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**Title: Trust, responsiveness and communities of care: An ethnographic study of the significance and development of parent-caregiver relationships in Irish Early Years settings.**

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**Abstract:**

Conceptualising early years settings as 'communities of care' reflects the narrative arising from recent ethnographic research conducted in the West and Midlands areas of Ireland. Drawing on the ethic of care as an underpinning theoretical framework, this article outlines the potential of early years settings to represent reliable, responsive fixtures in the lives of young families, offering a sense of belonging and validation for a range of stakeholders. This article outlines a selection of empirical findings including the role of trust, the responsive nature of relationships, and the importance of open, honest communication, with implications for practice, for training and for future research.

**Introduction**

Across Europe, North America and within the international arena, individual states have witnessed a significant increase in female labour participation, particularly maternal participation. This increase has been encouraged through EU and OECD policy directions, and locally by government approaches to policy in a range of areas. The Republic of Ireland is one such country that has followed this pattern. Ireland has undergone significant economic and social transformation over the past two decades, affecting Irish social life, particularly family life (Canavan, 2012). The economic developments and the demands for an increased workforce beginning in the mid-1990s shifted the paradigm from the traditional male breadwinner model of economic activity within the family unit, to one of dual income families, amongst other models. The current economic recession has impacted on male employment rates more severely than female rates, continuing to alter familial structures, roles and responsibilities (Eurostat, 2013; Millar et al, 2012). Many families are now economically reliant on female generated income, at times to supplement family income, or in many instances as the main or sole income in the family unit, as the research shared through this article confirmed.

Closely aligned to the increase in female employment, the Irish State witnessed the large scale development of the early childhood education and care (ECEC) sector, facilitated by both European and Irish funding programmes. The focus on the early years sector by recent Irish governments was initially as a labour support, facilitating greater female employment and to further stimulate the rapidly developing economy at the turn of the century (Hayes and Bradley, 2006). Where once the care and socialisation of young children was predominantly found in the domestic sphere, Irish society has followed the patterns established in other states, relying in many instances on market-based services to support families in meeting their various care needs. While many countries have lengthy histories in this area, in Ireland these changes are more recent, having occurred in the past two decades.

The practice of transferring care of young children to childcare settings can be perceived as a functional act, freeing up otherwise encumbered parents from their daily caring duties, enabling their engagement with the labour market. However, when considered at a personal and familial level, this act is one where the basic obligation to meet the needs of a young child is transferred from parents to potential strangers. Understanding relationships set within this intersection of

traditional familial practices and newly developing social behaviours was the rationale for developing the research underpinning this article. How do parents reconcile this transfer of care to unfamiliar caregivers? What are the processes, strategies and practices that make this act possible? In what way has this rapid change in familial behaviour impacted on those involved? The research project explored the relationships between mothers and the early years practitioners, seeking a greater understanding of the nature of these relationships. While this study was based within the rapidly evolving Irish social context, the messages emerging resonate across countries that find families increasingly relying on others in meeting their care needs. This paper suggests that supportive, multidirectional care-based relationships develop over time with particular qualities significant in establishing and maintaining such connections. It is argued that the research findings offer a fresh perspective to understand these relationships, with implications for early years practice beyond the Irish State.

The next section of this article sets out what the literature reveals concerning relationships between parents and early years practitioners. The succeeding section provides a summary of the methodology employed in the study and an overview of the resulting research findings which highlight themes of trust and vulnerability, responsiveness and the construction of early years settings as 'communities of care'. The discussion which follows offers a theoretical validation of these findings drawing in particular on the ethic of care as an underpinning theoretical framework. The emerging and distinctive understanding of the parent-caregiver relationship, as presented through this article, should offer insight and a fresh perspective to ECEC practitioners, ideally impacting on their approach to working with children and families in the ECEC field.

**Parent-Practitioner Relationships**

A robust body of research suggests that positive relationships between parents and practitioners in early years settings leads to better outcomes for children (Share et al, 2011; Hilado et al, 2011; Powell et al, 2010; Baumgartner and MacBride, 2009; Robson, 2006; Lamb and Ahnert, 2006; Kirk, 2003; Foot et al, 2002) although there is limited research exploring these very relationships. Known benefits of positive working relationships include enhanced experiences for the child (Leach, 2009; Schweinhart and Weikart, 1993), the positive 'spill over' effect for families (Bromer and Henly, 2004; Kirk, 2003; Statham, 2003) and the influence on quality of service provision (Dahlberg et al, 2007; Hayes and Bradley, 2006; Bennett, 2006). However, this

heightened awareness is not easily translated into clear or simple processes for achieving such objectives on the ground (Foot et al, 2002; Hamilton et al 2003; Hughes and MacNaughton, 2000). A range of barriers, challenges and misconceptions are present which constrain both parents and practitioners from achieving positive relationships, in many instances.

*Challenges*

Ward (2009) discusses how personal views, biases and prejudices impact on practitioners' perception and engagement with parents, with power differentials, privileged positions and a lack of openness identified as preventing meaningful partnerships and communication (Hughes and MacNaughton, 2000; Bernhard et al, 1998). Practitioners face a number of barriers to support parental involvement, such as concerns regarding roles and responsibilities (Taylor, 2006), increased expectations and demands (McMillan, 2005) and in many cases, a lack of specific skills to facilitate involvement and interactions (Foot et al, 2002). While many parents are interested and able to be involved in their child's early educational experiences, others need support and encouragement (Ward, 2009). Parental circumstances, such as ill health, financial or employment stress (Hilado et al, 2011), conflicting work schedules and time pressures (Robson, 2006; Hamilton et al, 2003; Hughes and MacNaughton, 2000) have been found to prevent meaningful involvement in some studies.

The literature highlights the importance of involving parents, citing the benefits to the child and the positive impact for both families and society; however, minimal research has been found that explores the actual relationship between parents and caregivers. Two studies (Brooker, 2010; Hohmann, 2007) highlight the challenges to establishing these important relationships. In a UK based study, 'differentials of power and expertise' (Brooker, 2010, pg. 184) within the relationship were cited as cause for the anxiety and stress experienced by both parents and practitioners. Indeed, Brooker (2010) found that while power differentials often favour the teacher in formal school contexts, within early years relationships, 'power' tends to rest with parents, who often dismiss the 'expertise' of ECEC practitioners. Hohmann (2007) proposes a continuum of parent-practitioner relationships, ranging from 'trusting relationships' on one extreme to a 'breeding ground for tension' at the other. Exploring home-based care settings in the UK and Germany, Hohmann (2007) described the relationships as 'highly complex and fraught with tension' (pg. 33).

Robson (2006) also presents the parent and professional relationship as a continuum, moving from the briefest of contact towards 'ideas of partnership and reciprocal relationships' (pg. 444), with Pugh McAlpin et al (1987, in McMillan, 2005) proposing five stages of involvement, ranging from non-participation, support, participation, involvement and finally, control. Bernhard et al (1998) suggest that tensions, differences and misunderstanding which exist within the external community are reflected within care settings, highlighting how these relationships mirror broader issues within society.

*Changing Perspectives*

Historically there has been a lack of focus on promoting parental involvement within services (Share at el, 2011), though McMillan (2005) suggests there is now 'a shift from parents being made welcome' to being regarded as 'partners in their children's education' (pg. 122). Conceptualising parental involvement in early years through a 'partnership' discourse, is the current approach dominating policy developments internationally (Alasuutari, 2010; Brooker, 2011; Leach et al 2006; Robson, 2006), and in the Irish context (NCCA, 2009; CECDE, 2006; DoHC, 2006). Within Ireland, both the early years quality framework (CECDE, 2006) and the national early childhood curriculum framework (NCCA, 2009) delineate the importance of partnerships between parents and practitioners. As early childhood curriculum frameworks are increasingly found across many states, the promotion of 'families and teachers as partners' included in the recommended universal early childhood curriculum principles (World Forum Foundation, 2014), is becoming a common feature.

Research in Britain identifies a set of key characteristics indicating improved quality in early years settings, including strong parental involvement (Sylva et al, 2003). Due to accumulating empirical evidence, parental involvement is increasingly considered in evaluations of service quality, with Foot et al (2002) stating it is a 'defining characteristic of high quality provision' (pg. 6). Taylor (2006) describes parent-practitioner partnerships as based on 'common cause, shared understandings, defined roles and reciprocal actions by those engaged' (pg. 249). While recognising that both parties have valuable, yet different, information and knowledge to share, equality should underpin their engagements and decision making being focused on 'the child's well-being, development and learning' (Ward, 2009, pg. 34). Shared power and decision making,

equality, and collaboration are frequently referred to in the literature as a marker of genuine partnership (Alasuutari, 2010; Ward, 2009; Foot et al, 2002).

*Diversity of Approaches*

Just as quality is considered a constructed concept (Dahlberg et al, 2007) 'partnership' is also open to interpretation. While the concept is increasingly promoted, the lack of clarity of meaning and of practice advice results in wide variability in understanding (Alasuutari, 2010; Robson, 2006). Several writers suggest the very diversity of families and communities result in a need to be flexible and creative in how partnership is envisaged and practiced (Baumgartaner and MacBride, 2009; Hujala et al; 2009; and Taylor, 2006). While it is common practice in ECEC to recognise, through creative and inclusive programme planning, diversity in family forms and cultural background, an awareness of the need to be equally diverse in responding to and working with families may not yet be present. Hujala et al (2009) suggest settings require a 'variety of flexible and family sensitive models of cooperation' (pg. 74) with Baumgartner and MacBride (2009) recommending the 'recognition and respect for the diversity in parental beliefs can inform providers' interactions with families' (pg. 942). From this open inclusive approach, families previously viewed as uninterested or unwilling to become involved with services, may now be perceived as those requiring alternative means of reaching out, in order to support their engagement.

Indeed, early years 'centres of excellence', successful in their work to establish meaningful partnerships were found to develop unique approaches to practice, characterised by a 'willingness to experiment to find their own solutions and discover their own paths…..with multiple alternative paths to success' (Hamilton et al 2003, pg. 232). These unique approaches, as opposed to following prescribed routes,  were a feature of those centres deemed capable of successfully developing partnerships. McMillan (2005) suggests the main factor in developing strong, collaborative partnerships with families is a presence of a leader or manager, capable of impressing an inclusive philosophy upon the staff team, with Hamilton et al (2003) supporting this contention.

This brief review of literature has revealed an increasing awareness of the benefits of positive parent-practitioner relationships, evidenced in the current privileging of a partnership discourse. This is underpinned by empirical evidence emerging from the international research arena, and is

increasingly reflected in the policy direction of many western states, including Ireland. As highlighted, valuing partnership and understanding the benefits of collaboration between caregivers and families, does not necessarily result in clarity for daily practice. There is a gap in detailed knowledge and understanding required for the effective training of practitioners, and to the adapting of practice towards greater inclusion of families within settings, including the Irish context (Share et al 2011). Based on an ethnographic study in Irish ECEC sector, this article contributes to the ambition of strengthened partnership working by examining the characteristics, processes and understandings that are present within the parent-practitioner relationship. The following sections outlines the methodology developed to explore parent-practitioner relationships with the results emerging from the field work.

**Research Methodologies**

A qualitative approach, employing an ethnographic methodology was used given the study's concern with individuals' lived experiences, their behaviours, practices and interactions, set within the local context of early years settings. (O'Leary, 2010; Grady, 2007; Silverman, 2004). Ethnographic research is understood here to be characterised by a range of data collection methods, typically involving the researcher spending periods of time in a natural setting. Such research is interested in exploring peoples' views and everyday experiences, often through observation and participation. Ethnography, according to Geertz (1968) assists us to 'find the in the little what eludes us in the large; to stumble upon general truths while sorting through special cases' (pg.4).

The field work phase included periods of time spent in a variety of ECEC services, from home based, family day-care services, to small rural programmes, to larger, full day-care centres, with both community/voluntary and private business models involved. Research sites were recruited through publically available lists of childcare services on a county by county register. Correspondence seeking participation from a range of setting types, sizes and management structures resulted in a variety of services becoming involved. As well as the service agreeing to the research, individual participants within each setting were recruited, including early years practitioners and leaders/managers in each service as well as parents whose young child/ren were

cared for in participating settings. The researcher was specifically interested in recruiting parents whose children began as infants and were now in the 'toddler' age grouping, up to 2.5 years. In these instances, the child had been attending for sufficient duration to allow for the development of relationships between the parents and practitioners; however, the child was young enough that the parents still relied on caregivers to inform them of their child's wellbeing, necessitating daily interactions. In addition, the parent sample constituted those who worked or studied full time, thus relying on the childcare service for their daily care provision. Across the six services, thirty four participants took part in the interview process, including seventeen mothers and an equal number of ECEC leaders/practitioners.

The initial research plans included both fathers and mothers in the sample; however, it became apparent in the field that only mothers were volunteering to partake in the interview process. This situation called for reflection on the research plans, the aim and objectives of the study, with consideration given to the social and cultural context, balanced with the pragmatics of conducting research field work. In collaboration with the research supervisor, a decision was taken to focus on the maternal-caregiver relationship, which provided the opportunity to explore gendered concepts of care and caring duties at personal, theoretical and policy levels. Indeed the field work revealed that while fathers are increasingly active in the 'exchange of care' on a daily basis, mothers remain the predominant parents who initially arranged childcare provision and were involved in the preliminary 'settling in' process.

The research design included the following set of data collection methods, commonly found in ethnographic research: observations of care practice, including daily care exchanges; analysis of documents in the field; the maintenance of a reflective field work journal; and semi-structured participant interviews, with these conducted in the final days of the field work period. The rapport established between the researcher and the participants, during time spent in the settings facilitated in-depth interviews, resulting in a more robust understanding of participants lived experiences within the childcare venues, and the impact of these on their lives beyond these settings (O'Leary, 2010; Silverman, 2004). The exploratory approach and the triangulation of various data sets, made it possible for the rich narratives, revealing the nature of these relationships to be explored, analysed, and presented through this article.

Data collected in the field was transcribed immediately following the two-week blocks of time in each setting and was organised with the aid of NVIVO software programme. The analysis process employed a cyclical technique of tacking back and forth between the data, the developing codes, the emerging themes and broader, overarching concepts (Braun & Clarke, 2008; Creswell, 2007; Strauss and Corbin, 1998). Rather than a direct linear process, the cyclical approach adapted supported early analysis in the field, through the use of the research diary. These early concepts were scrutinised through the triangulation of a multiple data sets, including data from interviews, from observations, documentary analysis and from the field work journal (Braun & Clarke, 2008; Giddens, 2007; Bryman, 2004). The resulting narratives revealed a set of themes or concepts, presented herein, supporting a greater understanding of these developing relationships. The research methodology, the field work and analysis plans were approved by the Research Ethics Committee of the relevant institution, with ongoing supervision ensuring ethical standards were adhered to at all times during this project.

**Research Findings**

The research findings are presented through four sections, illustrating the micro-level development of the relationship between parents and the services and staff. The findings highlight key themes that are further developed in the discussion section to follow. The narrative structure illustrates a possible 'ideal type' process of relationship development that evolves from initial engagement through to the proposed 'communities of care' concept, as argued through this paper.

The narrative emerging from the analysis of the research data, illustrates mothers' movement through an initial engagement with childcare services, to their separation from their child and their reengagement with the labour market. It also revealed practitioners' perspectives and experiences of the developing relationships with families. Providers highlighted their recognition that first-time parents typically arrive at settings with very little understanding of the whole ECEC sector, what to expect, how to engage with services. It becomes the role of practitioners to introduce parents to the sector:

*'They never seem to ask, or know what to ask, or that it's okay to ask'* (Practitioner)
*'I hadn't a notion of what I was getting into and yet it was so important'* (Mother)

While it is accepted that the role of practitioners is as a provider of practical, instrumental support in the provision of childcare, the research revealed practitioners are also sources of affective support, offering advice, guidance and emotional reassurance.

'*When you are raw and new, and it's your first time – it's very overwhelming'* (Practitioner)

Mothers who were interviewed shared retrospective accounts of this period and acknowledged their lack of experience with the ECEC sector. These accounts revealed their reliance on practitioners and leaders to guide them through this early stage.

'*I knew so little at the time'* (Mother)

### *Trust and vulnerability*

Mothers spoke of how they relied on intuitive decision making when selecting a service for their child, using language such as '*It didn't feel right*' to describe a service they passed over, compared to '*I knew it was going to work out*' and '*It just seemed to click for me'* reflecting their chosen service. Mothers also discussed the valuing of intangible qualities, such as the perception of caring disposition in a person they had only just met.

'*I felt good about her'* (Mother)

Not surprisingly, mothers spoke of the importance of trust as being crucial during this initial stage of their relationships. Along with the intuitive decision making, the presence of trust was something mothers '*felt*' existed, exemplified by the following quotes:

'*You couldn't leave your child if the trust wasn't there'* (Mother)

'*It is such a huge trust factor. It really is and I think it becomes an instinct'* (Mother)

Considering they had just recently met the caregivers, mothers were willing to take a '*leap of faith*' in terms of trusting practitioners who were relative strangers to them. Mothers discussed how they trusted practitioners to meet their child's physical needs, to meet their emotional needs and act in the best interests of their child, in their absence. This willingness to trust is not lost on the practitioners. Many spoke of feeling respected and valued by families within the service, as this quote reflects:

'*The fact that they are trusting you with their child, it feels great that they are trusting you'* (Practitioner)

As part of their initial engagement with care providers, the study revealed all families went through an induction period, managed with similar methods across participating settings. Following preliminary visits and a decision to engage a particular service, families complete various forms, receive policy manuals and begin the routine of 'settling-in'. A gradual process of spending more and more time in the setting was encouraged, with practitioner/leaders describing it as individual for each mother and child. Practitioners recognise the child's primary attachment to the mother and need for a gradual separation, allowing the child to develop new relationships with caregivers. Some practitioners spoke of valuing this period of time, getting to know mothers, as this practitioner highlights:

'*Mothers come to know us, what happens here during the day, what to expect*' (Practitioner)

They also understand and empathise with the emotional transition mothers' experience. This was reinforced by the stories mothers shared, reflecting how difficult this period can be for them:

'*I was devastated at having to leave her*' (Mother)

The experience shared by mothers reveal their vulnerability during this period. Until this time they had been the primary carer of their young child. They are now in a position where they are handing over their child and relinquishing their care, to near-strangers. This vulnerability, and the trust required, is constructed as 'risk-taking' through this study. The intuition, which was significant in the initial choice of care setting remains crucial as mothers move through this transition period.

'*Not an easy process, but when you've made the right choice, it does feel right*' (Mother)

### *Negotiations and Strategies*

Analysis of ethnographic data presents mothers engaging in a series of negotiations: with employment, seeking out best possible arrangements when returning to work; with care setting, choosing a setting then directing the care; and, internally, with their own selves, accepting the return to work, the separation from child, and the sharing of the child's care. Practitioners recognise the need in mothers to have some control in how care is directed. This recognition leads to a flexible approach in working with families and in providing individualised care, as much as is possible, in a group setting. Some practitioners spoke of the tension and stress they sometimes witness in a mother, something they characterise as reflecting the lack of control they

are experiencing through this time, and the resultant vulnerability. Many spoke of the need to 'settle the mother' as much as the child, which, in retrospect, was acknowledged by some of the mothers in the study.

'*Yeah I think all of this settling in is for the mothers, the children do fine, really*' (Mother)

Following the settling-in period, as mothers re-engage with the labour market, practitioners reassure mothers on daily basis as to the child's progress in adapting to the care setting. Practitioners recognise that this is an emotionally tumultuous period, and work to reassure, and support them through this time. Several mothers reflected on these experiences:

'*I was thinking about myself and my anxieties about leaving Marie….parents' anxieties are often mixed up in the way they are talking to the carer*' (Mother)

While the settling-in period is a time for the new child and parents to become comfortable with, and to get to know the service, it can set the ground work for the long term development of the relationships, as captured in this mother's quote:

'*And I think, because I had that settling in process, I knew what to expect, I knew the staff and what was going on. I had that connection with them*' (Mother)

Overall, various sources of evidence collected during the study revealed a range of strategies, routines and procedures on the part of the practitioners' and settings to reassure families, to ensure the child's needs were being met and to perform as effective professional practitioners.


The importance of communication was discussed by all research participants in terms of ensuring effective sharing of care between practitioners' and parents. Both sets of actors highlighted the importance of honest, open communication, in order to ensure the needs of the child were best met. However, both actors acknowledged it could take time to feel comfortable with the other party, and to be at a stage where parents were able and ready to share intimate family information, or for families to realise the importance of sharing such information. One barrier to effective communication was the '*information loop*' which could exist in these relationships. The variable hours staff work, having different staff involved in the care of a group of children, different parents dropping off or collecting children, or even extended family members involved, created challenges to ensure information related to the child was shared effectively. Procedures established to improve communication varied between settings, with the

need to implement some strategies to improve communication applicable to all settings. These included daily diaries within care rooms, individual diaries for each child, shared between the home and caregivers each day, verbal updates and the use of text messaging and other social media tools. Larger services instituted a key person on duty each morning, receiving children prior to their joining their own 'group', often employing a room diary through which messages could be relayed. Where this practice existed, parents spoke of the reassurance of this routine, and being confident messages would always be delivered to the key caregiver. They also spoke of the additional relationships formed with this consistent morning staff member.

> *'They go running straight into Ursula in the morning, and have a little chat, all three of them, before we go upstairs'* (Mother)

As mentioned earlier, mothers rely heavily on caregivers to guide them through the process of engaging care services, with the initial role of informer and guide as well as provider of emotional support continuing through the settling in period and well beyond. Parents value on-going reassurance and information about their child, their child's day, how they are settling, serving to reinforce their initial trusting decisions.

> *'So for parents who have been here for a while, the importance of did they eat or did they sleep kind of fades, and it becomes ..... who is his friend, the more social things – what did he play, what did he learn, did he go outside'* (Leader)


### *Responsive Relationships*

The daily reassurance offered by practitioners, relieving the vulnerability experienced by mothers in the earlier stages, was observed during the study as was the variation between families in these areas. Practitioners discussed how they come to know families, they can gauge how much, how little or what types of information they value, and share with them in a personalised manner, responding uniquely to each family, and at times, each parent.

As relationships develop, as parents feel more at ease in sharing family information, as practitioners are more familiar with families, the relationships come to represent supportive fixtures in the lives of families.  The study's observational data contained examples of friendly 'chat' most days, such as humorous anecdotes about the child; however these exchanges often went beyond the immediate needs of the child. Parents and practitioners were observed sharing

personal information, such as stories about their working day, or about their family life, about holidays they took or special events in their lives.

The role of practitioners and/or managers to respond to the broader needs of families, acting as quasi-counsellors for parents, was apparent in the data. One manager shared a specific example of how this often occurs, telling the story of a mother who asked the manager if her children could stay later than their scheduled time. When the manager agreed, the mother responded by '*opening up'* to the manager, sharing how her own mother had been recently admitted to hospital and she was meeting with the doctor that afternoon. She shared her worries for her mother and other aspects of the situation. This manager described herself as often being in the role of counsellor or a confident, recognising that '*parents needed to unload, to feel better and to manage their challenges in life'*.

Observations and follow-up discussions at research interviews further exposed the responsive nature of these relationships. At one practitioner interview, the researcher enquired about an early morning observation where a child and mother had difficulty separating, and took some time to be together at the service, noting the mother, the child and the staff all behaved differently than was previously observed. The practitioner discussed how this morning 'exchange of care' evolved, sharing how this child is '*usually running in the door'* and on this particular morning it was apparent after a few seconds, that he was not himself: '*so there was obviously a reason for him to be like that'*. The caregiver discussed how they come to know children and parents, their habits and style of care exchange, responding to cues or changes in that style.

'*You come to know, as the time goes on, how to work with each family'* (Practitioner)

In this instance it was apparent that the child and the mother needed that moment to themselves, and the staff respected their need for privacy, as much as was possible within a large group care setting.

When asked to discuss their approach to working with families, all practitioners involved in the study spoke of a parent-led approach to practice. This reflects prevailing ECEC policy, current regulations, curriculum and policy frameworks in Ireland (DoHC, 2006; NCCA, 2009; CECDE, 2006). Practitioners spoke of recognising '*parents are the most important people in the lives of the child'* and how they work to respect and support that relationship. Parents' views and

suggestions were taken on board in the operation of the service, where practical, and services perceived they offered a parent led partnership in the provision of childcare.

*Established Relationships*

A few practitioners discussed how mothers continue their negotiations and renegotiation, as care relationship progress. Practitioners try to give that control back to mothers as they can, to alleviate the need to have some power in terms of care of their child, continually reinforcing that initial trust. Mothers discussed their obligation to care, that even though they are sharing care, the responsibility to ensure their child is well cared for, their needs are being met, is ultimately their own obligation, reflecting the ongoing vulnerability mothers experience. A few mothers spoke of minor issues that arose in the setting that they might not agree with, though ultimately they are willing to accommodate minor issues if, overall, they trust the practitioners to meet their child's primary needs.

> *'I need to be able to trust them above anything else. Because they are the most special thing I have in my life, are my children' (Mother)*

Both parents and practitioner spoke of the care going beyond the hours of the service. Caregivers often texted parents in the evening, particularly if a child seemed unwell, to find out how they were faring. Parents discussed how the service is an important part of their lives. Some spoke of contacting caregivers in the evenings, if there was a need to follow up on an issue, or discuss matters, undisturbed by the child. One parent sharing how the caregiver was flexible with the hours of care during a difficult period in their family's life:

> *'And I feel she gives great support. So last summer when my partner was away working .... it was great, that she understands. It's a real back up, its real security, it really is'* (Mother).

Childcare practitioners and families involved in this study shared how they moved from being relative strangers, in most cases to developing feelings of friendship, close bonds, based on open, honest communication, centred on the care of the child, as the purpose for the relationship. Parents spoke fondly of the how they valued the relationship they had with their child's caregivers:

'*Caring aspect – someone cares that much for your child, you are going to care about them, too*' (Mother)

While practitioners equally spoke of this connection:

'*There is an emotional bond with the parents, as well*' (Practitioner)

The focus of this research has been on relationships between parents and practitioners, the process by which they develop and the perspectives of those involved. Reflecting on the relationships, parents acknowledge, that like any relationships, it can take time to develop to a point where you become friendly with anyone. Daily interactions, casual conversations, sharing of common interests, particularly the child at the centre, all aid in the development of the relationship. Both the parents involved in the study and the early years practitioners described the relationships as professional, but more like a friendship:

'*The boundaries are not as clear*' (Practitioner)

'*I didn't expect it to be so close*' (Mother)


Asked about the qualities they valued in the relationships, mothers and practitioners had similar responses. They valued open, honest communication, where the good and the bad events were equally shared. They appreciated when the other party was approachable, and where they could engage in collaborative decision making. Mothers also spoke of the need for caregivers to be reliable and dependable, in terms of the provision of care and their interactions with both them and their child. Participants also spoke of how the friendly atmosphere and the daily chats creates an environment where it is easier to raise concerns, as the rapport is already established. Several mothers noted that their child's wellbeing and development reassures them that things are going well; however, they rely on caregivers to highlight any concerns that they might have. This is seen as an important aspect of their relationships, and reflects to the need for honesty within their communication.


At interview, all participants were asked to share examples of difficult exchanges or aspects of relationships that were challenging; however, such examples were not forthcoming. It may be that the strategies and approach established in these settings provide the necessary mechanisms to express concerns and have them dealt with effectively. A small number of families involved in the study described their initial engagement with a different care provider, before moving to their

existing service. They shared their views of limited communication, a sense of not being fully informed of their child's experiences and just a sense of 'not feeling right' about the choice. This was described in contrast to the positive feelings they shared regarding their current provider, with whom they had been with for some time.

### *'Communities of Care'*

When discussing decisions taken, from a reflective perspective, several mothers still wondered if the choices made were the best choices for their family and their child. While they can rationally say it has worked out, that their child is content, they are satisfied with the care provided and with their employment decisions, they still wonder if it was the best choice.

> *'Even though he seems well adjusted, when he's had a bad day, you think – Oh my god - and you re-evaluate everything'* (Mother).

This is not surprising considering the continual societal discourse questioning maternal behaviours and choices, whether that is to stay at home and provide care or to return to employment (Cox, 2010; Dillaway and Pare, 2008; Leach et al, 2006). However, mothers also spoke of the feeling of welcome, of confirmation they receive when they are at their childcare services, where in other settings, such as the work place or in wider society, they can feel judged for the choices they have made. This research suggests that early years settings come to represent a community of like-minded, similarly situated others, validating maternal choices to return to employment and to seek out childcare services. Equally, childcare practitioners, a profession known to be undervalued and poorly remunerated, find their choice of career and their commitment to their work recognised and appreciated by the families with whom they engage each day.

Relationships observed in this study were seen to expand beyond triad of child-caregiver-parent as actors come to know others in the setting, including siblings, extended family members, support and auxiliary staff, often developing relationships with these actors. Transitions between rooms, as children mature and move on to next age group are a natural part of a child's engagement with larger care settings. Strategies to facilitate these transitions often serve to expand connections families have in the settings. All of the ECEC services involved in the study held special events through the year, such as pre-holiday concerts or parties, summer barbeques

and coffee mornings. These events provided opportunities for practitioners, parents, children and others to come together, to know more about each other, in different contexts and to know others linked to the setting.

Belonging to the community within the setting, extends in some cases to the local community, outside of the service, with the services often representing a link to broader local community. Parents who commute out of the area to work daily may ask for advice from practitioners or managers regarding services in the local community. Topics that came up during the research period included recommendations on where to go for a child's first haircut, to the process of enrolling your child at the local school. Through conversations at interview, parents readily used language such as '*extended family*'; '*part of a community*'; '*sense of belonging*' to describe how they now felt about the service they used. They shared how families grew up alongside one another with children establishing long term friendships. In settings where stakeholders actively engaged as members of the proposed communities, ECEC services come to represent a consistent part of families and parents social networks. These communities offer social anchorage, endorsing the choices made in terms of the care of their child, for parents and the choice of profession, for practitioners.

> *'I wouldn't have expected any kind of support from a childcare service, but in fact, it's a very important part of what is going on in our lives'* (Mother).

**Discussion**

In recent years, the theorising of care work has frequently taken an ethic of care perspective. In exploring this conceptual framework, it was apparent that a number of its defining qualities resonated with the findings of this study. Originating as a gendered response to contemporary political and moral theorising, articulated initially through the work of Gilligan (1982) and Noddings (1984), the ethic of care highlights the focus on autonomy, independence and rational decision making, valorised through the ethic of justice, considered the pinnacle of human development (Lloyd, 2006; Koggle and Orme, 2010). In contrast, the ethic of care foregrounds the qualities of interdependence, responsiveness, interconnectedness and relationality in our understanding of the human condition (Held, 2002; Tronto, 1993; Holland 2009; Hankivsky 2004). Many aspects of the care ethic, the contextual, temporal, relational and agentic qualities

were reinforced through this study. Through this discussion section, the ethic of care will be drawn on to analyse the main findings and to elucidate connections between this research and the policy, practice and research fields. To begin, the key findings will be highlighted, below.

The findings arising from this research offer key ideas and concepts that support an understanding of the nature of the relationships under study with implications for policy development, for practice, for training of early years caregivers and for future study. The findings highlight the dynamic, evolving and complex nature of the relationships explored in the project. The importance of positive working relationships between parents and caregivers, due to the beneficial impact this has for the child, is frequently referred to in the literature and in state policy regarding ECEC. This research reveals that maternal-caregiver relationships are equally important for what they offer to those who interact in these social exchanges, in their daily lived experiences, and are far more nuanced than the basic exchange of care duties. Establishing interpersonal relationships is considered a primary human imperative by the research literature (Dibble et al, 2012; Lynch, 2007; Dwyer, 2000; Baumeister and Leary, 1995) with this study adding to the body of research in this area.

The key findings from this research include:

- the nuanced understanding of how mothers place their trust in childcare practitioners, the evolving nature of that trust, underpinned by a sense of risk-taking and vulnerability;
- the responsive nature of these relationships, facilitated by the flexible and committed approach to practice by caregivers, and;
- as relationships become established fixtures in the lives of families, the construction of early years settings as 'communities of care' in which a range of members feel accepted and valued.

The presence of trust, an imperative for mothers engaging with care providers, is a characteristic seen as crucial in these relationships. The initial trust mothers have in practitioners is based on little more that intuitive perceptions of individual caregivers or of leaders in care-settings. This research project presents mothers as vulnerable in surrendering control of the daily care of their child to potential strangers, with practitioners perceived as alleviating this vulnerability, affirming the 'risk-taking' on the part of mothers, through their caring and supportive

interactions. Practitioners feel respected in their work due in part to the trust of parents, enhancing the bonds between actors in these relationships.

In discussing the concept of trust in relationships, Mayer et al (1995) contend entering into interpersonal relationships are shared experiences, in which parties demonstrate a willingness to be vulnerable, based on the perception that trust exists. Opening oneself up to trust is construed as a risk-taking behaviour, creating vulnerability in the trusting party (Settoon and Mossholder, 2002; Bower et al, 2000). Reflected in the findings of this study, the mere perception that trust exists has been found to be sufficient when individuals initiate relationships, however, ongoing trust requires substantiation through reciprocal actions, if relationships are to progress, achieving deeper levels of trust (Beetles and Harris, 2010; Herndandez and Santos, 2010; Dwyer, 2000).

The ethic of care perceives our need to give and receive care rendering us powerless and powerful at various points through our life course (Hankivsky, 2004). The very essence of our humanity requires that we enter into a vulnerable state, in opening ourselves up to care (Williams, 2002; Sevenhuijsen, 2000; Tronto, 1999). This exploration of maternal-caregivers relationships highlights how mothers are rendered vulnerable and potentially powerless in their need for care for their child. Acting on trust, mothers surrender the care of their child to practitioners, who in turn justify these trusting actions, through reinforcing behaviours. The dynamic aspect of these relationships supports the longer term development of caring, mutually beneficial relationships with the child at the centre.

This dynamic aspect has characterised maternal-caregivers relationships as 'responsive' through the analysis of research data. Early years caregivers in this study take a collaborative, responsive, parent led and often individualised approach to their practice. Mothers were seen to recognise and value the contribution of practitioners, both to the care provided to the child, and as the relationship develops, to the family. Reflecting this characterisation, the ethic of care finds responsiveness an essential element in care-based relationships. Engster (2007) suggests ethical caring activities are underpinned by three virtues: attentiveness, responsiveness and caring in a respectful manner. Similarly, Tronto (1993) suggests four elements of the ethic of care as attentiveness, responsibility, competence and responsiveness. In considering the important characteristics of the relationships discussed herein, these elements appear present in many of the accounts by research participants. For Engster (2007) the virtue of responsiveness reflects the

behaviours of caregivers in responding to the care needs identified through their attentive behaviour. Highlighting the multidirectional feature of the ethic of care, for Tronto (1993) responsiveness indicates the actions of care-receivers, in responding to the attentive, responsible and competent provision of care from caregivers. Responsiveness, in both its constructions, is demonstrated through reciprocal patterns of behaviour of actors in these relationships. Mothers respond positively to care provided to their child, acknowledging care practice, with practitioners responding to that acknowledgement. Within this study, these responsive behaviours reinforce trust, alleviate vulnerability, and validate practitioners' commitment to care, further enhancing the positive elements of the relationships for all involved.

While often considered as a triad of mother-child-caregiver, the observed accounts of familial engagement with care settings, reveals more extensive and complex social networks, reflecting the theoretical concept of 'webs of care' (Tronto, 1999). Over time, as more actors become involved in the relationships, they represent extended and multi-directional connections, with the behaviours of many actors seen as responsive to the actions of the others. The inherent human need to belong, to be recognised and valued, to interact with others in social and personal exchanges – these experiences are offered to a range of 'members' within the proposed 'communities of care'. Traditional perceptions of 'communities' are of static, situational constructs, with 'membership' offered by virtue of living in a locale, being part of a distinct group, of having, for example, particular cultural or religious characteristics (Mooney and Neal, 2009; Crow, 2008). Emerging understandings of community, however, are more reflective of our highly mobile and increasingly diverse society. Individuals are seen to identify less often with traditional communities and are more likely to affiliate with communities of interest, moving through communities that resonate with varying points in their life course (Mooney and Neal, 2009; Day, 2006). Such engagement reflects an individual's identity of choice, though this may be temporarily constructed, evolving and multifaceted.

As this study found, many families now are quite mobile, relocating to new areas due to employment or housing needs, with young families often lacking the natural support networks that once existed through extended families and traditional community structures. Individuals are less likely to be involved in faith communities than a generation ago, and equally, may not be involved in local organisations, due to their lack of history in an area. This study revealed that

ECEC settings hold similar attributes as the literature reveals is valued in communities, including a sense of identification and belonging, a natural support system, a 'place' to come together and share common experiences. For parents who find themselves newly at this point in their life-course, there is the potential to 'belong' with similarly situated others in a setting that meets their temporal need for support, information, advice and recognition. This reinforces the care choices made, as they manage the day to day demands of contemporary family life, working and raising a young family. Maternal choices are accepted and normalised by similarly-situated others and by supportive, responsive care providers. For practitioners, who may perceive that society undervalues their chosen career, the community and the relationships formed therein, offer an appreciation of their commitment to practice, and recognises their skills and abilities, offering esteem and validation. The caring practices, the emotional and instrumental support given, are recognised for the contribution these make to the lives of families and the well-being of children.

The suggested 'community of care' concept offers a unique understanding of the role of early years settings. The prevailing understandings of such settings, as a labour support, in terms of maternal-care replacement, as a site if intervention, for families considered 'at risk', or more recently, as a site of early education for children, in preparation for formal schooling, reflects prevailing state policies across the western world (Dahlberg et al, 2007). These constructions have their roots in the dominant neo-liberal policy direction wherein economic contribution, and the preparation of children for future labour participation, is prioritised over other values. Considering early childhood settings from this 'community of care' perspective reflects a small body of research suggesting the potential to foster social capital, strengthen local relationships, enhance civil society and community resilience, within the immediate setting, while offering a 'bridge' for families to local community services (Duncan and Te One, 2012; Duncan et al, 2005).

The ideas presented through this article offer fresh insight into various aspects of the maternal-caregiver relationship, providing practice guidance to support early years services in their engagement with families. There are many valuable and relevant concepts emerging from this study, not least the temporal nature of the relationships explored. The study highlighted that these relationships are not static constructs; rather, the manner in which parents and practitioners engage should adapt, over time, to reflect the changing nature of the relationships, and the

evolving needs of participating actors. The manner in which these relationships have been revealed in this project provides a unique understanding and appreciation of how families are supported by early years practitioners and the broader ECEC sector.

**Limitations**

The study engaged with a selection of research sites and participants, based in the West and Mid-west areas of Ireland, including small towns, and rural locations. The study employed a purposeful random sample process (Quinn Patton 2002); therefore, the samples are not considered representative. In some ways these examples could be considered as arising from 'ideal-type' settings, representing the relationships therein. However, the experiences viewed through the observations and discussed at interview were the real, lived experiences of the actors involved in the research process. The findings, concerning interpersonal interactions within early years settings in Ireland may be considered as recommendations of good practice, providing models of parent-provider relationships that could be developed as a practice and training guide.

It has been noted earlier that fathers were not forthcoming in the recruitment of participants, therefore the research focused solely on the mother-caregiver relationship. Further, there was a lack of ethnic or cultural diversity of research participants, largely due to the geographic location of the research. The majority of participants can be categorised as 'white, Irish'; the only non-Irish participants was one family of economic immigrants, settled in Ireland for some time. While the homogenous nature of the research sample may be considered reflective of Irish society in general, future research into this topic would benefit from greater diversity of participants, for example, the nature of relationships between fathers and a predominantly female work-force; and between parents and professionals from different cultural and ethnic backgrounds.

The research project adapted a purely qualitative approach, as the interest of the project lay in the depth of meaning held about relationships, in personal experiences, interpersonal interactions, set within a particular time and place. These are all areas best explored from a qualitative perspective. The further development of these concepts might benefit from mixed-methods strategies, validating quantitatively, the application and relevance of ideas supported qualitatively and theoretically in this article.

**Conclusion**

While this study was set within the rapidly and recently developing Irish ECEC sector, exploring how families in a changing Ireland engaged with care providers, the findings should be considered beyond this small state's experiences. The study raises interesting questions and offers a fresh perspective on role of ECEC within the family and, generally, for society. The sharing of the care of a young child, at times a very young infant, with caregivers external to the family, is an emotional experience for all parents, regardless of the geographic location.

From a practice-oriented view, the research findings offer a fresh perspective when considering our approach to families, from first meetings to those relationships that are longer established. It is the intent of this article to offer these ideas as a point of reflection on practice and to stimulate a conversation regarding relationships in the sector.

The literature explored at the outset of this article, highlighted the rationale in valuing a partnership approach within the ECEC sector. It is recommended that the nuanced understanding of parent-practitioner relationships, as revealed through this research, is drawn on  to inform training and practice within ECEC and to contribute to our understanding of 'partnership'. Practitioners who hold an awareness and appreciation of the trust placed in them, by mothers in this instance, can reinforce that trust through open honest communication. Understanding the vulnerability caused in the exchange of care, should enhance the commitment by caregivers, thereby building on that trust. The dynamic, responsive and reciprocal patterns of behaviour demonstrated by the actors in this narrative, highlights where there is a willingness to invest further in these relationships, to recognise and respond to such investment, relationships move to a point where they are valued and welcomed for what they offer, particularly to families.  The professional philosophy of ECEC settings and practitioners, focused on parent-led care and positive partnerships, leads to many of these relationships becoming a welcomed part of the families' daily lives, with the potential to be perceived as communities to which many members belong.

From a wider policy perspective, this article suggests that the conceptualisation of early years provision in terms of educative or economic discourses is limiting.  Our analysis points to the

value of the yet less-articulated supportive role ECEC plays in the day to day social functioning of children, families and communities and is worthy of acknowledgement and further exploration. It also demonstrates the role of micro-analysis of practice underpinned by ethnographic methods in filling the gaps in knowledge and understanding of the front-line of early years provision.

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