsibilities to facilitate parents' engagement with the setting. She said:

> We run anything we do multiple times so if a mum or dad works Monday, Tuesday, it will be happening on a Thursday, Friday. And we also try and do it just at the end of the session so if parents are able to get out of work 15 minutes sooner. We're not running [workshops] at the start of the day. Because we'll get, "Now I'm going to turn up late for work". Most people cannot have [that] 15 minutes, but they can go 15 minutes early.

As well as appropriate timings, settings also aimed to make their environments as welcoming as possible to optimise parental engagement. This leader explained that for parents to come into the setting with their child *"They don't have to ring up. They come in and choose a book together in the morning so families will have conversations"*. Parents were made to feel welcome and integral to the setting rather than being kept at arms' length. Home visits were another method used to eliminate barriers, as this leader explained: *"We will go to their house and meet them in their safe space … to build that rapport and that openness, before [the children] start"*.

4.3 *Beyond dialogue*

If they can see that you do genuinely care about them and their child, then they do tend to tell you things.

Leaders shared that there was more to establishing genuine partnerships than contact and dialogue: building successful relationships with parents rested on the foundations of a non-judgmental, empathetic approach. Parents' individual circumstances were recognised, respected and catered for. Parents who were not in employment were not judged; on the contrary, they were seen as being, potentially, more available, thus removing a barrier to engagement. Similarly, very young parents were approached from a caring rather than critical stance, with one leader identifying that they sometimes needed *"that bit of nurturing"* themselves. Leaders were strategic in their approaches, aware that not only did parents' involvement need to be *"put across in an attractive way [made] short and enjoyable"* but also that *"Problems needed to be addressed quickly, privately, tactfully"*. However, each leader was explicit about the need for honesty as well as openness. This leader explained: *"We talk directly but with tact and support, and we've always been honest. I've spoken to [a parent] and she's opened up about other things, so sometimes, it does work"*. Transparency was seen as fundamental to the development of trust.

Responsiveness to parents' needs was evident as a driver of positive relationships. Leaders gave accounts of parents' individual needs becoming apparent through the practitioners knowing them well. This enabled them to be proactive rather than reactive. For example, one parent who was undergoing health problems was given additional support through extra child-care for her toddler. This leader explained the safety net that an open and trusting relationship was able to provide:

Just having that sympathy to give her. You just have to try and offer any additional support that you can. You know, if it's an appointment that she's got and she might run over. To say to her, "well, he's going to be well cared for and looked after if you're late".

Awareness, sensitivity, and proactivity were also exemplified through the following comment:

If, perhaps, mum is coming in looking extremely tired, or a child mentioned something we will just touch base and check in with these parents…. and that comes from knowing our parents, really knowing our parents because some people are just tired all the time, and that's just them. But actually, if it's something different in the way somebody's speaking or you notice them different with their child, then we do take that initiative.

4.4 *A consistent approach across the team*

Leadership is key. I think it is about having the strategies really clear, so that everyone knows.

Consistency and reliability were regarded by leaders as keystones to maintaining positive relationships with parents. This applied to individuals fulfilling promises, but also across the whole team, with the aim of providing timely and consistent communication to parents. In addition to procedural information sharing (for example through websites and email), consistency was optimised by dialogue and reflection within teams and underpinned by skilled interpersonal exchanges with parents. Child and family matters featured as a standing agenda item in one setting *"so that everyone is aware and nobody inadvertently puts their foot in it"*. And another setting set aside time for *"team reflection"*. Newer members of staff were supported by more experienced staff in establishing relationships with parents as they were *"well-versed in [their] approach"* and could share that wisdom.

Genuinely listening to parents featured strongly in the data as well as simply being available and creating varied opportunities, specific communication skills such as *"good eye-contact, listen[ing] and phrasing back what they've said"* were also mentioned. Leaders were mindful of professional boundaries. Despite all leaders mentioning being *"friendly"* and *"open"* with parents, clear parameters were evident in the way parents were talked to and talked about. This leader explained: *"We never talk to another professional without speaking to our parents first. I don't sit in the staff room and hear staff talking about parents in a derogatory way… because that changes everybody's attitude"*.

Professional curiosity was identified as crucial to safeguarding by one leader and practitioners were seen as *"not scared "* to initiate frank conversations. On the contrary, this was seen as integral to a respectful relationship.

4.5 *Targeted support*

I've sat through Letters and Sounds and through phonics workshops. My child is doing this and this. It made [parents] feel worse. I've sat there thinking 'My child can't do that. My child can't do that. My child's nowhere near doing that'. You really need to think about your parents, what they need and who they are and tailor make it.

Workshops featured prominently as an effective way of working with parents. Whereas some of these were based on areas of learning, one leader provided insights into how her setting targeted specific groups and even individual families. Two-year-old funding was used as a positive opportunity to engage parents in workshops specific to their child's needs:

We explain that two-year olds are the most vulnerable, it being the best time to really work on that brain development. We're going to do all these lovely activities around language. So that's given us an opportunity to have children and work with parents at a younger age that we didn't have before.

Workshops were also seen as a means of opening channels of dialogue. For example, one leader shared the communication opportunity the session had provided to discuss a child's learning interests with the parent, explaining *"What we've done to try and develop his language or develop his social skills, and this is what we'd like to do next"*.

Leaders shared how workshops were designed to meet parents' as well as children's needs and were developed through responsiveness to what had worked and what hadn't, collated through parent feedback. Feedback had demonstrated that parents wanted workshops to be relevant to their child rather than generic in design and that they would prefer short, targeted sessions. Settings were mindful that workshops could be intimidating if they delivered too much information or if parents' felt their child was not at an expected level of attainment. One leader explained the approach that was taken to ensuring that their sessions were accessible to all:

[We did] one called 'Talk around Town'. We visited places that they could go back to; dead easy, either walking distance or bus ride. And we looked at the language you could get out of Pets at Home, making pizza, Frankie and Benny's, things like that.

Importantly, it was acknowledged that for children with 30 hours funding (provided because of their parents being in work), their parents' employment might present a barrier to engagement in activities such as these and the setting was proactive in addressing this, utilising apps because research suggested that this was an effective way to keep in contact.

4.6 *Evidence of impact*

It's really important for us to have our parents and our whole family on board, because if parents didn't buy into what we're doing, then we're just a babysitting service for their child and no importance is placed on their attendance, no importance is placed on their progress, no importance is placed on their development.

Increased parental engagement was mentioned as impacting positively on social and community aspects as well as children's learning progress. As parents became increasingly involved in their children's learning through workshops and shared activities, they were enabled to better understand how children learn; this could help them to support their children's development at home. Parents' presence also provided opportunities for practitioners to provide low-key, informal support on home routines such as their child's eating and sleeping. The leaders understood that improved parenting routines impacted on children's wellbeing in the setting, as well as at home, because healthy children were *"in more of a mind-set to fully access everything"*.

Leaders shared the *"sheer enjoyment"* that they experienced through parents engaging in the setting with their children, but they also shared how this provided opportunities for mutually beneficial relationships to be fostered between parents; especially those with shared experiences, for example, the parents of children with specific needs. Effective parental engagement was also recognised as having the potential to break down negative perceptions of educational settings that parents may have formed through their own childhood experiences. As this leader explained: *"By having a really strong relationship with parents, it might turn their view around of education and that, in turn, will have a positive impact on the child"*.

Several tangible examples were shared of parents whose lives had been directly changed by their engagement with the setting. There were positive examples of parents volunteering at the MNS, gaining skills and confidence, and progressing on to training, education, and employment.

5. Discussion

Recognition of the adverse socio-economic context within which MNSs provide for children and their families (Bertram & Pascal, 2019) highlights the escalation of what it means to create parent partnerships in settings and helps explain why MNSs respond to needs beyond their role of ECEC practitioners. The original purpose for MNSs to "close the gap" that disadvantage and poverty had widened, (Solvason et al., 2019, pp. 191-203) has become a moral imperative felt by the MNS leaders to *fill the gaps* caused by cuts in local service provision. This results in MNS practitioners continually upskilling (Solvason et al., 2020b) in striving to meet the diverse and growing needs of families. Trying to mitigate the effects of the paucity of community provision (Bertram & Pascal, 2019; Paull & Popov, 2019) reflects an extension far beyond the traditional role of the ECEC practitioner. The findings show that MNS settings now see their role as responding to multiple and profound needs of the families within their communities. In contrast, the statutory directives on partnership with parents embedded in UK policy (DfE, 2017; The Scottish Government, 2008; Welsh Government, 2015) belie the complexity and range of what partnership entails in practice. The support provided is recognised and depended upon by families and communities, yet unacknowledged and unrewarded by policy makers and funding providers. In effect, many practitioners now carry out the role of family support worker for free. It is clear within the data that for many parents MNS practitioners are their final source of support; *"the only little bit of wreckage in a sunken ship"*, to cling to in a tsunami of challenges. The practitioners who carry this heavy weight of responsibility do not demonstrate resentment; conversely they demonstrate genuine intrinsic satisfaction in providing support, making a difference to the quality and well-being of children and families' lives, however, previous research (Solvason et al., 2020a, 2020b) demonstrates that many are doing this to the detriment of their own health and wellbeing through extended and frequently unpaid work.

The priorities of settings impact upon practitioners' opinions (Alexander & Cottle, 2014) and effective leadership requires clear and commonly-understood approaches to a shared practice. The deep seam of empathy, care and kindness which ran through every conversation with MNS leaders was illustrative of modelling and promoting an ethos of moral purpose. This element of leadership provides a foundation for a praxis of 'authentic care' (Solvason et al., 2019), characterised by responsiveness to individual needs and flexibility to accommodate those needs. Authentic care necessitates a conscious rejection of the 'good or bad' parent narrative (Alexander & Cottle, 2014) and in doing so obviates the "breeding ground for tension" that Hohmann (2007, pp. 33-46) describes. Authentic care incorporates non-judgmental practice. Where parents faced challenges with which they needed help, the situation was acknowledged as difficult, not the parent. Parents were respected and supported; never blamed. This was exemplified in the data where parents' unemployed status was reframed as an opportunity for more engagement with the setting. Non-judgemental practice was supported by knowledge of individuals, discovered by truly listening to parents' unique needs. This was seen in the case of the setting responding to the vulnerability of a parent undergoing health problems. Such kindness provides a *positive* breeding ground; one where "trust and reciprocity" can flourish (Rouse & O'Brien, 2017, pp. 45-52).

A further element of authentic care is a strength-based approach which regards parents as experts in their own experience. Understanding the cultural context of families provides valuable knowledge and insights and supports effective partnership (Campbell-Barr et al., 2012). For example, some parents' own experiences of education may have been alienating, and recognising them as holders of culturally embedded and *useful* knowledge (Solvason et al., 2019) helps mitigate power-imbalances and to frame parents as partners in the shared aim of meeting their children's needs.

The fundamental purpose of MNSs is, of course, to meet the care and development needs of the children who attend them, but by explicitly positioning children within their family and community context, the leaders that we spoke with acknowledged the primacy of the parental role to their children's wellbeing and development. Knowledge and understanding of the community context can be a powerful tool in responding effectively to the needs of families (Campbell-Barr et al., 2012; Solvason et al., 2020a), and it is clear that the approaches demonstrated throughout the data are based upon a wealth of skills, knowledge and experience, often accrued through many years of immersion in a local community and its intrinsic idiosyncrasies.

MNS leaders recognised that many parents suffering adversity felt isolated (Solvason et al., 2020a). The data demonstrated that practitioners recognised the potential of friendships to provide emotional support to parents from peers who could understand their experience; for example, those coping with the challenge of supporting children with specific needs (Sedibe & Fourie, 2018; Solvason & Proctor, 2021). A deep knowledge of the families within their

communities provided MNS leaders and practitioners with insights into how to respond to immediate needs, but also helped to build a positive reputation within their community, based upon kindness, care and trustworthiness. Knowledge of individuals, families, and communities, together with leadership which foregrounded authentic care and a consistent approach, were cited as key reasons for children's improved attendance; further evidence of positive impact of effective partnership.

Solvason, Webb and Tsang's (2020a, 2020b) research highlighted the MNS leaders' recognition that the wellbeing of the child and the wellbeing of the parent were inextricably linked. Similarly, several leaders that we interviewed identified that optimising parents' involvement increased opportunities for dialogue and reciprocity (Rouse & O'Brien, 2017). This was clearly demonstrated in the design of workshops which, rather than *teaching* parents, actively sought to *involve* them, and to dismantle or mitigate any obstacles that prevented that practically and psychologically.

The examples of impact of the support systems provided by MNS practitioners clearly show that some parents see them as a vital resource. Whilst this reflects the trust and confidence placed in MNS practitioners by parents, and whilst this can provide intrinsic reward for practitioners in realising "trust, reciprocity, mutuality and shared goals" (Rouse & O'Brien, 2017, pp. 45-52), it also suggests that the more successful MNSs are in embedding parent partnership within their settings, the more they become a source of first, rather than last resort. As such, we question the sustainability and the equity of a vital support system which relies so heavily on goodwill and unpaid labour.

Whilst the first phase of the research (Solvason et al., 2020a) revealed a strong commitment by MNS leaders to building relationships founded on partnership with parents, the MNS leaders who were the subjects of this research paper were selected as specific exemplars of MNS leaders who place parent partnership at the heart of their pedagogy. Because of this, we do not claim that this small sample is representative of all MNS settings; instead, we regard these leaders' expertise as worthy of recognition and as a source of valuable insights from which to learn.

6. Conclusion and recommendations

This research sought to discover why MNS leaders foregrounded establishing and maintaining genuine, respectful partnership with parents and how they sought to achieve their aims. We wanted to hear leaders' perceptions of the impact of their work resulting from parent partnerships on them and on parents and families.

In respect of our first aim, an ethos of moral purpose gave rise to a responsiveness to adversities experienced by parents. This was coupled with the intrinsic satisfaction of making a difference to people's lives which was borne out by accounts of impact. Crucially however, the aim of establishing how their practice enabled partnership revealed knowledge, skills, and dispositions intrinsic to efficacy. We conclude that the elements which preserve the structural integrity of a genuine partnership comprise:

- moral purpose untainted by a sense of moral superiority but rather, a strength-based approach which explicitly and implicitly rejected a deficit model of parenting,
- practitioners working on equal terms with parents rather than positioning themselves as experts in 'teaching parents',
- relationships established and sustained by consistency, openness and honesty creating deep funds of trust, and
- knowledge of the realities of parents' lived experiences within the context of their own community, enabling appropriate responses to parents' needs.

An important message conveyed by this research is that the *how* is inextricably bound with the *why*; actions reflect attitudes. Those of us involved in training the new tranche of practitioners in ECEC, need to support them in recognising the importance of making moral values explicit and sharing them to develop effective practice in settings. It is important to explore how a non-judgmental approach and an awareness of the dynamics of power, can act as facilitators for appropriate responses; and how flexibility in expectations of parenting and parental involvement may help heighten intrinsic satisfaction for practitioners.

Finally, it is important that the contribution made by practitioners is acknowledged and valued by policy makers as a significant and sometimes vital support to individuals, families and communities. The policy directives that mention working with parents within UK national frameworks currently fail to reflect the qualities and commitment involved in

realising this aim.

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