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# BA(Hons) Early Childhood Studies

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**Where does Partnership with Parents  
Begin?**

**A Study to Explore Nursery Home  
Visits from Different Perspectives.**

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To my long suffering family thanks are due for their technological support and for putting up with my mood swings. To my Mum who had to miss some of our Saturday morning trips, and to my husband who had faith in me from the start. To my children- let this be an example of it never being too late to learn new tricks, and finally to my Dad, who would have been very proud of me, Dad you were right- you can't beat a university education!

**Where does Partnership with Parents Begin? A Study to Explore Nursery  
Home Visits from Different Perspectives.**

**Abstract**

The importance of home-school relationships between parents and practitioners within early years settings is widely accepted. This dissertation explores the process of relationship building from the perspectives of the parents, practitioners and the children, and seeks to understand what each stakeholder feels, thinks and understands about the experience.

The research followed an interpretative style and the methods were designed to reflect the interpretation of a home visit by all individuals involved. All viewpoints were considered equally important. Data was collected from questionnaires completed by the adults and observations of the children, which were completed during participatory multi-method approaches suitable for the developmental ages and stages of the children.

The main themes identified include the effects of power, surveillance and the complexities of relationship building and partnership with parents. As a result of these findings this study points to the need for wider research into the role of power and the understanding of the importance and value within the workforce, of building relationships and recommends using larger data samples to support future findings and inform the development of professionals working with children and families.

## **Aims of the Project**

This research project took place in a children centre situated in an area of high deprivation in an inner city area of a northern town. The area is one of high diversity and multi-culturalism comprising of workless households, refugee and asylum seeking families, families where parents are students, single and teenage parents. Crime levels are high, housing is of poor quality and families experience incidents of drug and alcohol misuse and high levels of adult mental health problems.

The question posed by the research was to explore what is understood through the process of a nursery home visit when a child starts at a setting, from the view point of all participants. It was a small scale exploratory study using a qualitative approach which comprised of three key viewpoints, that of the parents, children and early years practitioners.

The aim was to gain an understanding of the initial stages of relationship building by considering the views, feelings and emotions surrounding home visits from all stakeholders in the process with a view to improving the partnership approach within the children centre. As an early years practitioner myself, I realise that I am passionate about nursery home visits as part of a settling in process for children starting at the setting. I value the potential insight and benefits a home visit can bring to the relationship building process and the understanding of the child and the family, however, it was invaluable for me to reflectively consider other view points and perspectives in order to fully understand any barriers and improve the service the centre offers children and families in terms of building partnerships with parents.

## **Literature Review**

The first home visits were carried out in the United Kingdom in 1919 by Margaret McMillan and Bradburn (1976) explains that she was thought to be revolutionary at the time as she attempted to involve parents in their children's education, feeling sure this would bring about a positive change to their circumstances by educating the parent alongside the child. This practice continued over time, as identified by Greenfield (2010) and Margaret McMillan and her volunteers became known as "Lady Visitors" offering support and advice to mothers and seeing themselves as knowledgeable experts providing information to an underclass of mothers who did not understand how to educate their children. Fildes (1998) identified that this happened in the United Kingdom at a time when infant welfare was high on the political agenda as a result of high infant mortality rates. To combat the high mortality rate the government's Medical Officers of Health required data to be collected to inform reports on the progress of the welfare reforms and McMillan's "Lady Visitors" and "Lady Sanitary Inspectors" were charged with gathering the information needed. Bradburn (1976) explains that the role later became recognised in the National Health Service Act of 1949 as that of the Health Visitor and continues today with the emphasis of their work still being to visit children in their home.

In America, McCail (1980) explains, home visiting schemes known as the Head Start Programme were launched in 1965 under the Economic Opportunity Act, in the belief that cognitive gains in the early years would have a once-and-for-all fixing property. The programme identified that gains to the children's cognitive ability were much improved initially; however this began to lessen as time lapsed after the intervention and the parents' engagement with the child regressed. The study demonstrated that two or three years after the children were involved in the project they still demonstrated a higher cognitive ability than those children who had not received help, and the controlling factor was thought to be the involvement of the parents alongside that of a professional providing structured activities, support and advice (McCail 1980).

Within the educational field in the United Kingdom, Tizard et al (1981) suggest the perceived role of teachers continued to be that of giving advice to those who had little knowledge, and explain that it was during the 1960's that educationalists started

to consider that parents ideas should be respected, and mothers developed the right and willingness to enter schools and play a more active role in their children's education. Crozier (1998) explains that the Plowden Report 1967 brought about changes with respect to parental involvement and the part parents play in children's education, recommending that schools and parents endorse the need for some form of parental support for education. Tizard et al (1981) identify that home visiting schemes with an educational purpose, for example introducing reading schemes, successfully developed in the United Kingdom in the 1980's with positive results.

Later studies such as Alpin and Pugh (1983) and McCail (1981) discuss the benefits of home visiting in order to provide a link between home and school. These studies consider home visiting which is completed over a number of weeks, so enabling relationships between professionals and parents to develop gradually. This, Greenfield (2011) identifies differs significantly from the individual home visit that early years practitioners are now encouraged to carry out before a child enters the nursery setting.

Keyes (2002) considers that unlike other kinds of relationships in individuals' lives, the parent and teacher or practitioner pairing occurs by assignment rather than by choice, with a common interest being the care and education of the child. Keyes (2002) points out that this relationship often starts with a home visit and goes on to form a partnership approach to educating young children. One essential element that Keyes (2002) identifies as necessary within a partnership is mutual respect and trust, which suggests equality of power within the relationship and draws into question whether this is possible within a constructed relationship, and may support feelings of "policing" parents and "surveillance" of families (Keyes 2002, Greenfield 2011 and Crozier 1998).

Partnership with parents became a priority in England during the political agenda delivered by the Labour Government from 1997. Baldock et al (2009) highlight that this involved a multi-layered and complex set of strategies to reduce child poverty, relieve pressure on the welfare state, raise standards in young children to improve outcomes for them as school leavers, to improve their employability and therefore reduce crime, anti-social behaviour and increase social stability. Baldock et al (2009) go on to explain that this agenda brought about changes in the way agencies were

expected to work, being more joined up at both national and local levels, and led to a focus on the early years after a long period of low levels of involvement by the state. Baldock et al (2009) highlight that a plethora of policies linked to early years emerged after 1997. The Labour government amalgamated education and day-care of young children, adopted national standards to provide a more child focussed means of assessing performance and ensured better regulation of services with inspections. The policies introduced included the Inter-departmental Review of Early Years Services in 2002 (Strategy Unit 2002) which called for good quality interventions for disadvantaged children highlighting significant payoffs in the wider political agenda (poverty and employability therefore less drain on the welfare state). The introduction of the Every Child Matters (D.F.E.S.2003) agenda and the following Children Act 2004 (D.F.E.S.) embodied a focus on children in the delivery of services, an increased role for local authorities, an emphasis on the simplification of access to services and a new focus on parental responsibility (Baldock et al 2009)

Baldock et al (2009) expand on this by explaining that during this time there was a greater influence on parents' responsibilities and rights, explaining that the shift in understanding included the fact that some parents needed more assistance to meet their responsibilities coupled with a greater readiness by the state to take punitive measures should a child be placed at risk of harm. The birth of the Sure Start movement in 1998 provided positive parenting support for families in the poorest neighbourhoods and linked health services, education and care of very young children together with the focus of the interventions being supporting the role of the parent to raise outcomes for the child (Baldock et al 2009).

The principle of working in partnership with parents is firmly established within national policy. Pugh and Duffy (2010) explain that the Every Child Matters (DFES 2004) agenda stresses the importance of parents, carers and families in meeting the desired outcomes for children, and the Sure Start Children Centre programme recognises the importance of parental involvement from the start. The Children Centre Practice Guidance (DFES 2006) advocates high levels of parental involvement in governance, design, development of services, volunteers and as partners in their child's learning (Pugh and Duffy 2010). The Children's Plan (DCSF 2007) emphasizes parent's support for learning as an essential foundation for positive children's outcomes and raising them out of poverty.



Field (2010) explored the effects of poverty on children's outcomes and identified that poor children turn into poor adults. Barnardos (2013) identify that today 1.6 million children are living in poverty in the United Kingdom and claim that ethnicity, living in social housing and being from a lone parent family are all important factors which potentially increase the risk of poverty. As such, Barnardos (2013) identify that children living in poverty will be more likely to suffer ill health, be unemployed, experience crime, be homeless, achieve less well at school and experience the effects of drug and alcohol abuse than children raised in more affluent homes without the indicators. Field (2010) concluded from his major review on poverty and life chances in the United Kingdom, that improving parenting and children's early development was a means of ending the inter-generational transmission of child poverty and improving life chances for all children

The Early Years Foundation Stage (EYFS) (DFES 2007) is the statutory framework that sets the standards that all Early Years providers must meet to ensure that children learn and develop well, and are kept healthy and safe. It promotes teaching and learning to ensure children are ready for school and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school and life. Within the EYFS (2007), detailed principles and commitments for working in partnership with parents are set out, applying to children's care, learning and development. It requires settings to acknowledge; parents as children's first and foremost educators, to assign a Keyperson to each child who should establish a warm, respectful relationship with that child and their family, create an ongoing dialogue with parents, share information, take account of parents own observations of the child and offer ideas and support to extend learning and development at home (DFES 2007).

The revised EYFS (DFE 2012) builds on the previous documents' theme that children learn to be strong and independent through positive relationships and recognises that they also require enabling environments which demand good partnerships between practitioners and parents or carers. The characteristics of effective learning are discussed in great depth to incorporate the essential understanding of wellbeing and involvement theory and the role they play in a child's development and learning.

Desforges and Abouchar (2003) discuss how complex it can be to gather an understanding of what the term partnership with parents actually means. Their literature review reflects the number of radically different forms of activities encompassed by the term. They focus on the importance of parental involvement to describe the types of activities carried out in the home which support children's academic attainment and improved outcomes. According to Desforges and Abouchar (2003) these activities include; good parenting in the home, provision of a stable environment, intellectual stimulation, parent-child discussions, good models of constructive social and educational values and high aspirations in relation to personal fulfilment.

The effects of parental involvement in their children's education and partnership with parents was explored in 2004 by Sylva et al, who ran a longitudinal study of pre-school children up to the age of seven. They identified that parents have a powerful affect on children's outcomes and demonstrated that when settings and schools develop effective partnerships, which build parents confidence in what they already do for their children, achieve the best intellectual and social outcomes for children. They also indicated that when parents and settings work together to develop a joint approach to a child's learning, one which overflows into their home learning environment and also their school experience, then children's outcomes were much higher (Sylva et al 2004). Sammons et al (2007) also show that the quality of the home learning environment continues to be a strong predictor of higher attainment at the age of ten years. Melhuish et al (2008) explain that a high quality home learning environment is associated with increased levels of cooperation and conformity, peer sociability and confidence amongst children and young people. They claim this also reflects lower anti-social, worried or upset behaviour and a higher cognitive development score (Melhuish et al 2008).

Siraj-Blatchford et al (2002) identify a key point of interest that when a special relationship between parents and educators exists; good learning progress could take place for a child, as parents and professional negotiate a continuity of care for children. Tizard et al (2002) support this by explaining that the home learning environment is often embedded in contexts of great meaning for the child and when these experiences are shared with settings then a greater understanding of the needs of the child can become clear.

These research examples demonstrate partnership with parents as having a positive impact on a child's educational outcomes and underpin the political agendas and policies of this time. They in turn are underpinned by considering theories such as emotional attachment and the importance of wellbeing and involvement at times of transitions and in young children's learning.

The Keyperson role supported within the EYFS (2007) draws on one of the seminal theories of early childhood development, Bowlby's theory of attachment (1980). Bowlby (1980) saw attachment as an evolutionary based and innate process whereby the development of a strong nurturing bond between mother and child develops during early infancy. Bowlby (1980) claims that by seven to nine months this bond is well established and strongly manifests in the separation anxiety that infants of this age will display when separated from their primary caregiver. It is further argued by Ainsworth et al (1978) that this first important attachment relationship serves to provide the child with a secure emotional base that may have a significant bearing on their future emotional and social development. Although the major focus of the literature on attachment has been on the mother-child bond, which has often been used to critique the concept, key proponents of the theory have acknowledged the possibility of other attachment figures in a child's life (Ainsworth et al., 1978). These would include extended family members and Keypeople in nursery settings.

Despite various critiques and re-visitations, the significance of the theory of attachment as a 'grand theory' of development continues to be recognised (Waters and Cummings, 2000) and was previously featured greatly in the review of the literature conducted for the Birth to Three Matters Framework (David et al., 2003) which was the fore runner for the EYFS (2007). Laible & Thompson (2000) draw attention to secure attachment between mother and child being linked to a range of social and emotional outcomes including early conscience development, emotional understanding, social understandings and self -regulation. This is reinforced by Belsky & Fearon (2002) who discuss the importance of early secure mother and infant attachment for a range of social and school readiness outcomes, and they consider the effects of early insecure attachment which they claim can later be mitigated by subsequent high-sensitive mothering. This would suggest that later experiences can moderate the effect of earlier ones.

The dynamic nature of attachment security is emphasised by Thompson (2000). He argues that rather than being a fixed dimension, it is better conceptualised as a 'developing representation' that can change in the light of the child's ever expanding understanding of their social world. This might be due to specific events such as the arrival of a new sibling, a change of carers or more generally by the child's increasingly sophisticated understanding of social relationships and social codes which develop in the later preschool years.

Bowlby and Ainsworth (cited in Davis 2002) considered the importance of early attachment on later development and it is widely recognised that a bond between an infant and an adult who is special to them, is central to a child's wellbeing. Laevers (1993) demonstrates the links between emotional wellbeing in young children and the ability of children to become deeply involved at activities. He explains that children will only engage in deep level learning when they feel at ease within their environment and all of their emotional and physical needs are being met. These needs are described by Maslow (cited in Laevers 1993) in his hierarchy of needs, such as the need for tenderness and affection, safety, social recognition and the feeling of competence, moral value and meaning in life. Laevers (1993) describes his theory of the concept of wellbeing as trying to uncover what is happening inside a child's emotional mind. He recognises that there are many factors which prevent children from learning and describes this impact on each child's inability to learn through each child's levels of wellbeing (Laevers 1993). Laevers (1993), states that the level of wellbeing in a child will indicate their emotional development and inform their ability to learn. Whalley (2001) explains that Laevers used a series of behaviour characteristics to assess a child's level of wellbeing which included openness, receptivity, vitality, relaxation, peacefulness and enjoyment. In a similar way Laevers (1993) developed involvement scales and signals to enable practitioners and parents to be more aware of children's level of involvement in learning and play. Whalley (2001) explains that Laevers understood that being deeply involved means that a child is developing and learning and fundamental changes to their knowledge and understanding is taking place. Laevers' signs and signals of involvement include concentration, energy, facial expression, persistence and composure (in Whalley 2001). Whalley (2001) points out the importance of considering both theories alongside each other as they go hand in hand as each child's emotional wellbeing is the foundation on which their learning is built.

This highlights the importance of a young child having a strong attachment, a good sense of wellbeing and an ability to become deeply involved in good quality learning opportunities in the home, and also in early years settings and nurseries; Elfer et al (2003) explain, this is facilitated through the role and awareness of a responsive parent and when in settings, a key person. This Keyperson approach is described as a way of working in early years settings in which the focus and organisation is aimed at enabling and supporting close attachments between adults and children to develop (Elfer et al 2003). The start of this relationship is often a home visit.

Tizard and Hughes (1984) conducted studies into the value of home visits and found that teachers reported to be nervous of home visiting fearing that they would be seen as “interfering busybodies” even though they reported not experiencing hostile receptions within the homes of families. Whalley (2001) sees the home visits as a means of gaining some understanding of a child’s home environment, seeing that information as something positive which can be used to support the child when they start at the setting. Others such as Robson and Smedley (1996) identify that home visits provide parents, who may have negative experiences of education, with a chance to meet professionals on their own territory where they may feel more relaxed. Robson and Smedley (1996) clarify that home visits aim to allow parents, and practitioners the opportunity to get to know each other in familiar surroundings and for children to establish a relationship with their Keyperson which can support the child during the transition process into nursery. Robson and Smedley (1996) suggest that “children will often refer to such visits even months after” however it is unclear from their study what proportion of children retain this memory. Greenfield (2011) conducted a study to consider the rhetoric around home visits as a child enters a nursery setting. The two part study identified the need for training staff in the techniques required to support a home visit and work in partnership with parents, claiming a discrepancy between what was intended by the EYFS and what was happening in reality. This Greenfield (2011) recognized as a concern given the amount of research positively identifying the importance of home-school links and partnership with parents (Desforges and Abouchaar 2003, Syraj-Blatchford et al 2002 and Sylva et al 2008). Greenfield (2011) also identified that parents held differing views of the home visit ranging from parents being unclear as to why the visit took place, being seen as an advice giving session and being happy with the

whole process. Greenfield (2011) made closing recommendations for further explorations to consider researching with larger samples over a wider geographic area to establish a deeper understanding of the effectiveness of nursery home visits. It is important to note that the studies quoted have not included considering the views of children within the process.

## **Methodology:**

The question posed by the research was to explore what is understood by the process of a nursery home visit when a child starts at a setting from the view point of all participants. The research question provided structure to the research project and focused on gaining an understanding of the perceived views, feelings and understanding of nursery home visits in the role of building relationships and partnerships within an early years setting. This question formed the limits of the study and supported the planning process.

A small scale exploratory study using a qualitative approach was carried out comprising of three key parts. The first part was designed to pursue parents understanding, views and feelings about nursery home visits by using a questionnaire to gain information and insight by asking simple open questions to encourage as much information as the parent felt able to contribute. This included asking them their perceived views of their child about the home visit. The second part also used a questionnaire but this time with early years practitioners to establish their understanding, knowledge and feelings around conducting home visits. This also included asking their perceived opinions on the benefits for the child, parents and themselves. The third part involved engaging with the children by employing various methods to capture their thoughts and feelings, in order to gain an understanding of their views and opinions of the home visit.

The research project followed an interpretative style of research described by Roberts-Holmes (2005) as appropriate for a small exploratory study which aimed to draw together view points from children, parents and professionals on a single issue of nursery home visits when a child starts at an early years setting. It sought to explore the individual views, feelings and understanding of home visits from children, parents and professionals from a single setting. Due to the exploratory nature of the research the numbers involved were small which enabled all voices to be heard and a rich depth of contextual knowledge to be gained to support understanding of the settling in and transition processes within the centre. The research methods were designed to reflect the interpretation of a home visit by all individuals involved and all viewpoints were considered equally important. Hughes (2001) identifies that knowledge is valid if it is authentic and the true voice of the participants. Within this

study this validity has been considered through triangulation methods including drawing on perceived opinions from other participants to consider if responses are consistent.

The study was designed using many of the interpretive traditions described by Roberts-Holmes (2005). The research questions remained open ended to encourage exploration of feelings and understandings of the individuals without preconceived opinions, assumptions and judgements being made. The methods chosen supported the viewpoint that children are thinking, active people whose view point is paramount and were designed to uncover the rich diversity and complexity of children's understandings alongside that of other important people in their lives such as parents and early years practitioners. The process included a small representational sample of families attending at a single setting as the aim was to gather rich contextual data rather than large data sets requiring generalisations. Ethical consideration was given to all methodologies and methods used and informed the research planning process throughout to gather authentic concepts and themes for analysis and interpretation. The researchers' ontological stance was declared and challenged throughout the process through discussion, reflection and supervision processes (Roberts-Holmes 2005).

James and Prout (1990) identify that seeing children as valuable participants in the research process has come about in recent years as a result of legislation and changing sociological perspectives. Roberts-Holmes (2005) expands that the United Convention for the Rights of the Child (UNCR) (UN 1989) provided a framework for addressing rights relating to children's need for protection, adequate provision and the rights to participation. The UNCR marks a cultural shift from working for children, to working with children. This was supported in the United Kingdom within the Children Act 1989 which stated that children should have the right to be heard about matters which affect them and encourages the inclusion of children within the research process. More recently the Labour Governments Children and Young Persons Unit (DFES 2001) and the Children Act (2004), have led to a growing recognition that children's views and perspectives can and must be heard on issues that affect them. (Roberts-Holmes 2005, James and Prout 1999). Roberts-Holmes (2005) identify that the Children Bill (2004) represents a further major legislative impetus in listening to, and acting upon, children's voices and opinions in research. It



encourages those who work and research with young children to listen to the voices of the children and ensure they participate in the research process (Roberts-Holmes 2005).

Informed by participatory approaches and adopting a child-centred approach to research with young children, the study aimed to elicit children's views and understanding of their experiences of nursery home visits. Gray and Winter (2011) explain that participatory research methods view children as competent social actors who co-construct their world. This is backed up by the notion that discoverable truths govern child development and are critical of approaches which explore childhood issues in isolation and ignore the relationship between children their culture, society and environment (James and Prout 1999). Gray and Winter (2011) explain that participatory research is not without its criticism, and reservations have been voiced including concerns about the impact of research on children's lives (McLeod 2008) the competency, wisdom and desirability of involving children in research and the extent of children's inclusion in the research process (Mahon et al 1996). Kellett (2006) dismisses these concerns on the grounds that children's competence may be different from, but is not less than adult competence.

To circumvent these criticisms and bring rigour to the research other studies which have employed a range of techniques and strategies designed to capture and reflect the views of young children were considered. These included Gray and Winter (2011) who conducted a study involving young children with identified learning and physical disabilities, and Clarke and Moss (2001), who identified and pioneered many ethical participatory methods suitable for use with young children within an early years setting.

## **Methods and Participants**

The study comprised of six families who consented to take part from the original seven families who were approached. The families all came from the community within the children centres reach area situated within an inner city area of a northern city in the United Kingdom. The area is one of high deprivation with a high cultural mix comprising of British citizens, refugees and asylum seeking families. Many of the children attending come from workless households. The children were aged between 3.0 and 4.1 years old and all had been recently admitted to the children centre nursery and were due to be offered a home visit as part of that process. Of the 6 children with parental consent four had English as a first language and two used English as a second language. None of the children had identified additional educational needs. Consideration was given to the parents who declined to ensure there were no removable barriers to their inclusion but it became apparent this was due to personal choice.

The early years practitioners who agreed to become involved were all female and aged between 23 years of age and 58 years of age. One had a teaching qualification and all except one had a level 3 qualification in early years. One staff member had no formal qualification but had 15 years experience in a professional capacity of supporting young children in the early years.

Separate questionnaires were used to gain information from the adults involved, both parents and practitioners. Roberts-Holmes (2005) highlights questionnaires can be used for a wide variety of reasons in small scale research projects. He explains that this can be a useful method of rapidly collecting a wide range of views which tend to provide a broad picture of peoples experiences, in comparison to interviews which provide more in depth information. Roberts-Holmes (2005) explains that questionnaires are less likely to provide contradictory information than other methods such as interviews. These questionnaires were piloted initially with two parents and two early years practitioners to establish appropriateness of questions, whether they were ethical, understandable and produced the information required (Roberts-Holmes 2005). This chosen method also complied with time constraints of the project.

At the start of the study parents of children who were admitted to the setting at the start of the current term were offered a home visit from their Keyperson and one other adult from the centre, as part of the usual admission process for the child. The inclusion of a second adult was in line with the health and safety policy of the setting, and also enabled the researcher to attend alongside an adult with an existing relationship with the child and family. Prior to this visit the parents had been provided with a leaflet explaining the purpose of the home visit with an explanation letter about the research project and consent form. It was made clear that consent for any part of the research was voluntary and a home visit could still go ahead without involvement in the research. After consent had been gained a home visit was arranged and carried out.

Scott (2008) highlights those research methods which involve children as respondents need to be appropriate for the children participating and should take account of the wide range and varying levels of cognitive and social development, understanding and ability which develops primarily with age, and can be influenced by gender, socio-economic background and ethnicity of the child. For example, Scott (2008) claims that very young children find it difficult to distinguish between what is said and what is meant and so hypothetical questions become problematic. All methods used for the purpose of this research considered the age, ability and understanding of the children taking part and encouraged discussion based on first hand experiences and visual clues to gather the views and opinions required.

The children were encouraged to use the camera and take photographs throughout the home visit, thereby documenting the experience for themselves. They were encouraged to photograph the parts they felt were important, the things that they wished to remember, their favourite things and anything that they particularly liked or disliked. Roberts-Holmes (2005) identifies that taking their own photographs provides children with a powerful visual language which provides them with an opportunity to record aspects of their daily lives. These photographs were later printed out and the images used in discussion with the children, along with forming the basis of a semi-structured activity. Parents were informed as to where and how the photographs would be stored and also how they would be used and when they would be destroyed. The children were able to keep a full set of their photographs and were able to choose whether to create their own memory book or to keep them

separately in a way which they chose. The activity which resulted from the sharing of the photographs was recorded through detailed observation of the children whilst they were making their memory books. Particular attention was given to signs of wellbeing and involvement, as described by Laevers (1993), body language and what feelings the children expressed vocally throughout the exercise. These observations were later transcribed.

Clarke (in Lewis et al 2004) identifies that when children see adults taking photographs and then are able to see adults commenting on them and placing them in a child's learning journal, they know that photographs have value in an "adult world". The children were provided with their own set of photographs and given the opportunity to create "memory books". Clarke (in Lewis et al 2004) explains that children's photographs provide a bridge between physical and emotional experiences, in this case, of the home visit, and support the activity later held in nursery which was demonstrated in all cases during the project, as signs of recognition were evident with the pre-verbal children, or children using English as a second language.

A leaflet designed to support children with giving their informed consent was created and shared with the children at the beginning of the project and throughout to support the process. This explained to the young children what would happen, what the aim was and that they could change their mind at any point if they wished. The children were able to take the leaflet home to share with their parents and to discuss any worries that they might have, furthermore, the leaflet was also used to support parents who had little understanding of English.

## **Ethical Considerations**

Ethical consideration was given to a number of concerns prior to, and throughout the research process. Rogers (2011) draws attention to the varying types of power involved within relationships implicated in social research, and the oppressive forces which can unknowingly empower some individuals, subjugate others and influence data. Rogers (2011) explains that when individuals feel distressed due to unfair circumstances or misuse of power it is unlikely that they will feel happy or comfortable enough to openly offer their true voice, and explains that ongoing reflective methods of research will support anti-oppressive approaches.

Firstly, in relation to children and their potential vulnerability due to age, particular consideration was given to avoid the misuse of power within the research. The methods used were therefore selected because they support respectful research practices with young children. A research proposal was submitted and passed by the University Ethics Committee prior to any research on this project took place in line with Kellett (2005) who identifies that research has to be ethical, to have a regard for the needs and feelings of the participants involved and do no harm. Clarke (2004) states that methods which support listening to the many voices of children provide a more ethical approach than those which debilitate, restrict and disempower individuals. This research included listening to children's voices alongside that of their parents and practitioners to enable a clearer understanding of children's lives, an ability to respond to what they tell us, and meet their needs by improving services and care. This is expanded upon by others (Roberts-Holmes 2005, Lancaster and Broadbent 2004) who identify that the starting point for social research is to form socially inclusive relationships involving respectful research where the child is viewed as a person with valid and worthwhile perspectives to offer on events which affect his or her life.

Robinson and Kellett (2004) explain the complexity of understanding power relations in child research and they identify that these are reinforced by more general issues that exist between adults and children within society at large, such as the status of adults and children, age in relation to a child and what the particular relationship to the child is, i.e. parent or professional. Roberts-Holmes (2005) explains that respectful research relationships, based upon the process of informed consent will

go some way towards alleviating the power balance between the researcher and the individual; however it is important not to underestimate the possible effects of power as it could potentially affect the quality and reliability of the evidence produced and create possible harm to individuals. Rogers (2011) highlights the need to critically reflect on the chosen methods to ensure anti-oppressive practices are used. This process has formed part of the ethical radar throughout the research with both the children and the adults involved. All of the participants included were made aware of their right to withdraw at any stage of the process.

Prior to the start of the project a letter outlining the aims and objectives of the research, along with a consent form and a clear descriptor of where and how the data generated would be collected, stored and used, was provided for parents of children who had recently started at the centre. This was along with a stamped addressed envelope for returning the questionnaires, therefore assuring anonymity throughout the process. These were then handed out to parents whilst collecting their children from the nursery.

Written permission for the research project to go ahead was initially sought from the manager of the setting and ethical considerations were discussed to assure the stakeholders that every attempt had been made to ensure no harm would ensue by completing the project. This is explained by Roberts-Holmes (2005) as an ethical approach to conducting research. Once permission had been granted from the parents, the process of obtaining informed consent from the children, as described by Punch (2012) was started. When considering gaining the consent from very young children, Skanfors (2009) questions whether they are able to understand what it means to have their activities analysed. This highlights the complex matter of gaining informed consent from very young children, such as the ones included within this research, and the need for careful ethical consideration.

Blaxter et al (2010) highlight the importance of confidentiality and anonymity which were assured throughout the project by removing all setting, child, parents and staff identifiers. With agreement from the setting leader, children were given the opportunity of choosing a name by which to be known within the research, providing them with full ownership of the information that they provided and acknowledgement

of their contribution, without risking the identification of other individuals or the setting (Clarke and Moss 2001, Alderson and Morrow 2004).

To support the children with their understanding of what was being asked, a short booklet was created using simple words and pictures which were shared with the children, explaining what would happen throughout the project and asking them if they wished to be included. A series of child friendly approaches including “thumbs up” and “thumbs down” stickers, smiley faces, sad faces and faces displaying other emotions such as worried, unsure, upset and okay were used to identify emotions felt by the children. These were used at the initial stages and throughout the research project to ensure that the children’s consent was sought at each stage of the process. Crucially, in the role of researcher, it was necessary that I remained alert to the non-verbal cues that children use to communicate dissent and assent. These are described by Skanfors (2009) as saying “no” and showing “no” and includes non- verbal behaviour such as not responding, pulling away from or ignoring the researcher at any point, alongside more subtle actions such as looking down or away. The identified signs of wellbeing and involvement, as described by Laevers (1997), were also used as they outline and indicate levels of engagement, disengagement, stress or satisfaction and enjoyment among young children. These behaviours, Skanfors (2009) identifies, require the researcher to be attentive to children’s actions and reactions throughout the research process and are described as having “ethical radar”. However, Skanfors (2009) also explains that these behaviours do not necessarily signify a child’s permanent withdrawal from the research but that for most young children, a temporary rejection of their participation in the research seems to be involved.

Clarke (2011) explains that visual and participatory methods have become widely used by researchers and practitioners across a range of disciplines as a possible means of exploring the perspectives of young children. Throughout this research visual clues supported verbal discussions and conversations with children and parents to demonstrate a commitment to support the informed consent process with children and adults, especially where individuals are using English as an additional language, or lack the ability to read English.

The research employed a multi-method approach with the young children comprising of camera use, the making of memory books in semi structured activities, using feeling faces, thumbs up or down stickers, puppets, informed consent leaflets, and observations were utilised to facilitate the exploration of the children's understanding and feelings about their home visit. This provided a tool box of appropriate methods suitable for use with and by pre-school children who may lack verbal skills and understanding to present their information and consent in more conventional methods throughout the process of data collection. A structured activity was planned to promote discussion and enable observations of children with ethical radar and focus on the interpretation of the observations recorded. Kellett (in Lewis et al 2004) considers the notion of interpretation of data provided by children and highlights an interesting difference between some research practice and practice perspectives based on listening to children. She points out that within the more traditional research methods, the process of interpretation of data ultimately seeks to construct meanings, whilst recognising that there may not be one meaning but many, however, within practices committed to listening to the many voices of children the focus should remain on leaving the data as untainted by adult interference as much as is possible (Kellett in Lewis 2004). With this in mind the analysis of the data will ethically consider the many meanings of children through emerging themes and commonalities and not seek to uncover one true understanding.

The observations were transcribed for the purpose of the research and triangulation was assured by including the perceptions of others via questionnaires completed by the parents of the children and the Early Years Practitioners (Roberts-Holmes 2005).



## **Analysis of Findings**

The data from the parents and the practitioner's questionnaires was collected and coded as described by Kellett (2005) and common threads were identified. The observations from the children were transcribed and the signs of well being and involvement were identified and coded alongside what the children said and did, to provide the data for analysis and identify commonalities. Given that I had an existing relationship with the children I took care within the analysis of the observations to reflect and consider the impact of my role as the observer and researcher, in order to ensure the process supported listening to the true voice of the child as described by Clarke and Moss (2001).

Consideration had to be given to the ethical radar even after the observations had been completed to ensure that the interpretation of the data was the true meaning of the child and bias and slant had not been added by the adult. Care was taken not to construct meanings or look for one meaning from the children, but to reflect their many thoughts and understandings (Kellett in Lewis et al 2004).

Key themes emerged from the analysis of the data and shall be discussed in turn using sub headings bringing all key perspectives from the children, the parents and the practitioners together. For the purpose of discussion, and to demonstrate all voices are contributing, the children will be identified by made up names, the parents P1, P2 etc to 6 and the practitioners as EYP1, EYP2 and so on to 6.

### **Power**

Throughout the planning of the activities which were conducted with the children and adults, I was aware of the power my role as a manager within the setting could bring, and also the power imbalance society attaches to adults and children, as previously discussed (Robinson and Kellett 2004). It was imperative to me to ensure systems were used which supported the sharing of power between adults and children, and enabled the voice of the child to be heard, this is significant as this is underrepresented within this particular field of study.

The results demonstrate that the practitioners anticipated many of the views later expressed by the parents. Whether practitioners were aware of it or not the responses demonstrate that they held much of the power within the home visit

process, as they had requested the visit and set the timing of it, even though this was at a mutually convenient time for both parties. Whilst the parents participating in the research for the dissertation were provided with the opportunity to withdraw at any stage of the research process, they are obliged to be passive in relation to the home visit (Philips and Bredekamp, 1998, cited in Greenfield 2011). One practitioner commented that the only way a parent could disengage with the process, without stating that they did not want a home visit, was to be out of the home at the arranged appointment time. Practitioners demonstrated they had the perception that they held some of the power within the visit, indicated by comments such as “*they might think we are checking up on them*” (EYP1) and “*some are hesitant at first if they don’t understand, but soon agree when we explain what it’s for*” (EYP2) with others highlighting the importance of not being judgemental in case the parents feel “*judged*” (EYP4). Dahlberg et al (2007) suggests that practitioners have the capacity to shape, construct and normalise parents so that they feel obliged to do what they are asked to do, and as such demonstrates the power of the practitioner as they assumed the parents would conform to the process.

None of the parents suggested things that they did not like or would wish to change regarding the home visit, but used the box to comment “*no*” (P2), “*nothing*” (P4) or “*everything was ok*” (P5) which would lead me to question whether this was really the case or that they felt obliged to answer in this way due to an existing relationship with me. When considering ways in which the setting could improve the home visit protocol, the parents (P1, P2, P3) recommended increasing the number of home visits for each child within each term, and making the length of the home visit longer, which would suggest that for most parents the experience was pleasurable, and they had observed benefits for themselves and their child. Others (P4, P5, P6) recommended keeping the system as it is, however, they felt it was better to visit two or three weeks into the term when the child was already familiar with the practitioners, rather than as the first introduction to the Keyperson. This is in contradiction to popular theory and practice which sees the home visit as an initial meeting point for the family and the practitioner (Keyes 2002, Greenfield 2011, D.F.E.S. 2007) however could indicate some parents appreciated having an established relationship prior to the home visit.

Through analysing a combination of findings from the observations, comments and behaviour of the children, it could be said that the home visit was an enjoyable experience for them. This is corroborated through the use of a questionnaire by both the parents and the practitioners. When asked about their understandings of what the children's feelings of home visits are, many practitioners (EYP3, EYP5, EYP6) identified that this can vary from being excited to being shy, depending on each individual child. It was mostly noted that children speak positively about their home visit, one practitioner commented that "*they are usually excited to see us and want to show us their toys*" (EYP4), and others indicated that they felt that home visits conducted three or four weeks into the term, rather than as an introductory process, provide better quality results in terms of building relationships, as the relationship had already begun and the visit supported the wider partnership approach. Many practitioners (EYP2, EYP4, EYP5, EYP6) noted that from their experience, children often demonstrate that they remember their home visit long after the visit has taken place, by talking to the practitioner about it, or referring to it in their play.

Parents (P1, P4, P6) commented that the child remembered taking part in the activities along with the practitioner, others (P3, P5) mentioned their children talking about taking photographs, telling friends and family about the visit, and that their child had looked forward to the visit and were sad when it came to an end.

The observations of the children indicate similar findings as those perceived by the parents and practitioners. The children demonstrated a high sense of wellbeing throughout the activities. These observed signs included; humming through the activity, willingness to continue and complete the task, animated expressions, high levels of enthusiasm, expressing confidence and self assurance, also enjoyment without restraint, and are described by Laevers (1993) as good to high levels of wellbeing.

All of the children were interested, appeared proud of their photographs and demonstrated a connection between the photograph and the home visit. "*It's my house*" said Harry; "*I did these when you came to my house*" said Lucas pointing at the photograph and Micah "*that's when you came to my house*". They readily engaged with the activity in nursery and displayed good to high levels of involvement as described by Laevers (1993), and positive body language throughout the

exercise. These signs included; deep looks of concentration, being absorbed in the activity, not easily distracted, appearing highly relaxed, innately knowing what they need to do and using all of their capabilities. These signs were evident in both the English speaking children and those using English as an additional language such as Samia and Wii. This would indicate that the children mostly remembered an activity which they had enjoyed and felt safe and supported throughout. This suggests that the children felt empowered by the activities and comfortable to express emotions and feelings naturally. Taken together this would provide strength and authenticity to the data generated.

It is important to acknowledge that observations cannot be considered in isolation from other events in a child's life (Graue and Walsh 1998) as we saw with Lucy for whom the photographs had reminded her of being told off for drawing on a wall immediately before the visit took place "*this one happy... this one been in trouble*" Lucy commented. My ethical radar was able to consider her needs at the time and she chose to continue with the activity, however, whether the activity was impacted upon by her memories is difficult to gauge. In the same way it is difficult to understand whether Micah was sad the visit ended because he had enjoyed the visit, or because he knew he was going to "town" afterwards, which he felt he would not enjoy (comment from Micah when asked why he had used a sad face sticker "*cos it was time to go and I had to go to town*")

All of the children readily engaged with the process with very little adult support and encouragement. The children indicated that they would like the visit to be repeated and those that were able to verbally comment to "Polly", the puppet who was introduced in the activity as a new child I would be visiting the following day, included "*you can show her all your toys*" (Lucy), "*at the end it will be sad*" (Micah), "*they (the practitioners) come and play*" (Harry), which could suggest that the approaches used supported the various needs and abilities of the children involved and reflected an anti-oppressive approach.

Haudrup Christensen (2004) highlights that in the process of social research, power moves between different actors and different social positions, and it is produced and negotiated in the social interactions between children to adults, child to child, and adult to adult, in the local settings of the research. Haudrup Christensen (2004)

identifies that power not only exists in people and social contexts such as adults, children and professionals, but also in processes such as research projects. The design of this project endeavoured to equalise power by giving parents, children and practitioners an equal voice, with the methods chosen aimed to support children's participation and communication, however as indicated by Haudrup Christensen (2004), processes can lessen the effects of power within social relationships but struggle to equalise the counter effects of power within society. It is interesting to consider whether mutual respect and trust within relationships can ever truly exist when there is an imbalance of power, as in that of the professional practitioner and parent and children and adults.

Closely linked with the effects of power within the home visit process is the power emanated within a relationship where one side is that of a professional, and the other reflects a non-professional role, for example that of a practitioner and parent. Keyes (2002) explains the degree of the success of this relationship depends on a match between culture and values, a "fit" between parental cares and values, and those of the practitioner; the societal forces impacting on the family and setting, and also how practitioners and parents view their roles. If the parent has a professional role in relation to working life, it could be suggested that the "fit" and understanding between the cares and values would be greater and therefore result in a better partnership. This is explored further when considering the surveillance concerns expressed by parents.

### Surveillance or Safeguarding

From the majority of responses gathered the research tentatively suggests that the parents appeared well informed as to the declared purpose of the home visit, to build relationships and share information about the child, however, comments received relating to anxieties felt by the parents prior to the visit, indicating an awareness of possible judgements being made about living conditions, demonstrate that there could have been concerns around an undeclared agenda or assessment taking place. Whilst none of the parents identified specific aspects of the visit that they did not like, three parents commented that they were "*nervous getting ready for it (the home visit)*" (P4) and "*I tidied up before they came*" (P2), "*I felt like you were*

*checking up on me but it was fine in the end*" (P3) and *"my house it is very poor- I guess you might think it not good enough for her"* (P5) (indicating the child).

Parents also mentioned the possibility of comparisons taking place between the child at home and at nursery, instead of demonstrating an understanding of the value of seeing the child in their own environment. Phrases such as *"checking children's behaviour at home"* (P1), *"seeing how he reacts at home"* (P2), *"seeing what our home life is like"* (P5) and *"seeing what the home is like and how we cope"* (P6) were also mentioned by parents and also suggest concerns around an undeclared agenda.

Comments relating to what the parents remembered happening during their home visit, however, provide balance, as all parents commented on a pleasurable experience with the Keyperson playing with their child, hearing about how their child is *"doing"* at nursery (referring to progress and development), remembering the child taking photographs and the conversations the parents had had with the practitioners. The comments from the parents would not support Robson and Smedley (1996) who suggest that parents may feel more at ease on their home territory rather than in a setting, except in circumstances where settings hold negative connotations for parents. It is interesting to consider that even though the declared intention was not to inspect the house or make judgements, this is what the parents worried would be happening.

It is interesting to consider alongside this finding, that the views from some of the practitioners indicated a home visit provided the opportunity to assess the needs of the family and the condition of the home in relation to informing future support and provide a deeper understanding to support the child's development. Many of the practitioners (EYP1, 2, 3, 5) felt it was important to consider the opportunity of gaining more *"information"* about the child, family and home environment during the visit, with one practitioner indicating the purpose of this would be to support further work and provide support for the family. All of the practitioners felt that the information process was two-way, by them offering information about the child's settling in period and development, the opportunity to exchange details of the child's likes, dislikes and interests from the parent, and to inform the parent of the other services delivered from the children centre. Three practitioners felt it was an

opportunity to “*assess the needs of families and support the delivery of services to them*” (EYP4, 5, 6). One practitioner offered the view point that the purpose of the home visit was to “*understand some of the environmental challenges the family may face, which may impact on the child*” (EYP6). This is reflected in Whalley (2001) who sees the home visit as a means of gaining some understanding of a child’s home environment in order to support the child when they start at the setting, and lies deep within the heart of policy in Every Child Matters (DFES 2003) and Children Act 2004 (DFES) which called for a tighter safeguarding radar amongst professionals working with children and families through early intervention strategies.

The practitioners demonstrated an awareness that parents may potentially feel an alternative agenda was in play by expressing concerns that families may feel as though their home will be “*judged adversely*” (EYP1), “*they think we are checking up on them, who lives in the house linked to benefits etc*” (EYP2) and “*if they are clean and tidy*” (EYP3) and also recognising that institutions may hold barriers for some parents, so meeting them in their natural environment can help reduce their anxieties. However, what they actually expressed they experienced included many positive views such as; “*parents welcome us with open arms*” (EYP2), “*they like them because they are interested in what their child is doing in nursery*” (EYP6). The practitioners were able to provide clear reasons as to how they had built up these perceptions by commenting on past experiences of feedback from parents. These included parents talking to them about the visit they had had, parents thanking them for the time they had spent together and asking if the Key person can visit again. Two practitioners (EYP2, 6) commented on observed body language and atmosphere during home visits describing the parents as being “*relaxed*” and “*at ease*”. This could indicate that despite the concerns of parents and the intention of the practitioners to use the home visit for dual purposes linked to safeguarding children, the outcome is one of a pleasurable experience for all parties. Similar findings were expressed by Greenfield (2011) who identified practitioners were unaware they made assumptions prior to home visit, in this project however, the practitioners demonstrated an awareness and understanding of making assumptions and judgements throughout the visits.

It would be fair to conclude that the comments from the parents could indicate they did not feel “the mutual respect and trust which is vital in a partnership” (Keyes 2002) however virtuous the intentions of the practitioners might have been.

### The Importance of Relationship Building

Another key theme emerging from the research project was the importance of building relationships. This was the most mentioned purpose and aim for conducting home visits by parents and practitioners and was related to relationships between parents, practitioners and children alike. The responses from the parents regarding their understanding of why the nursery had visited them at home included phrases such as “*to get to know us better*” (P1, P2) “*to help us get to know the Keyperson better*” (P4) “*to have a bond*” (P3, P5) and “*to get to know the child at home where it’s comfy and to get to know the parents too*” (P6).

The children related the purpose of the home visit to the activities which had taken place during the visit. The responses included “*you came to see my cars*” (Harry) “*to see me and my mummy*” (Micah) and “*to play my games*” (Lucas). All of the children appeared relaxed and at ease during the home visit and throughout the following activity in nursery, which could indicate that they were relaxed and happy with the purpose of the visit, or that they were used to adults making decisions about appropriate visitors to the home and as such accepted the process as a usual event.

All the practitioners responded positively about how beneficial they felt home visits were in building relationships with families. They described the advantages as being able “*to see the child in their home environment which is their natural state*” (EYP3) and “*it helps you have an insight into their culture and circumstances*” (EYP6). Two practitioners identified the importance of a “*special time out of the busy nursery environment, when the parent has the opportunity to ask questions they may not have asked before*” (EYP2, 4) and “*it’s an opportunity for parents to take the lead, a more equal partnership on their own territory where they feel more comfortable*” (EYP5). All of the practitioners reported that they feel home visits reinforce to the parents who the Key person is and enables them to explain about their role, therefore establishing the partnership between themselves and the parent. Other comments included “*the children remember you better*” and words such as “*enjoyable*”, “*fun*” and “*beneficial*” were used to describe their emotions. One



practitioner described it as an “*important part of the settling in process for the child*” and “*it enables you to make contact with family members who may not be able to get to the centre*” (EYP1).

All of the practitioners highlighted the importance of building relationships and having an opportunity to see parents and children in their own home where they are most comfortable. This was reassuring given that this is an important theme emerging from wider research (Sylva et al 2004, Sammons et al 2007, Siraj-Blatchford et al 2002 and Desforges and Abouchaar 2003) and is highlighted in policy through Every Child Matters (DFES 2003) and Early Years Foundation Stage (DFES 2007).

When considering the possible benefits of the home visit for themselves or their child, all of the parents felt that there would be a stronger bond between their child and the Keyperson as a result of the visit, parents felt more aware of how their child was settling in and their level of learning, two parents felt it was beneficial for their child to understand that the parent and the Keyperson share information about them (the child) and one parent expressed pleasure at being able to see how “*confident and chatty*” (P4) her son had become with other adults as a result of attending nursery.

It could be said that these comments would indicate the start of an ongoing dialogue between parents and practitioners, which has been created in line with the aim of the Keyperson role, as described in the EYFS (DFES, 2012) within a respectful relationship.

However, it is interesting to consider that settings are not directly judged on “relationship building”, but instead this aspect is measured by the Office for Standards in Education (Ofsted) through the effectiveness of the provision; the achievement of children; how effectively the provision is managed and how the welfare of the children is promoted by the setting. Strategies for “engaging parents” and “partnership with parents” are widely used to identify if relationship building is taking place and as such are judged by assessing if parents are informed of their child’s progress; whether a setting provides programmes of events which support parents to support their children’s learning; the attendance rate of children at nursery and if a setting works well with parents, including those who may find working with a setting difficult to achieve. All of which assume relationships exist in order to enable

other strategies to develop. This appears to be at odds with the value placed on relationship building through policy (DFE, 2012) and the research identified in the literature review (Desforges and Abouchaar 2003, Sylva et al 1999 and Field 2010) all of whom identify relationships as key to further work. Within a specialist field, such as early year's education and care, the dominant culture is to measure and grade settings through inspections, self evaluation tools and performance accountability. This perhaps reflects the current economic conditions within the British economy, as local authorities and governments push for value for money through judging effectiveness. However, this reality may mean that something as crucial as relationship building is measured through its by-products, for example, if parents are informed of their child's progress, and attendance rates at nursery. This would raise the difficult question of how else do we measure relationships.

One key barrier to completing home visits raised by the practitioners was having enough time and staff to facilitate the visits. Comments included "*they are important in relation to building on future relationships, however, I feel pressure to get them done*" (EYP5), "*never enough time but, I really enjoy them*" (EYP1), "*privileged*" and "*good*". One member of the team explained that they had "*always built better relationships with families I have visited at home*" (EYP3) all of which demonstrates a commitment to carry out home visits and frustrations and not being able to always do this as effectively as desired. This could be a point for consideration for the setting to inform future practice as issues such as staff absences, maintaining child to adult ratios when releasing staff members to attend home visits and time, are ongoing issues which are not easy to resolve. Once again we could suggest that the pressure to provide effective and sustainable services within the difficult current economic climate creates a situation where settings need to be creative with their resources to enable high standards of quality care and provision to continue.

Keyes (2002) and Greenfield (2011) also question that, aside of the home visit, how much time or support is dedicated to building relationships between parents and practitioners, taking into account the complexity of this process and also the diversity of society, culture and class. Keyes (2002) goes on to identify that this gives greater importance and value to the first meetings between parents and practitioners as this will influence how the parent and practitioner partnership will develop.

Greenfield (2011) indicates from their study, an influencing factor in relation to the success of a home visit, is how competent practitioners are at building relationships with parents. A possible lack of confidence can be detected from the practitioners within this research, when they expressed their views around how they felt about conducting home visits, these included phrases such as “*being more confident now, but still uneasy about asking personal questions*” (EYP1), “*it gets easier with practice*” (EYP3) “*mostly comfortable*” (EYP4), “*nervous as you are entering their home*”, and “*it’s better now I’ve done a few*” (EYP5) suggesting an initial unease or lack of confidence at first. This data must be interpreted with caution due to the small sample size; however, a recent study into home visits by Greenfield (2011) identified similar findings with a general unease being expressed by practitioners around confidence and anxiety related to home visits. This would support both Greenfield (2011) and Tizard and Hughes (1998) who identify that there is very little training provided for teachers and early years practitioners in regard to working with parents, and recommends that as relationships with parents is paramount, it should be given higher priority in training so to equip practitioners to work sensitively and effectively with parents.

## **Conclusion**

This dissertation has explored the role of a home visit in building partnership with parents and has considered the views of all parties involved in the process, the parents, the practitioners and ultimately the children. Care must be taken not to over-interpret the findings, as this is a small scale exploratory study based in one setting at one given point in time.

The review of the literature demonstrated that positive parent and practitioner relationships are essential (Desforges and Abouchaar 2003, Sylva et al 2008 and Sammons et al 2007) and policy supports this understanding (DFE, 2012).

The study suggests that in general home visits are valued and enjoyed by all participants and practitioners understand they support the partnership approach required within their field of work. They recognise that their relationships with parents and children are stronger if a home visit has taken place. Parents generally support home visits, recognising their children enjoyed them and looked forward to them; however some parents appeared to be suspicious of the purpose of the visit. The children demonstrated high levels of engagement, involvement and wellbeing in all aspects of the study relating to their home visit.

The three key themes emerging from the findings suggest that power is a difficult force to manage and where power is considered and shared, as with the children, outcomes can be better. Safeguarding children is an essential part of an early years practitioners role, however, how parents are informed and included in this needs careful consideration if suspicions of surveillance are not to impact on relationship building. This would suggest a point for consideration by the setting as suspicion and mistrust are demonstrable at the start of the relationship, however, this could have been affected by the small sample size involved in this study. From wider research though, it is possible to consider this could be the case for more parents (Greenfield, 2011 and Tizard and Hughes 1998).

The value of partnership with parents is universally accepted, however it is not always easy to promote or maintain, with the practitioners identifying barriers such as time, training and staffing. They also expressed emotional responses which could indicate they experienced uncertainty or lack of confidence in the first instance of

conducting home visits. These practical problems need to be overcome as the parent and practitioner relationship is the nucleus of future work with the child and the family. This would highlight the importance of training practitioners to work with parents, also identified by Greenfield (2011), and would benefit from using a larger sample size to gain a deeper understanding into training experiences and needs within the workforce.

The children were the most relaxed and at ease with the process. They mostly appeared interested and excited in the visit and demonstrated this through their ability to become highly involved and motivated by activities relating to the visit, and also by demonstrating good levels of wellbeing, positive memories and understanding of the home visit. This was possible by using a participatory approach and methods to listen to the many voices of children. This has provided me with a powerful insight into listening to children which will inform and direct my work with children in the future.

The empirical findings of this study corroborated the findings of previous studies in relation to the effects of power within relationships (Greenfield 2011 and Tizard and Hughes 1998). Given the passage of time between these studies, these findings may suggest little has changed in relation to how parents and professionals work together and the power engaged within the process of home visits. Whilst the practitioners in this study demonstrated an awareness of making judgements, employing stereotypes and considering the potential views and understandings of parents, little had been done in terms of acting on this knowledge to improve practice. However, with a small sample size, caution must be applied as the findings may not be transferable on a larger scale.

Further research in this field regarding the role of home visits in building partnerships with parents, would be of great help in understanding how the wider profession has progressed in terms of practice and understanding the clear importance of relationship building in improving children's later outcomes and life chances.

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**Appendix 1: Letter for consent from setting.**

Letter head details have been removed

Dear [REDACTED] (centre manager)

As part of my studies towards a BA Honours degree in Early Childhood Studies at [REDACTED] University I am hoping to complete a small scale research project to gain a better understanding of the early stages of relationship building and the value of home visits by consulting with children, parents and early years practitioners about their views and understanding of a home visit and I am writing to seek permission for this to be conducted from your centre.

The research will follow an interpretative style and the methodology and methods are designed to reflect the interpretation of a home visit by all individuals involved.

The information gathered will be used within my dissertation and within the children centre to inform the services we are able to offer to parents and families. All names, locations and identifying features will be changed to ensure confidentiality and anonymity throughout the project.

Permission to take part will be sought from all participants, including informed consent from the children, who will be offered the opportunity to take part and the ability to withdraw from the research at any time. I intend to use age and stage appropriate participatory methods to engage children in an attempt listen to their many voices, to ensure that the research captures their views which is under represented within this aspect of current research, and to use questionnaires to capture the views and opinions of the adults.

A research proposal has already been considered by [REDACTED] University Ethics committee and full ethical consideration will be given to the full process to ensure "no harm is done". I will also be supported through out via tutorials from [REDACTED] University.

If you have any questions relating to this project do not hesitate to contact me and a full copy will be retained by the centre on completion.

Yours sincerely

## Appendix 2: Letter for consent from parents.

Letter headings have been removed

Dear Parents,

My name is [REDACTED] and I am the assistant manager with responsibility for the over three's nursery here at [REDACTED] Children Centre. I am also studying towards a BA Honours degree in Early Childhood Studies at Leeds University.

As part of my final dissertation I am hoping to complete a research project to gain a better understanding of the value of home visits by consulting with children, parents and staff members about their views and understanding of a home visit.

The information gathered will be used within my dissertation and within the children centre to inform the services we are able to offer to parents and families. All names, locations and identifying features will be changed to ensure confidentiality and anonymity throughout the project.

I have enclosed a leaflet explaining the purpose of the home visits usually conducted by the Key people shortly after, or just as, a child joins the nursery here at the centre.

I am asking for your permission for you and your child take part in the process which will entail the following involvement:

1. We will visit you and your child at home as usual, and your child will be offered the opportunity to use our camera to take photos throughout the visit. **This will be the only part that differs from the usual home visit.**
2. For you as a parent to complete a short questionnaire after the home visit has taken place (5 minutes maximum) asking for your opinions about the visit. Please note this will be anonymous.
3. For your child to be involved in taking photographs during the home visit and in a short activity with myself, at nursery, where we will create a book about the visit for your child to keep, using the photographs and capturing any words or phrases that your child says about the photos or the visit. Hopefully your child will have fun throughout the activity, however, your child will have the choice of whether to join in or not, to decide how long they spend at the activity and can change their mind at any point during the activity. The comments your child makes will be anonymised and used to support the research.

If you do not wish for you and your child to be part of the project we will still complete your home visit in the usual way.

If you do feel able to support us in this project please complete the attached permission slip and return it to the centre. If you change your mind at any point, or have any questions about the research, please do not hesitate to contact me on the

number below or at the centre, you should feel no pressure to take part and can withdraw at any point.

If you do not wish to be involved please contact me and we can arranged a home visit for your child in the usual way.

Yours sincerely

██████████

██████████

I give permission for my child .....to take part in the home visit research project to be conducted at ██████████ Children Centre during January and February 2013.

Signature.....parent/ carer

I give my permission for photographs taken of my child..... to be used in the project and in the centre. I understand that faces will not be identifiable in photographs used outside of the centre and digital images will be destroyed or deleted after use.

Signature .....parent/ carer

I agree to a home visit being conducted in my home with me and my child

Signature.....parent/carer

I agree to take part in the short questionnaire and understand my answers will be used to support the research. I understand all identifying features will be removed or anonymised to protect individuals confidentiality.

Signature .....print name.....

Date.....

**Appendix 3: Informed consent leaflet from children.**

## **Appendix 4: Questionnaire for practitioners.**

### **Questionnaire for Practitioners**

I am asking if you will take a few minutes to complete a short questionnaire relating to the home visits which you conduct from the setting as a child is admitted into the nursery. By completing this questionnaire you are giving consent for your answers to be used to support a small scale research project, conducted by [REDACTED] as part of the dissertation expectation to complete the BA Early Childhood studies. It is hoped the study will gain an understanding of home visits and their role in relationship building with families. The information will be confidential and anonymous to ensure identification is not possible and will be destroyed at the end of the project. The data may also be used to support centre development but will remain anonymous at all times. Completing the questionnaire is entirely voluntary, there is no obligation to do so and you may withdraw your completed forms at any time.

1. Please tell me why you think we conduct home visits and what is their purpose?
  
2. How beneficial do you think they are in building relationships with families?  
Please say why you think this.
  
3. Are there any barriers to conducting home visits or barriers which become apparent during home visits?
  
4. How do you feel about conducting home visits? What makes you think that?
  
5. How do you think parents feel about home visits? What makes you think that?
  
6. How do you think children feel about home visits? What makes you think that?

Thankyou for taking the time to answer these questions.





**Appendix 5 Questionnaire for parents.**



**Appendix 6: Parents home visit information leaflet.**



## **Appendix 7: Children's activity session plan**