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# Creating Communities of Parents

*Ingunn Skjesol*

## Abstract

Norwegian Open Kindergartens facilitate access to professional advice and peer support, supporting parents to take part in collective learnings processes, renegotiate their roles and build social networks. Drawing on a study of five Open Kindergartens located in three Norwegian municipalities, this book chapter discusses how these spaces create opportunities to develop parenting skills and negotiate what it means to be a parent. Open Kindergartens are drop-in meeting places where parents and children take part in everyday activities as part of a diverse group. Open Kindergartens provide a space to learn parenting by doing, in a safe and non-judgmental environment, facilitated and supported by a range of professionals. This approach supports integration in local communities and contrasts with many parenting programs that are professionally led and often highly normative.

**Keywords:** Open Kindergarten, family support services, communities of practice, social networks, relationship, peer support, professional role

## 1. Introduction

There is wide agreement that the early years of life are crucial for both the health and social outcomes of children. Family support services aim to promote children's health and well-being through the provision of holistic support to the whole family. Open Kindergartens are one way of providing support that is not targeted toward a single child, or even one family, but rather an initiative that aims to support families by bringing them together. In this chapter, I present three distinctive characteristics of this form of family support and apply the concept of communities of practice to show how supporting children and families can be understood as a collective learning process.

Norwegian children are entitled to attend kindergarten from the age of one. If they turn one by the end of July they will be accepted in August, or by the end of the month if the child turns 1 year old in the autumn. The municipality is accountable for ensuring sufficient capacity to provide a kindergarten place for all children that are inhabitants in the municipality. In 2020, 92.7% of children 1–5 years old attended publicly funded kindergartens [1]. Despite a strong economy and well-established education and social welfare services health inequalities in Norway are increasing [2, 3]. For the youngest children, the family is the main unit of care. Therefore, universal services that support families are an important aspect of health promotion for the youngest children.

Open Kindergartens are a low threshold service for young children and their caregivers. Parents' education is often organized in individual consultations or group sessions with other parents as a part of reflexive praxis, talking about parenting without the children being present. The family support initiative that

is presented here, the Open Kindergartens, differs from ordinary kindergartens by being a meeting place that children and their caregivers attend together, as opposed to ordinary kindergartens where the children attend while the parents are absent. Open Kindergartens, therefore, are not a replacement or alternative for kindergartens.

Open Kindergartens are not targeted at a specific group of parents or children but rather are open to all. The broad representation of families using Open Kindergartens marks them out as a universal intervention. The families can come and go as it suits them during opening hours and there is no requirement to make an appointment, apply or have a referral. The families that use the service are widely varied in terms of age, gender, ethnicity, level of education, and employment status [4]. From the parents' perspective, attending an Open Kindergarten was experienced as beneficial both for themselves and their child(ren) [5]. Norwegian municipalities have delegated responsibility to provide family support services. While ordinary kindergartens and health care centers for children are a mandatory part of the services that municipalities must offer, Open kindergartens are not, and therefore are not available to all parents and children in Norway. The decision not to provide Open Kindergartens is often justified by limited resources and a desire to prioritize more targeted, rather than universal, interventions.

The Open Kindergartens discussed in this chapter are all part of municipal family centers that provide interdisciplinary services for children, adolescents, and their families. The first family centers were established between 2002 and 2004 in a pilot initiated by the Norwegian Health Authorities, inspired by a Swedish Family Centre Model [6]. Following the pilot, this form of family support was recommended and in 2012, 150 family centers were established throughout the country [7]. The family centers were intended to contribute to strengthening families and supporting children and adolescents in their formative environment. The Open Kindergartens in this study are integrated into the provision of the family centers, as a low threshold service that aims to promote health through providing a setting where families can meet other families with young children, share experiences, build networks as well as meet professionals that specialize in young children and family support. Family centers providing a range of family support services are found in countries throughout the world, including Australia, New Zealand, the United States, Japan, France, Italy, Greece, Belgium, the Netherlands, England, Ireland, Sweden, Finland, and Norway [8–12]. Typically, health and social services are co-located in the family center and provide a range of services. The centers are diverse in the forms of support that they offer and how they are organized but typically provide health-care services for children, pregnancy care, child welfare services, pedagogical-psychological services, and Open Kindergartens. While the centers in this study provided diverse cultural and sociopolitical contexts and different rationales for their creation they shared very similar approaches and provided informal social support to parents with young children [11, 13].

There is no current data on the number of Open Kindergartens provided across Norway. But in 2012, the mapping of Norwegian family centers found that a quarter of the centers had an Open Kindergarten [7]. Being located in the family centers made interdisciplinary collaboration easier [9], although the potential for collaboration was not always fulfilled [14]. The Open Kindergartens were a distinctive space that created opportunities for informal learning between parents and professionals, creating a distinctive community of practice that drew on the diverse cultural resources of the parents who attended and the range of professionals involved.

## 2. Methods

This chapter draws on a study of five Open Kindergartens, located in three Norwegian family centers. The study was part of a doctoral study, exploring family centers—creating accessible and integrated family support [15]. The three sites, one in a rural area, one in a small town, and one in a capital city district were chosen to maximize variation in the populations they served. To ensure comparability, the centers invited to participate in this study met three inclusion criteria—(1) a minimum of three co-located services targeting children and families, (2) a formal setting for interdisciplinary collaboration, and (3) an Open Kindergarten. The fieldwork generated rich data including participant observation and interviews with both users and staff.

For this book chapter, I draw on the analysis of field notes from observations in the Open Kindergartens and transcriptions of focus groups and individual interviews with both professionals working in the Open Kindergartens and parents using the service. Inspired by grounded theory as a constructivist approach [16], analysis and data-generating interchanged throughout the study. Grounded theory is based on an inductive approach to data analysis. It adopts an iterative strategy of going back and forth between data collection and analysis drawing on comparative methods to ensure the researcher continues to interact with both the data and the emerging analysis [16]. This means that the coding process starts early in the research process, labeling segments of data, separating, sorting, and synthesizing them to be able to identify analytical questions that lead to comparing segments of data [16]. Through this process levels of abstraction are built directly from the data followed by gathering additional data to check and refine the emerging analytic categories and theoretical concepts. The inductive approach does not discard the relevance of theory from other scholars. Rather comparing the emerging concepts to other evidence and ideas can illuminate the theoretical categories, and make it clear how the new findings extend, transcend, or challenge dominant ideas in a field [16].

The author had access to the family centers and participated in their various activities, consultations, and meetings with both professionals and families. The fieldwork was conducted in two stages. The first stage involved visiting each of the family centers for eight to 10 working days, generating data through participatory observation and interviews to represent a wide variety of voices including service managers, professionals, caregivers, and children [17]. The interviews were audio-recorded, and the observations were documented through writing field notes and making audio recordings. The audio recordings were transcribed. The interest in the topic of this chapter was sparked in the first stage of fieldwork, noticing that many of the parents' interactions were prompted by children playing, for instance, when a girl was playing with a ball and it landed on the head of a father sitting further away. The man brought the ball back to the child and started talking to her mother about all the things he had to put away in their apartment over the last few weeks because his daughter had started to throw everything she could get her hands on (field note). This inspired further exploration of the interaction between parents and children in the Open Kindergarten during the second stage of the research. In this stage, I revisited the three centres and used theoretical sampling to select activities to attend and participants to talk with [16].

Through participant observation and conversations with both parents and professionals, I aimed to understand more about how the interaction between children and adults was interdependent. The material was organized using NVivo 11 qualitative data analysis software [18]. The program provided a structure that enabled a common analytical framework, searching for commonalities and differences in the material revealing issues prevalent in all three centers. The material was analyzed through coding, memo writing, constructing mind maps as well as discussions with

colleagues, participants in the study, and practitioners to refine the concepts that emerged [16]. The analysis resulted in four main categories—the diversity of the group, community through everyday activity, dynamic language environment, and doing parenting [19]. This chapter focuses on one particular main category *Doing Parenting* with three subcategories *Unlikely friendships*, *Sharing food*, and *Facilitating Peer Support*. The findings were further refined with reference to the concept of communities of practice [20]. The resulting analysis is presented in terms of creating communities of practice illustrating how there were two main types of communities, *Communities of Professionals* and *Communities of Parents*. These two communities overlapped in *Border Communities* where their common engagement in how to do parenting created a setting for collective learning.

There are some limitations to the study reported in this chapter. The five Open Kindergartens included in this study are all part of family centers. In 2012, a mapping of family centers found 24 that had an Open Kindergarten [7]. Even though preliminary findings from this study have been validated through discussions with professionals from Open Kindergartens that are not part of the sample, it is likely that there are variations that this study does not reflect. This study explores perspectives and practices within the five Open Kindergartens; therefore, the voices of the parents that were not in contact or did not attend during the fieldwork are not included in this study.

The study was approved by the Norwegian Social Science Data Service (project nr 40,736) and was conducted in line with the Personal Data Act [21], as well as guidelines from the Norwegian University of Science and Technology [22].

### 3. Doing parenting

The Open Kindergartens in this study provided a space to learn by doing parenting in a safe and non-judgmental environment. Here I present three characteristics that make this setting distinctly different from other family support interventions; building relationships across social boundaries—*unlikely friendships*, doing parenting together in everyday activities—*sharing food*, the professional role in an Open Kindergarten—*facilitating peer support*.

#### 3.1 Unlikely friendships

*I'm sitting on the floor in a room filled to the brim with people; both adults and small children. I close my eyes and hear a myriad of voices, some speak Somali, one speaks German with his daughter, two ladies speak French in a corner, there are several languages I do not recognize. Many speak Norwegian; some with a strong accent. I open my eyes and take in the rest of the room. Through the door comes a man with a newly-ironed shirt and trousers with a sharp crease, he is carrying two cups of coffee. He walks carefully around children playing and parents sitting on the floor, facing a vacant chair that sits in the far corner of the room. In front of the chair, a man wearing a hoodie is sitting on the floor. His sleeves are pulled up to the elbow, revealing arms where every inch is covered in tattoos. "I figured you wanted a coffee too," says the man in the freshly ironed shirt, handing one cup to the man on the floor. New people keep entering the room. Those who have already found a place greet and make space between toys and people (Field note).*

In this crowded room, there was always room for more. Those who looked in from the hallway quickly made eye contact with someone. It seemed to calm them once they arrived. The people that came into the room took different positions. Some made contact with others at once, either with people they knew or someone

they had not talked to before. Others adopted a more withdrawn position. The men with the coffee cups stayed for several hours the day that I first observed them. They could always be seen close together. They did not talk much. Still, it was clear that they knew each other well. They became my inspiration to explore what I later labeled, based on a quote from professionals who had been working in one of the Open Kindergartens for years, as “unlikely friendships.” These types of connections bridge social networks and can, according to Granovetter [23], have an effect at both individual and community levels. When social networks from different parts of a community are connected through these kinds of encounters, new impulses and possibilities emerge. It might be that a person starts considering applying for a job he or she had never thought of applying for or that they become aware of an evening activity that one of their older children could attend. At a community level, such connections might lead to better integration through bringing parts of the community together across predefined boundaries. As one professional explained,

*“I have seen a lot of it, the forming of unlikely friendships, people I would have never thought would connect. And then suddenly they do. You can see it in the way they laugh at the same moment, or who they choose to sit next to. My favorite was the man in full Goth makeup and the accountant in the knitted cardigan and pearl earrings. They were on parental leave during the same time period and always had coffee together while their children were drawing” (Interview Professional).*

The extent of contact between families that met in the Open Kindergartens varied. The families that visit seek different levels of contact. Some are content with short-term interactions constrained by attending the activities in the Open Kindergartens while others wished for more [24]: “It would be nice to meet someone that I could make a play date with” (Interview Father). The professionals working in the Open Kindergartens reported relationships that started as merely following their children to the Open Kindergarten but ended up being important for years to come.

*“There was a woman here a few years back who talked a lot about how she felt lonely after moving back to her hometown. She didn’t really know how to make contact with people when she was no longer studying. After a while I often saw her talking to a father that used to come here on Thursdays. They always cleaned up the kitchen after meals and helped with moving furniture back after we had the singing group. When she came back with her second child a few years later she told me that he was now living next door to her with his wife. The two families used to celebrate birthdays and holidays together. They had become best friends. I would have never guessed” (Interview professional).*

The rooms in the Open Kindergartens are designed to promote interaction between children and their caregivers. There are chairs that fit both adults and children, the floor is covered with playmats and boxes with toys, there are places to sit and read from the book collection in the low bookshelves. The playmats are the children’s domain. It is a safe area to explore. They start close by their caregivers, seeking comfort. But slowly and steadily they expand their range and explore the room, the furniture, the toys, and the people that inhabit it. Because there are so many visitors gathered in the same room, most of the children will come into contact with both children and adults they do not know. Through exploring the room and the people in it, they draw the adults into interaction with each other.

*Two women are sitting quietly side by side on the floor, their children, a boy and a girl, are on the floor next to them. The boy is pulling himself along on his tummy,*

*away from his mother, looking for the colorful toys that are out of reach. The boy's mother picks him up and brings him back to where she sits several times. Then suddenly, he shifts direction towards the woman next to his mother. He pulls himself up onto her knee. She looks him straight into his eyes and says: "Hello. What is your name little one?" Then the conversation is off, leave schemes, developmental milestones and the sale at H&M. During the next hour the women had covered a wide range of topics (Field note).*

The boy changing direction and approaching the woman sitting next to his mother opened new possibilities for interaction between the two women. One of them has moved from Ukraine, the other moved to the city from a rural area on the west coast of Norway. They are both new in town as well as being new mothers, and that was enough. When the first words between them were said, they realized that they had a lot to talk about. They did not need assistance from a professional to find topics for conversation. They needed a catalyst, something that prompted interaction. I have seen this effect many times in different situations but always prompted by the random actions of one of the children. Something happens in the dynamic between the youngest children's physical and verbal communication and the adults' emotional intonation and affirmation [25], it reaches outside the interaction between two adults and creates opportunities for contact between those who have no prior relationship.

The children facilitated contact between adults from when they were just a few months old. Children's form of direct communication and uncompromising presence opened doors for conversations and relationship building between people who did not make contact in other settings. The lack of escape from the room with the playmats can also be perceived as difficult for some parents and this way of being together was not everyone. Still, many parents found it easier to be with their child while interacting with other adults on the floor of the Open Kindergartens than in other settings. "I prefer coming here. Cafés are not suited for children. Here, we both enjoy ourselves."

### 3.2 Sharing food

The days in the Open Kindergartens were to a large extent filled with everyday activities, such as playing, reading, tidying up, or sharing food. The familiarity of the activities meant that the children and the adults brought habits from their daily life into the setting of the Open Kindergarten. While this meant that they had established strategies and developed skills that they could use, taking part in the everyday activities often revealed challenges that families experienced at home.

*"Put the bread into your mouth!" The mother looks dejectedly at her daughter who has carefully placed all the pieces of bread that used to be on her plate on the table on front of her. The daughter looks up at her mother, as if she wonders what she is talking about. Then looks down at the collection of diced bread with liver pate on the table and then carefully picks up one of the pieces and pushes it into her ear (Field note).*

In these situations, no one is by default better prepared than others to master the situation. Having an academic degree is of little help when it comes to responding to liver pate in an ear. The children explored, understood, and tested the world and its boundaries in their own way. The parents tried to guide them. Being together with other children and families in these situations seemed to bring the participants together; they connected through common experiences. The mother's tension when her child put the bread in her ear was released by the other adults' laughter. This

led to conversations around the table about how they all found it challenging not to react too strongly when children did the exact opposite of what you told them to do. The parents' own experiences with parenthood and everyday life was confirmed or supplemented through being connected to other parents' stories and actions. Seeing your own experiences and challenges in connection with others holds the potential to build a sense of belonging [26].

When a situation occurred in the activities in the Open Kindergarten, it was no longer solely a parent's responsibility to find a way forward. The group of parents that were present took on a form of co-responsibility by supporting both the child and the adult. This might be by providing advice, sharing their own experience, defusing the situation with laughter, or simply stepping back to give the child and the adult space to find their way through it without being disturbed. The diversity of the group provided a range of different examples of how to parent those individual parents could choose to use as a model for their own role. This can be understood as social learning, where "patterns of behavior can be acquired through direct experience or by observing the behavior of others" [27].

Sharing food also provided an opportunity to explore the diversity in the group.

*The kitchen is full. Everyone can eat when it fits their own routine. The kitchen is equipped with a kettle, a microwave, a fridge and there are bowls and cutlery they can use as they please. Children and parents are gathered around the table. The selection of food on the table represents a great variety. A Norwegian woman looks interested in the food in the box that belongs to a girl with dark curly hair sitting next to her. The girl is about 18 months old. The box is filled with beans, white fish, and peas. She is clearly enjoying the food, eagerly eating everything using her fingers. "How have you made her eat that?" The woman asks the girl's mother. Her own daughter is eating diced bread. Sometimes reaching for the bag of mashed fruit. "Eat it?" the woman of the girl with the dark curly hair replies. "Shouldn't she eat this? It's leftovers from yesterday's dinner. And she really loves peas!"*

The woman commenting on the meal replies quickly that no, she was not criticizing the lunchbox. She was merely in awe that the girl ate something that she did not expect a child that age would be willing to eat. What was initially meant as a compliment, made the recipient uncertain. Many of the parents from an immigrant background were wary of making mistakes. Most of the children with parents born in Norway brought sandwiches, the youngest ones were often given porridge. Sometimes they also had some fruit, often store-bought pre-mashed in a plastic container. These foods were in stark contrast to the other lunch boxes on the table. Tiny meals that carried traces of other cultures and habits. These were more colorful, smelled of spices, and were often prepared as the meal progressed.

The children were curious about each other's food and were often allowed to taste something another child had brought. This prompted conversations about recipes, nutritional content, meal composition, and traditions. The conversations acknowledged informal knowledge and competence about how to prepare and consume food, as well as how different cultures involved children in preparing meals and their role at the table. The conversations took on another form when they originated from sitting at the table. Where conversations in parent meetings often have a normative character, the conversations around these tables emerged from interest and curiosity. Such discussions change the dynamic, instead of parents being a passive audience receiving a lecture, the parents were engaged and everyone at the table was seen to have knowledge that the others are interested in gaining. Such settings have the potential to shift power, as the situation with the girl eating fish, beans, and peas shows. The immigrant mother was wary about having done



something wrong but ended up being in an empowered position, as the one that had been successful in teaching her child healthy food habits from an early age.

The meals also provided situations that made it easier for parents to interact with someone they did not know. Quite frequently something unexpected would happen, that prompted a response. If, for instance, someone spilled a full glass of juice, and everything became wet and sticky, or if a child reached out and took another child's lunch box, then everyone had to engage with each other to sort out the mess. These small situations lead to discussions about everyday life. The children took part in the conversations in their own way. They interrupted, confirmed statements by doing the exact thing the parents talked about, became impatient, and burst into spontaneous expressions of joy. Many parents talked about the value of being together; that it provided them with a sense of belonging, communities were formed around these tables. The sense of belonging that formed across conventional boundaries was also something they wanted their children to experience. One of the mothers explained that the diversity of the group and the inclusive nature of the interaction were of great value.

*“I appreciate the mix of people in the group. That we all belong here, no matter what kind of background we have. I want my daughter to be a part of this, from the very beginning” (interview with mother).*

### 3.3 Facilitating peer support

The Open Kindergarten was a setting that brought families together and peers support was an essential part of this practice. Facilitating contact between parents was an important part of the professional's work. At the same time, professionals gave advice and provided counseling on topics that parents identified. The professional role in the Open Kindergarten had a different form than was often found in professionals in health and welfare services.

*“At, first I did not understand what she did, but after a while I started to see it; she intervenes at the right time and then she moves to someone else” (Interview Father).*

The family centers aim to offer easily accessed services to support and strengthen parents in their role as caregivers [28]. Norway has a longstanding tradition of offering universal health care services to all children. While health care centers initiate maternity groups including group consultations their services primarily meet with one child at a time. The Open Kindergartens represent a different approach to supporting families, facilitating both access to professional advice and peer support. These Open Kindergartens did not have guidelines that defined the activity or targets that had to be met but instead were perceived as providing a dynamic mechanism to respond to the needs of the involved families [24].

Traditional support services for children and families provide interventions to prevent disease or loss of health or to address a problem that is already present. The Open Kindergartens, by contrast, adopt a broad health promotion approach that contributes to building a supportive environment for children to grow up in [29, 30]. The focus of this approach is on the assets and capabilities that families bring with them. They are welcomed without any requirements to define a purpose or aim for their interaction. The professionals facilitate interaction between the visitors, both children and adults, as they are seen to be assets for each other. The professionals facilitate peer support while still acknowledging their own competence. They follow the pace of the families that visit and take part in the conversations that emerge rather than setting the agenda and providing advice on a general basis.

This approach requires the professionals to take on a different role as they do not know who will attend each day. New people arrive during opening hours requiring them to be attentive to the dynamic of the existing group and at the same time keep an eye on the door and the potential changes.

*People keep coming through the door. Some of the families arriving was clearly well acquainted with the setting, while others were newcomers. The staff was quick to greet the families that were new telling them about routines and activities. Everyone gets a tour of the kitchen, with a special emphasis on the coffeemaker (Field note).*

The introduction does not include questions about how they are keeping up with parenthood or if they sleep well as such topics emerge naturally in this environment. New arrivals are greeted as visitors and seen as capable contributors to the community of parents that gather in the Open Kindergarten. Thus, knowledge of how the coffee machine works and when the singing group is scheduled is far more important than identifying specific issues they need help with. The lack of requirement to formulate an issue and being allowed to come to Open Kindergarten without defining specific outcomes opens the setting to a diverse group of families. Participating families in this study represented all parts of the community and this was seen as an asset, both by the professionals and the parents [24]. All children were assumed to benefit from collective investments and children were not singled out for concern based on a belief that only poor parents required help [31]. Even though every family does not make use of the Open Kindergarten, all families are equally welcome.

*The kitchen is full of children and parents. One of the professionals is emptying the dishwasher. The topic of conversation around the table is sleep patterns. One of the men shares a story that makes the others laugh. They nod, smile, and sigh. Even if it brings laughter, they all know it is deadly serious. One of the parents says: "We are in a good period now, but that is never a good sign." Laughter again. Then a father asks, "But how much sleep does he need, really? It seems like he need far less than me." Pointing toward his son, who is 11 months and sitting next to him. The parents have been talking about sleep for a while, without any interruptions from the professional by the kitchen counter. Without turning around, she says, "It differs a lot. Counting hours seldom helps. Help them to calm down in their bed even if they do not sleep. And give them a nap when they need it. Sometimes you might need a nap in the middle of the day too, if the nights are a bit short right now." And then one of the mothers continues. "I always nap with her. I have to."*

The professionals who attended the Open Kindergarten sometimes gave a short talk on a topic permitting parents that did not feel like making contact directly could be passive recipients of the information. Questions raised by one family were often relevant for other participants. Being together in a group lowered the threshold to access information [32] as it did not require parents to formulate questions individually. Some parents needed more support than could be provided within the setting of the Open Kindergarten. For these parents, professionals advised on where to go or who to contact in other services. The parents often established a special relationship with one or more of the professionals working in the meeting place and therefore allowing themselves to be guided through the system this way felt safe. For the families that needed more extensive support than could be given from one service alone, they felt it easier to accept the referrals when presented by a professional they already had a relationship with [24]. This approach framed the professionals as guides, leading parents to services that could help them.

## **4. Creating communities of practice**

Communities of practice are groups of people informally bound by shared expertise and passion for the same practice and these communities can be work-related or oriented to other parts of our lives [33]. Building a community of practice requires members to negotiate a balance between disagreement and agreement. The participants need to have enough areas of agreement to see it as important for them to commit to the community. At the same time, there has to be sufficient disagreement within the community so that the practices they share do not stagnate. The tensions between different perspectives within a community push the participants to negotiate, and through the negotiation lies the potential for new discoveries and the development of new practices. Communities of practice can be a useful concept to understand the collective learning processes that can emerge in Open Kindergartens. Communities of practice can be formed by professionals or parents and when these communities overlap, they create boundary communities [34] where professionals and parents develop practices together drawing on their collective experience and different perspectives.

### **4.1 Community of professionals**

The professionals working in, and connected to, the Open Kindergartens participate in their own communities of practice. These communities are informal; the members communicate over cups of coffee in the kitchen and interact in hallways on their way to work tasks. However, the ideas that are developed through these conversations are brought to formal settings, including staff meetings, interdisciplinary team meetings, and management meetings. The communities of practice are not the same as formal interdisciplinary teams, rather they are the product of informal alliances entered into by professionals that find low threshold settings interesting and want to develop practices in these settings.

The professional's role in the Open Kindergarten is different from the professional's role in traditional services. Their work is more about facilitating interaction between families than answering questions or providing advice. This requires a different way of working, and professionals visiting from other services often find this practice challenging. When observing the professionals connected to the Open Kindergarten, some were insiders and knew the code while others did not and remained outsiders. This might be explained by Wenger's concept of communities of practice. In communities of practice, the negotiation of what it means to be competent is a collective activity [20]. The participants engage in developing ways to solve issues, as well as considering how they think about issues and approach their practice. The professionals that did not participate in the conversations about the setting, the parent's situation and the professional role did not act as insiders; professionals within the community of practice in the Open Kindergarten. Their professional identity was instead dominantly shaped by a different context, for instance, the children's health care service [19]. Such professionals become outsiders in the meeting place, as they belonged to a different community of practice and they enacted a different professional identity [35].

Working in settings like the Open Kindergarten meant taking on a different role as a professional. Instead of working with one family at a time, there might be six parents around a table taking part in a conversation. It was a challenge to work with a group of families at the same time, and it was the families that set the agenda for such conversations. This meant that if one of the parents asked a question there were often a group of parents that heard the answer. Most of the time parents started talking and thereby set the topic of conversation. This meant that professionals could not prepare for the topics that would be discussed and instead had to

draw on their existing knowledge and admit their shortcomings for topics they did not feel they were competent to discuss or provide advice about. Working in the Open Kindergarten required flexibility and a feel for when to let the parents talk among themselves and when to take an active part in the conversation [19].

Communities of practice are established, developed, and driven by the engagement of the participants. However, how managers tend to them is also important. “Like gardens, they respond to attention that respect their nature” [33]. The communities of practice connected to the Open Kindergarten were affected by management priorities. When the spotlight [36] was focused on the Open Kindergarten the communities grew and the opposite was also true. In the family centers, where the Open Kindergartens were under constant risk of being shut down due to budget cuts the communities of practice shrunk; professionals re-prioritized where they invested their energy. All three family centers had staff that were interested in contributing to developing new ways to support families. Moreover, they believed that there was significant potential in creating spaces where families could meet and interact with professionals in ways that were not predetermined by protocols and manuals. However, when the Open Kindergartens were under constant danger of being closed, the communities of practice connected to these spaces lost members. In such contexts, it was not prudent for professionals to invest their energy in the development and instead they sought the opportunity to make a difference somewhere else, where the spotlight was directed; a context where they were more likely to get the resources they needed to put ideas into practice.

## 4.2 Community of parents

Some of the families that attended an Open Kindergarten had several characteristics that within a deficit model could be defined as risk factors [37, 38]: young single parents, low income, poor living conditions, mental health issues, unemployment, or limited Norwegian language skills. Professionals often struggle to build a relationship with families that fall into these categories [39]. Parents’ prior experience with the service system may undermine their trust in professionals and be a reason for the difficulty in negotiating a relationship that can help [40]. Making a formal request for support can be seen as risky by parents who may be concerned about how the “system” will use such information. The Open Kindergartens represented a totally different way of creating a space where parents could tell their stories, share their experiences, and seek advice. Talking with other parents over a cup of coffee while their children were playing on the floor provided a social setting that enabled many of the parents to talk about both the joys and challenges of parenthood; it provided a holistic experience not explicitly focusing on the most difficult aspects of parenting. However, the conversations in the Open Kindergartens were surprisingly revealing and honest. People from different parts of the community shared experiences and listened with interest to the stories that were shared. The conversations about parenting occurred in the middle of enacting parenting; the children shared the space with the parents.

A group of parents can also be understood as a *community of practice* [20, 35]. They engaged in negotiations about what it meant to be competent in the practice they shared, parenting. Wenger emphasizes that participants in a community of practice are not necessarily in agreement. Rather, Wenger suggests, the tensions between different ways of solving an issue drive the development of new practices and shape the learning process. The parents coming to the Open Kindergarten practice parenting in different ways. Through participating in the setting, children and adults together, the practices of parenting changed from being individual to becoming connected practices that adjusted and changed in relation to each other.

Participating in everyday activities shifted the dynamics of power in the group. The familiarity of the activities ensured that all the parents had some competence they could demonstrate. Even when aspects of parenting within the Open Kindergarten were challenging it was not always predictable who would cope best with the situation. For instance, parents with higher socioeconomic status did not necessarily cope better with a child's tantrum [19]. When faced with real situations parents started to discuss alternative strategies and acknowledge each other's resources as well as identify new approaches that none of them had previously considered. The Open Kindertgartens were not normative settings that sought to promote one right answer, rather the parents negotiated a set of different practices and ways to parent. This created the opportunity to change their parenting approach or to gain confidence that their existing practice was acceptable.

### **4.3 Boundary communities**

According to Mørck [19, 34], different communities of practice overlap and in the intersections, boundary communities are created. The boundary communities connect two or more communities of practice and create the possibility of interaction and the re-negotiation of positions and practices [34]. In the space shared by two communities of practice, the participants can negotiate their position from a different perspective than when standing alone. The membership in a community provides them with a sense of competence and established practice that is not dependent on them individually but rather on a collective sense of how things should be done. This does not mean that the practices are fixed, but on the contrary, that collective experience frames an understanding and provides a starting point; a position from where it is possible to negotiate and alter practices if it is appropriate.

Over kitchen tables and on play mats in the Open Kindertgartens, communities of parents and professionals overlapped. In the boundary communities, the participants negotiated knowledge and positions. People that would not normally interact connected in the Open Kindertgartens. In these boundary communities, parenting practices were negotiated through a collaborative learning process [20] where everyone brought relevant competence to the table. In such conversations, the experience was highly valued and both professionals and parents shared their own stories. Instead of positioning themselves as experts, the professionals exposed aspects of their own experience, revealed shortcomings, and identified strong points.

If we understand both the group of parents and the set of professionals in the Open Kindertgartens as communities of practice then both communities are created around the participant's common competence and their commitment to negotiate what it means to be competent. By defining them as communities, we can also describe their boundaries and where the communities overlap. Through the conversations about everyday life, as parents and professionals, the two fields of competence overlapped. The actors shared a common interest in how parenting was practiced and through conversations mapped alternative strategies to meet the identified challenges. Professional competence and the competence produced by experience met in these boundary communities and provided the parents with the opportunity to renegotiate the ways that they thought about parenting. In the boundary communities, cultural practices and different ways of practicing parenting were presented and negotiated in a way that enabled the participants to renegotiate marginalized positions [34] and to create new ways of perceiving themselves and each other. The boundary communities validated both existing practices and acknowledged their expertise, making parents more confident, but also provided opportunities for reflection and the development of new thinking and new ways to enact parenting.

## **5. Conclusions**

The Open Kindergartens facilitated the creation of communities of practice that served to promote collective learning processes and the re-negotiation of roles for both parents and professionals. Open Kindergartens provide family support services that are not targeted toward one child or framed in terms of deficits and risks but instead aim to create supportive systems where parents are seen as assets; their experience and access to different cultural resources are valued. An essential element of these spaces is that they are non-judgmental and not normative but instead recognize the diversity of practice and experience.

Universal services are essential to create a supportive environment for all children [31] and Open Kindergartens are one way of creating such environments. One of the main benefits is that they build on the notion that “all parents have issues and concerns and differ only in the extent to which they have the capacity to address these issues” [31]. From a societal perspective, universal services, such as Open Kindergartens, demonstrate a collective responsibility for taking care of all the children in our society. “Raising children is a collective effort best accomplished when the obligation extends to all adults that touch a child’s life” [31]. Open Kindergartens nurture interaction and value difference to create a dynamic that builds collective responsibility between parents, between professionals, and together as a community of parents and professionals.

Family support initiatives that are similar to the Norwegian Open Kindergartens are located in a range of other countries in Europe including the United Kingdom, Belgium, Slovenia, Sweden, and Finland [41]. Further research that compares traditional parental training and Open Kindergartens or similar initiatives in different countries can shed light on the rationale behind prioritizing one form of family support initiatives over others, and how they might be seen as complementary rather than alternatives.

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## **Conflict of interest**

The author declares no conflict of interest.

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