

Parents' experiences of support: Co-constructing their stories

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Abstract

The aim of this paper is to present a way of supporting parents that can lead to positive outcomes for families. The findings and processes from a study in England of six parents' experiences of support services for their young children with special needs are discussed in making the case that co-constructing the stories of parent and researcher experiences can become a valuable conduit for improving support. An ethnographic case study approach with narrative analysis was used and the paper shows how the parents' narratives, interwoven with the reflections of the researcher/early years professional suggest engaged listening as a way forward for professionals and parents (as well as researchers) to understand each other. Stories that each party are fearful of telling or hearing illustrate the balance of fragility and resilience in their assumptions and relationships.

Key words: narrative; co-construction; early years; parents; professionals

Introduction

The research discussed in this paper concerns how parents of young children who are in need of early intervention experience support and how this support can be improved. Various professionals and educators have a remit to support parents and children in the crucial years before formal schooling. The nature of that support makes a difference – to how parents feel and cope (DfES 2006), to their future relationships with support systems and individuals (Degotardi, Sweller and Pearson 2013), and to the educational and social outcomes for their children (Allen 2011). It is, therefore, important that providers get the support right and an understanding of how parents experience support is vital. Furthermore, to understand parents' experiences we need to do more than merely listen to their stories – we need to actively engage with them. There are studies that look at parents' perspectives, but the study we reflect on went further with an in-depth process of rapport-building, listening, empathising, and co-constructing stories about support. This comprised gathering parents' stories and insights in ways that were not only not harmful, but that were beneficial for them. Thus, we discuss both the findings regarding what parents experience, and the process involved that went beyond parents turning their stories into 'something for us' (Silverman 2007, 61). We explore how co-construction of the stories (by participants and researcher) became a rich transactional process; we use the findings to show that this kind of approach also has much to offer professionals in early years education.

Support for parents: Background

In the UK, the concept of professionals working with parents to support children's progress was embedded in the recommendations of the Warnock Report (DES 1978). Professionals were advised to share decisions with families as a key component of providing support to children with special educational needs. This practice continued to be highlighted in the Education Reform Act 1988 and the Children Act 1989. The Every Child Matters: Change for Children Framework (DfES 2003) went on to recommend that practice within Sure Start Centres involved professionals working with parents to provide support. The central position of parents was clarified in The Statutory Framework for the Early Years Foundation Stage (DCSF 2008; DfE 2012). In 2001 the Special Educational Needs and Disability Act (SENDA) specified the rights of parents to access Parent Partnership Services, provided through the local education authority as part of the Special Educational Needs (SEN) Code of Practice. A revised SEN Code of Practice is contained in the Children and Families Bill for September 2014.

Policy concerns with partnership between professionals and parents reflects evidence that parental involvement in early years settings and school improves academic outcomes for children (Allen 2011). A relationship of listening to parents is recognised as essential in that parents have significantly greater knowledge than professionals of their child (Paige-Smith 2010).

Interpretation of the principle has varied greatly, however, and in the 1980s Cunningham and Davis (1985) identified three models to describe the relationship between parents and professionals. In an 'expert model' parents are passive recipients of services, receiving information from professionals who are deemed to know best. In a 'transplant model' parents follow the advice of professionals who train them in strategies for managing their child which

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are transplanted from professional to family domains. Professionals monitor parents' progress and value them as a service delivery resource. Cunningham and Davis (1985) criticised this model for sometimes making parents feel overburdened and they questioned whether parents' more natural interactions with their children were disrupted. In a 'consumer model' parents indicate a desire to become involved and participate in promoting their child's progress, buying into professional dominance as much as information sharing.

Appleton and Minchom (1991) recognised the need for parents to feel valued in their role and developed an empowerment model of partnership aimed to promote parents' sense of control over the decisions made about their child. Dale (1996) acknowledged the complexity of managing the needs of the parent alongside scarcity of resources and added a further model. She recommended partnership working with negotiation around effective support, thereby providing 'a framework for exploring a partnership practice that can embody or respond to the constraints and reality of actual power relations' (p.14). More recently Davis and Melzer (2007) have shown how the key features of empowerment and negotiation can be merged within a family-centred model emphasising the strengths rather than deficits of family members, promoting family choice and control over resources within a collaborative relationship with professionals.

The literature portrays a sense of working towards an elusive ideal. Following a review of how partnership relationships work, Wolfendale and Cook (1997, 3) observed 'that there is encouraging progress towards partnership but there is much yet to achieve'. Reports that include evidence of parents' experiences make the benefit of partnership visible and define the key features that contribute to this:

Successful and effective practice is where the systems that are set up and the

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information that you have mean that at the end of involvement with a parent, the parent feels they have understood the system, they have been listened to, their views have been seriously considered, and they have been dealt with in a way that respects them.

(DfES 2006, 72)

Opportunities for policy-makers and professional leaders to hear parents' voices are few, often limited to short questionnaire-elicited responses (DfES 2006). In contrast, in-depth narratives of how parents experience support enable relationships with professionals to be understood and responded to differently.

Researching parents' experiences of support: Co-constructing stories

The process of researching parents' experience of support or partnership with professionals can be straightforward: the researcher asks some predefined questions, the parent-participant answers them, the researcher transcribes, analyses, and tells the academic and professional community what the parents have told them. Useful findings are generated and hopefully, reach people who can do something with them to improve future experiences for parents and their young children. An element of this research process is reflected in this paper, but there is another process too, best described as a process of co-construction. Co-constuction offers an alternative to hooks' (1990, 151-2) description of research that colonizes:

I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Re-writing you, I re-write myself anew. I am still author, authority. I am still the colonizer, the speaking subject, and you are now the centre of my talk.

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The whole movement towards decolonizing/participatory research has been about disrupting the ordinary power dynamic and seeking something more egalitarian in terms of whose voice is privileged (Nind 2014). By working *with*, rather than doing research *on* children or parents, the processes can become so shared that knowledge is inevitably co-constructed as Thomas and O'Kane (1998, 345) reflect: 'In the end it is hard to disentangle what was our contribution and what was theirs'. Co-construction of (life) stories can be a compromise when a desired full participatory approach is not achievable as Connolly (2008) describes, or it can be the desired product when a mutual interdependence is valued as was the aim in this research.

Co-construction offers the opportunity to see what Adelman *et al.* (1980, 143) refer to as 'tacit knowledge' reaching out through the 'shock of recognition'. In participating in story-making together, those involved share 'existing experience and humanistic understanding' (Stake, 1980, 72), exposing what Goodley and Clough (2004, 336) claim are identities 'in varying conditions of alienation and empowerment'. The results are unique rather than common descriptions, drawing out what Barr (2010, 101) calls the 'complex, contradictory nature of human subjectivity'. They are not just stories of what happened, but stories of: what happened, what it felt like then, what it feels like in the telling, and how it takes on new meaning on the page as something to be reflected upon in a shared process.

In this study, the initial intention was to explore parents' experiences, seeking authentic accounts by asking parents to recount their experiences in semi-structured interviews and then checking transcripts and related notes, thus ratifying them. The methodological concerns were with standards of credibility, fittingness, auditability and dependability (following Lincoln and Guba 1985). Knowing these concerns are more particular to the researcher than the participant, there was also an ethical agenda to ensure that the participating parents were able to gain

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something positive from sharing their experiences. The aim was to make their worlds knowable, not just to us and others, but to themselves. The process of co-construction offered the inclusion of rich and vivid description, a chronological narrative of events, and a blend of descriptions and analysis important to their authenticity (Hitchcock and Hughes 1995) and to seeing the stories afresh. This would facilitate readers gaining 'experiential understanding' (Stake 1995, 40) of individual cases and allow the participant a new space to reflect (Sheridan and Samuelsson 2013). In practice this involved getting alongside each parent and being conscious of the influences and emotions affecting how they shared intimate details of their lives and the role of the researcher's 'presence, ... listening and questioning in particular ways' (Riessman 2008, 50) in shaping the stories participants chose to tell.

Procedure

The study was designed to explore in depth parents' experiences of support when they have a young child with a learning disability/special need. Six parents who access a Children's Centre were approached via their family support worker who had recommended that they might be willing to take part. They were known to these professionals because of their children's SEN. The family support workers were important gatekeepers, present at the initial interview and available for further support during the recruitment process. Parents were given written information and time to consider the implications of taking part.

Four mothers (in two-parent families) and a father and mother from the same family agreed to participate. Table 1 (where pseudonyms that the parents chose for their family are used) shows the participants and their family situation. Following ethics approval, semi-

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structured interviews and subsequent observations for those who continued to receive support took place in the parents' homes (see Table 2). This location was chosen to facilitate their comfort and to apply an ethnographic lens on their culture and way of life (Hammersley and Atkinson 2007). Using an ethnographic case study approach, information was gathered to communicate 'a unique example of people in real situations' (Cohen, Manion and Morrison 2007, 253). By applying consistent care and support, the researcher (GS, also a family learning tutor) considered and shared the impact of their story in relation to her own experiences, discussing with [MN] (mentor and co-constructor of the paper) while resisting judgment and building trust. This process led to a co-construction of stories as the parents shared their narratives and [GS] reflected on how this compared to her experiences. Applying an ethnographic lens meant [GS] could review the position of each participant within their 'world'. The fieldnotes process prompted recording of uncomfortable assumptions that were challenged over time.

Insert table here

Following an informal conversation to relax the parent and ensure they were comfortable and ready for the audio recording, open-ended questions about received support became a starting point to each interview, leading to additional sensitively applied prompts and probes. Listening included awareness of body language and emotional state, consciously noticing what was and was not being said and paying attention to feelings stirred for both parties. Each visit provided the opportunity to probe deeply, carefully and rigorously into the experiences of the parent and the understanding/assumptions of the researcher.

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Detailed fieldnotes compiled after each interview/observation illustrated how the knowledge and experiences of parent and researcher combined in creating a co-constructed narrative. The intention was that each ensuing story would contain the 'individual's personal field of experience, a construct of the individual's particular biographical store of episodic memories' (Campbell 1988, 61). As parents became involved in checking and editing the stories though, comments, interpretations and responses made were shown alongside the transcripts and became the subject of reflection and then dialogue. These were significant as knowledge was shared and confirmed, edited or discussed .

The emergent narratives were facilitated through immersion in the parents' worlds and conscious reflection on the impact of them telling their story. Each parent provided a chronological narrative of events from when they noticed their child's difficulties with vivid and detailed accounts intertwined with the responses of empathy and connection-making of [GS]. To co-construct the story a process of analysis involved reviewing each audio-recording six times. Detailed notes were made and thematic analysis was aided by Computer Aided Qualitative Data Analysis Software (Atlas Ti). [GS] then used her field notes and followed the same procedure of review, recording her responses and learning which formed a new story based on her learning.

In this way the co-construction became a process of recording a blend of descriptions and analysis focused on individuals to understand their perception of events and to portray the richness of the case in writing their story (see Hitchcock and Hughes 1995). The resulting story emerged as unique, shaped by the individual experiences, personal definitions, assumptions and expectations that became transparent as each parent described their experience of receiving support for their child's special needs. [GS] prior knowledge and experience of working with

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families who access support through the Children's Centre became a reference point for understanding the intentions behind the formal support systems .

During each interview the parents were offered the opportunity to record in a format of their choice what they regarded as the significant sources of support. These paper-based artefacts became a vehicle to focus on between visits and a further channel to express how they had evaluated the experience. This was a useful tool for Barbara, who drew lines (depicting the sun) around her favourites, and for Tasmin who used a mind map for the many professionals she had met. Alfred set out with enthusiasm using a dartboard to grade the different encounters, though his interest in this waned as it did for Andrea and her top ten. For Catherine and Ruby the artefact became an unnecessary encumbrance, perhaps because they had fewer professionals to focus on. In each case the parent led and could choose to set aside the product of their task.

To explore longer term developments, a year later Alfred, Andrea, Barbara and Tasmin, who were still receiving support for their children, took part in a follow-up research encounter (see Table 2). With permission, notes were taken while a professional providing support visited them in their home. This 'non-participant observation' led to dialogue about the encounter, bringing together the positions of a researcher/professional/observer with the experiences of the parents. In a final interview the story of the parents' experiences of support over the previous twelve months were reviewed.

Extracts from the analysed data were used to write each parent's story, showing how single events often shaped their view of themselves and providing examples of critical incidents recalled from a point when they were receiving support. Analysis was an iterative process as each recorded encounter was re-visited on six occasions; this illuminated points which may

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otherwise have been overlooked. The thematic codes highlighted common themes (such as: *personal feelings, personal values, comparing, judging professionals, parent concerns, and the value of support*) which were interesting but not fundamental to the co-constuction of the stories as the priority was to create accounts of unique experiences rather than identify cross-cutting patterns. Interaction with the transcripts and the resulting narratives enabled the parents to consciously contribute to constructing and interpreting data.

Findings: Learning from co-constructions

There is not scope within this paper to present the parents' experiences in full. Instead we present a series of snapshots of encounters with a parent and the learning that arises from co-constructing their story. The examples combine information shared and reflections on the information and process using 'I' to represent [GS] who met with the parents. Extracts from the interviews and field notes illustrate how each parent shared information that facilitated understanding of their experiences of receiving support for their child and [GS's] response to this which communicates the process of co-constructing a story.

The first interviews took place with Alfred and Andrea together and the notes reflect the impact of relationships on support scenarios. They provide a lens for how some partnerships between professional and parent are experienced.

Alfred gives the impression that he relies on Andrea, he writes 'wife no.1' on his picture of the dartboard recording examples of support. The information he gives me infers that each has a specific role, for example when talking about Portage he says 'my wife does the most of it'. He appears to categorise certain people as being expert in particular

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areas telling me that the family support worker (FSW) gives him advice on things he can't talk to his wife about. He explains that the FSW is impartial as he says 'I've got someone not representing anyone else'.

As he shared these stories of searching for someone to rescue him from his difficulties and perhaps 'tell him what to do' I found myself considering the role of the expert model in partnership. This partnership exists with the agreement of both parties, one seeking help, the other regarding themselves as qualified to tell the person what to do. In Alfred's case, his wife and the FSW have agreed to provide solutions for Alfred and in doing so the identity of the expert is reinforced.

Listening to this I reflected on my previous experiences of being the 'expert' providing information and attempting to rescue a parent. I entered the story and recognised that I could alter this by encouraging the parent to review their skills in problem-solving.

Meeting Andrea tested my pre-held opinions of what parents are looking for from support and illustrated the importance of entering their world to see what living their lives might be like. Through listening - to what was said and that which was unarticulated below the surface - assumptions of how a parent in Andrea's position might feel were challenged.

As we began the first interview Andrea seemed conscious and proud of her role as someone who had all the information about Amber at her fingertips. Her body language, sitting up straight, steady eye contact, suggested she wanted to impress me. She told me in a clear unemotional voice that Amber 'had huge behavioural problems'. This was her reason for rating KIDS [a pre-school for children with SEN] number one in her 'top ten

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hits'. Her examples of what they do (offering advice on behaviour management strategies) seemed poignant as I felt she wanted me to know that living with Amber was difficult, at the same time suggesting she was up to the challenge. I was left feeling – 'I'm not sure I would be'. Her priorities are Amber learning life skills first and education second. I wondered if this represented a resignation that her daughter would not achieve a great deal academically but that the life skills would bring about independence. However her matter of fact tone taught me not to get carried away in my own interpretation of this being a tragedy.

Andrea's story expressed unexpected priorities and altered my thinking that all parents were most concerned with their child's academic progress. My story altered and led to planned changes in future practice that would mean listening to and respecting parents' priorities in place of assuming they matched mine and others.

Revisiting Alfred and Andrea over the three months led to feelings of unease, even frustration in the apparent contradictions in their experiences of meeting professionals.

I noted the colourful language that was applied to both positive and negative encounters. In my first meeting Alfred tells me the staff at KIDS are: 'friendly, brilliant, well-mannered', yet in the third interview I hear that 'there's no one around who wants to help the parents, they will try and help the children but then it's very difficult because we haven't been getting the help that we should have been getting for our children'. A similar swing is communicated by Andrea who tells me that after she challenged the response of the first health visitor who told her there was nothing wrong with Amber, 'we've got all the help we've needed really'. Yet at the third meeting I am confronted

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with another reality as Andrea tells me of her disappointment in professionals, 'they do not know your up from your down and your left from your right or anything like that', her desperation as she tells me that they 'never answer what you need them to answer'.

I recorded the impact of this, writing:

So often I note that what seems to represent a randomness sits uncomfortably with me. There is a lack of predictability and control which I know I rely on. It is only by attempting to enter her world, to form a bond of trust with Andrea that the previous determined and authoritative mask she wears begins to slip revealing a mixture of resentment, confusion, disappointment and helplessness as she tells me that professionals do not recognise 'her social phobia' thinking she is 'talking out of her bottom'.

My story merged with Andrea's as I began to unpick why the lack of consistency in response was disturbing. Analysis led to me to understand that wanting control was getting in the way of listening and responding sensitively which was something parents needed from me. My story informed future practice to accept the parents' position and respond by becoming a container for their emotions allowing them to reflect and make decisions for themselves.

Barbara presented herself as positive about her situation with Bernard. It was only when I listened to what was happening beneath the surface that her feelings of isolation and being misunderstood began to spill over into something that was articulated in words. Without an orientation toward co-constructing a story with her, something important in her experience would have been missed.

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Suddenly she finds a way to communicate loneliness and feeling misunderstood by expressing her desire to have a friend who she already knows who 'just happened to have another child with Down's, um, so friends first'. As soon as it is out of Barbara's mouth she seems horrified by what she has said, 'I know it wouldn't be lovely' she says quietly.

Barbara's hitherto disguised distress led me to consider my journey in understanding of learning disability. I had believed that a friend or caring professional could provide the support that a parent would need and yet my story changed to recognise how someone can feel lonely and misunderstood without the benefit of connecting with another person in a similar position to themselves.

Gradually [GS] learned through Barbara's story of the impact of appointments for Bernard and how this information could shape her professional behaviour in future:

'It's the difference between feeling included and accepted and actually feeling isolated and abnormal, (small laugh) it's that, it's that important! That one appointment or one visit if it goes wrong or isn't good, for again for whatever reason because it is so huge can actually leave you feeling kind of awful again, for whatever reason and a good appointment can make you feel on top of the world.'

During interview encounters this theme regularly emerged showing me how to become conscious of the feelings of the parent as they leave and to take time to support them within the moment and in a follow-up conversation.

Catherine's story illustrated the significance of the professional building a relationship with the parent so that the support offered met her needs.

The information was a clear challenge to my judgements and frustrations as I enter her story reflecting on my response when a mother seems reluctant to take a path recommended.

Her tone was almost strident, as though willing me to sit up and listen, she did not want to be, as she saw it, 'labelled, like the teenage mum groups'. I wondered what she did want and on the script she wrote 'I wanted to go out shopping and visiting friends not to groups'. As she continued she talked about finding it [the group] 'a real chore' and that she had been 'sent along', a point reinforced in the handwritten comment: 'I felt I had no choice'. When she was there she indicated that she was marking time until she could leave and go home and concludes with the stark statement, 'so it wasn't helpful'.

In my story:

I felt myself squirm and yet instinctively to protect myself I found myself judging her. I wanted to justify behaviour that I might have followed by criticising her for identifying herself as too good for the support groups. However I had to acknowledge that whatever the reasons and my probably misplaced indignance the resources were clearly missing their target.

This research meant that I would review services offered and involve the parent in decision-making, something useful for all professionals to consider when encouraging support of this type.

Ruby's story enriched my understanding of parents' relationships with professionals. In asking staff to give her more information about what Reece had been doing in pre-school

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(because with his speech and language delay he couldn't tell her himself) she feared being labelled by professionals and negative implications for Reece.

Ruby thinks if she phoned up the pre-school they would say 'oh here we go', although she concedes that it is their job to give her information. Looking down and changing her pace of speech she slowly tells me that, 'I was worried they would treat him differently because he had that delay'. I ask her to explain what she means and she stumbles over an answer saying, 'I didn't want them to sort of pick on him and ... I know that sounds terrible, but um you know I didn't want them to sort of, you know? Not focus on him as much, you know?'

My encounter with Ruby challenged my story of assuming an apparently friendly jovial parent must be feeling confident to ask questions. In future I would know to reassure them and invite comments that would uncover their feelings.

Tasmin's story led to me challenging the judgements I make on first impressions.

In embarrassment and shame I recall how, because of the lack of a diagnosis for Tony, I had questioned whether Tasmin was an appropriate participant for this study. As I listen to her story, the reality of my misjudgement hits me. Tasmin's worries are real, acute and clearly defined as she describes the impact that Tony is having on the family. I listen as she discloses how Tony's behaviour is influencing their relationship as she almost whispers the confession that her friends do not want to look after Tony saying, 'I don't blame them to be honest' cause I think sometimes if I didn't have to look after him (laughs) I probably (begins to laugh), I wouldn't want to either'.

Tasmin's story left me reeling with shock as I became aware that there is a low point at which caring for your child is too much. Without the trust that had developed between us this would not have been exposed, in future I would need to change my story to one that facilitated this with parents so that we could move forward in finding relevant support. The process of reflection for the participants and the researcher could be discomforting at times, but co-construction of stories enabled the experience to be transformative for me and them. Ruby reflected that: 'it's really helped me to talk about Reece's and my experience throughout this rollercoaster journey'. Tasmin commented on how she was surprised at the rawness of her emotions still, but that it was useful to 'reflect on how Tony's care is overall', which was different from going 'from one appointment to another'. Barbara's reflection, though, illustrates the potential of this iterative and collaborative approach:

On a more personal level, I have found the whole experience actually quite empowering, I knew that there were some types of 'support' that I preferred and others that I really didn't like, and being able to talk to someone and then take a step back and read the transcripts of our discussions has helped me work myself out a bit.

Discussion: The value for practice

The examples above prompt a review of the relationships and practices of early years support professionals. Historically, policy in the UK has consistently recommended that where intervention is needed positive partnerships with parents are a necessary ingredient to promote the welfare of the child (DCSF 2007). However, more recent research highlights that support

often goes against the wishes of the family (DfE 2011). Lamb's (2009) investigation of SEN services in England found that parents wanted professionals to listen more carefully to bring them 'into a partnership with statutory bodies in a more meaningful way' (p.3). The examples provided in this paper illustrate how stories and understandings can be co-constructed and what that 'meaningful way' might look like as the professional begins to identify with the parent at a level that offers new insights into effective intervention for the child and family. This is made possible by combining the unique knowledge of the parent with that of the professional.

A key ingredient of co-construction is reflection and Rix and Paige-Smith (2011) embrace this idea using the example of professionals engaging by providing a collective model of development, which exposes 'values, beliefs, practices, knowledge and underlying assumptions arising within their own personal, professional, cultural and situational experiences' (p.38). Our findings illustrate the benefit of applying this to practice when the disposition of the professional is rather like the open disposition of the researcher here – receptive to challenge and new insights.

The success of working in partnership that leads to effective intervention for children and their families is dependent on a relationship which is shaped by the attitudes and definitions of each party (Krauss 2000). Co-construction facilitates this through identifying parents' strengths and expertise but not leaving this at face value or as a truth that trumps all other truths. Frankham (2009, p.16), discussing participatory research, is not alone in recognising the tendency 'to over-claim the benefits of partnership working and to avoid acknowledging the complexities of the field'; furthermore she notes that there is a need to counter 'celebratory narrative[s]' without undermining 'the idea or the ideal of carrying out research with service users'. The same could be said of partnership work for support rather than research purposes: honesty is needed about

the nature of the challenges as well as benefits. It is honesty that Rix and Paige-Smith (2011) advocate, so that contradictions and struggles become a starting point for reflecting on practice and personal perspectives. When the parent and professional explore together there is the potential for the family to 'move on' and for intervention to be worthwhile and more cost effective (Pinney 2007); there is potential for professionals to move on also. This is pertinent to current economic constraints where scarce resources need to be applied effectively. Sameroff and Fiese (2000) argue that when the professional works alongside the parent, targets that emerge are more likely to match 'a specific child in a specific family in a specific social context' (p.149). This paper illustrates how co-constructing a story can bring to light new information as both parties share their experiences, skills and knowledge, and as they share their responses to what the other is saying (and not saying) and how they are saying it.

A further facet of professionals working with parents in providing support is that of achieving an effective balance of power and control. The unequal power that emerges from the type of relationship in an expert model means that support for children's special educational needs becomes something that is managed by professionals. Dunst, Boyd, Trivette and Hamby (2002) argue that this removes responsibility from the parent leaving them powerless. The answer, we argue, is not to view power as a commodity that can instead be handed back to the parent in the interests of the child. Power is better viewed as something we 'do' rather than 'have' (Thomson 2007, discussing Butler 1990). An argument for co-construction of stories is that it contains narratives from both positions, acknowledging the specialist and flawed knowledge that each party holds and creating something new. Moreover, it encourages the joining up of their powers to reflect and act in shaping improvements in support for the young child.

Developing a collaborative relationship helps to facilitate a family-centred model of partnership which enables children's special needs to be more effectively met. Paige-Smith and Rix (2006) acknowledge that such supportive relationships take time to grow. Dale (1996) endorses this, also describing how applying family-centred partnership leads to parents feeling more equal, confident and competent in their role. What is often missing from academic and professional support for such collaborative working is the detail of how it is achieved. Unusually, Puigvert, Christou and Holford (2012) outline methods to achieve the egalitarian dialogue that is needed for transformation to happen between researchers and participants, including their communicative daily life stories, communicative focus groups and communicative observations. Their communicative daily life stories have the greatest echoes with what transpired in this project:

a reflective narration on the everyday experiences of people who are directly involved ... [not] a simple biography or an outline of daily activities but a dialogic reflection during which interviewer and interviewee work together to create an understanding of the world and to provide explanations ... (Puigvert *et al.* 2012, 518)

It is our contention, however, that this dialectic negotiation usefully extends beyond the interview into what follows, and can usefully extend beyond the research relationship into the support relationship.

Conclusion

The purpose of co-construction is to review how listening can combine knowledge to shape appropriate action. As two parties enter into a partnership in sharing stories they need to express themselves believably based upon their 'own parallel, similar and analogous situations' (Blumefeld-Jones 1995, 31). An iterative approach to co-construction invites reflection leading to the kind of desired outcome that Stake (1995, 44) describes - passing along 'an experiential, naturalistic account for readers to participate themselves in some similar reflection', because both positions are transparent and open to scrutiny. In the process of co-construction each story becomes unique because, as Flanagan (1949) explains, it may be that recalling a single event sheds hugely important insights into understanding the issues that participants face and therefore becomes a critical incident. This research shows how such understanding can then become critical to tailoring support to individual families.

Thorne (2004) describes research experiences of picking up 'scattered leads and hunches ... instances that seemed to contradict an emergent pattern' (274) to help draw explanations. This research took a transformative focus, through co-construction congruent with Thorne's intention to find out, 'when and how, does a difference make a difference?' (275). The examples of interactions that arose from co-constructing stories discussed in this paper were instrumental in shaping the future researcher-professional behaviour of [GS] in providing support by listening differently, handing over decisions to parents and responding to how the parent feels before they leave an appointment. Thus, the process of co-constructing stories of parents' experiences of support itself became a teacher in unexpected ways. It led to [GS] realising that, by letting go of control and listening in ways that facilitated an honest review of past actions, unique,

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transformative insights could be gained for her and the parents she works with, ultimately leading to better support.

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Table: Details of research process

Parent	Number and length of meeting	Location of meeting	Protocol followed
Andrea, Alfred, Barbara, Catherine, Ruby and Tasmin	Interview 1: 40 mins	Home	With Family Support Worker to introduce research aims.
Barbara	Interview 1: 40 mins	Children's Centre	As above
Andrea, Alfred, Barbara, and Tasmin	Interview 2-4: 1 hour per visit within 3 months	Home	Review of confidentiality agreement and transcript and comments (sent before each meeting). Semi-structured interview answering questions about their experience of support.
Andrea and Alfred	Observation 12 months later: 40 mins and follow up interview 20 mins	Home	Agreed with lead professional for team around the child.
Barbara and Tasmin	Observation 12 months later: 40 mins and follow-up interview 20 mins	Home	Agreed with Portage worker. (Support professional who assesses and sets targets for the child).
Andrea, Alfred, Barbara and Tasmin	Interview 5: Separate occasion following observation: 1 hour	Home	Review of confidentiality agreement and observation report (sent before meeting). Discussion about experiences of support over the previous 12 months.