

Education Co-Responsibility: Advancing Participatory Cultures in Early Childhood Education

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ABSTRACT

Family participation is widely recognised as an important dimension of quality in Early Childhood Education and Care (ECEC), particularly in provision for children aged 0–3 years, where education, care, emotional well-being, and early development are closely interconnected. Within this context, relationships between families and ECEC professionals extend beyond conventional forms of parental involvement, as continuity between home and the early childhood centers becomes integral to children's everyday experiences of learning and care. However, regular opportunities for communication and participation do not necessarily develop into sustained collaboration or become embedded within a participatory culture. This study examines how institutional self-evaluation in a municipal early childhood institution in southern Spain informed the diagnosis of existing participatory practices and the subsequent design of a participatory improvement strategy. A qualitative documentary case study was conducted using multiple sources of institutional evidence, including self-evaluation and planning documents, family communication and participation records, quality-improvement documentation, and reflective field notes generated during the self-evaluation process. Thematic analysis identified four interrelated conditions shaping family and community participation: reciprocal communication, trust and mutual recognition, opportunities for shared decision-making, and sustained community collaboration. The analysis further showed that existing participation was predominantly informative or associated with specific activities, while opportunities for families to contribute to dialogue and selected aspects of institutional decision-making remained limited. These findings informed the development of a context-specific participatory strategy and the conceptualisation of Education Co-Responsibility (EC-R) as an interpretative concept for understanding how complementary responsibilities among ECEC settings, families, and community stakeholders may contribute to the development of participatory cultures. The study provides an empirically grounded account of how documentary self-evaluation can connect institutional diagnosis with participatory planning in a 0–3 ECEC schools.

Keywords: Early Childhood Education and Care (ECEC); Family Participation; Participatory Culture; Education Co-Responsibility; Institutional Self-Evaluation.

INTRODUCTION

Early Childhood Education and Care (ECEC) in the twenty-first century operates within societies undergoing profound and interconnected social, demographic, cultural, technological, and environmental transformations. Changing family structures, increased human mobility, cultural and linguistic diversity, persistent socioeconomic inequalities, new patterns in the organisation of employment and care, and the expansion of digitally mediated relationships are reshaping both childhood and family life. At the same time, children are growing up in a world confronted by challenges that transcend their immediate communities, including environmental degradation and climate change, social inequality, gender discrimination, pressures on democratic coexistence, and the need to communicate and live together across increasingly diverse and interconnected societies. ECEC is consequently required to respond simultaneously to the particular circumstances of children and families and to the broader transformations affecting the societies in which they live (OECD, 2021; UNESCO & UNICEF, 2024).

This dual responsibility acquires particular significance during the earliest years of life, when experiences and relationships contribute substantially to subsequent cognitive, linguistic, emotional, social, and physical development (Shonkoff & Phillips, 2000; Heckman, 2006). ECEC must therefore be rooted in children's immediate relationships, languages, identities, environments, and everyday experiences while establishing the foundations from which they can progressively engage with a more complex world. In provision for children aged 0–3 years, this does not imply formal instruction in abstract concepts such as democracy, sustainability, gender equality, or critical thinking. Rather, their earliest foundations are encountered through everyday experiences of interacting with others, recognising difference, expressing emerging preferences, experiencing fairness and care, developing curiosity, exploring the natural environment, participating in shared routines, and progressively acquiring the communicative and social resources through which agency develops. The educational challenge is therefore both immediate and prospective: to respond to children within the realities they presently inhabit while laying foundations for their participation in the world they are entering.

This challenge cannot be separated from the changing circumstances of families themselves. Contemporary family realities are increasingly heterogeneous in terms of composition, cultural and linguistic background, socioeconomic resources, employment patterns, care arrangements, mobility, and access to educational and social opportunities. Digital technologies have simultaneously transformed how families communicate, access information, maintain social relationships, and interact with educational institutions. Families and ECEC settings are consequently connected not only within their immediate communities but also to wider cultural, informational, and virtual environments. Such transformations challenge assumptions of a homogeneous family population with similar resources, schedules, languages, expectations, or possibilities for involvement and require provision capable of responding to specific needs within an increasingly interconnected social environment (European Commission/EACEA/Eurydice, 2019; UNICEF, 2021).

Against this changing landscape, relationships between ECEC settings and families acquire renewed significance. Supporting young children cannot be understood exclusively as a task performed within the boundaries of an educational institution, just as responding to contemporary family needs cannot be reduced to providing additional services or information. Particularly during the first three years of life, education, care, health, emotional security, development, and family life intersect continuously. Understanding children within their family and community contexts, while establishing continuity between home and ECEC provision, therefore becomes integral to the quality and responsiveness of education and care (Bronfenbrenner, 1979; OECD, 2018).

Terminology relating to early childhood provision varies considerably across educational systems and research traditions. Early Childhood Education (ECE), Early Childhood Education and Care (ECEC), early years education, nursery, preschool, and kindergarten describe partially overlapping forms of provision, although their age ranges, institutional status, and balance between education and care differ across national contexts. In this article, ECEC is used as the overarching term for organised education and care from birth to compulsory school age, while 0–3 ECEC refers specifically to provision for children from birth to three years of age. Preschool is used when referring more generally to provision for older children prior to compulsory schooling, while terms such as nursery and kindergarten are retained only where they correspond to the terminology of a particular educational system or source. The empirical focus of the present study is exclusively 0–3 ECEC.

Provision during the 0–3 stage occupies a distinctive position within the wider ECEC field. Education and care are closely interconnected with health, emotional security, early development, and children's everyday routines. Professionals support emerging language, motor development, emotional regulation, socialisation, autonomy, and relationships while simultaneously attending to nutrition, hygiene, safety, care, and well-being (OECD, 2018, 2021; UNESCO & UNICEF, 2024). Relationships between families and professionals are consequently more than an adjunct to pedagogical provision: knowledge and experiences move daily between home and the ECEC setting, making continuity across these environments particularly significant during the first years of life.

Yet the increasing complexity of family and social realities has not necessarily been accompanied by equivalent changes in the structures through which family involvement is organised. Communication may be frequent while remaining predominantly informative; opportunities for involvement may exist but depend upon particular schedules, activities, languages, or forms of physical presence; and connections with health, social, cultural, and

community services may remain occasional rather than developing into sustained forms of collaboration. The challenge is therefore not simply to increase family participation, but to consider whether existing practices enable different families to communicate, contribute, and participate in ways that reflect their circumstances and the changing responsibilities of ECEC (Epstein, 2018; Goodall, 2018).

It is within this context that participatory culture becomes relevant to the present study. The concept allows participation to be considered beyond attendance at activities or formal mechanisms for family involvement, directing attention towards its place within the everyday relationships and practices of an ECEC setting (Weckström et al., 2022; Martínez-Figueira et al., 2024). The present study also introduces Education Co-Responsibility (EC-R) as an interpretative concept for considering how ECEC professionals, families, and community stakeholders may contribute through differentiated but complementary responsibilities to children's education, care, well-being, and development. The conceptual foundations of participatory culture and EC-R, and the relationship between them, are developed in the following theoretical review.

A further question concerns how individual ECEC settings can identify the particular conditions that facilitate or constrain these relationships within their own environments. Rather than assuming that the challenges experienced by families can be addressed through universally applicable forms of participation, institutional self-evaluation provides a means of examining existing practices, identifying context-specific needs, and connecting diagnosis with improvement planning. This perspective shifts attention from asking why some families participate more than others towards examining how the setting itself structures opportunities for communication, involvement, and collaboration (MacBeath, 1999; Ainscow, 2020).

Against this background, the present study examines an institutional self-evaluation process conducted in a municipal early childhood centre in southern Spain providing education and care for children aged 0–3 years. Documentary and practice-based evidence generated and collected through this process was analysed to identify existing patterns of family and community participation and to examine how the resulting diagnosis informed the design of a participatory improvement strategy. The study concentrates on the diagnostic and planning phases of this process rather than evaluating the subsequent implementation or impact of the proposed actions.

Accordingly, the study pursues three interrelated objectives: (1) to analyse the conditions shaping family and community participation in a 0–3 ECEC setting; (2) to examine how institutional self-evaluation can inform the transition from diagnosis to the design of a context-specific participatory improvement strategy; and (3) to explore Education Co-Responsibility as an interpretative concept for understanding how participatory cultures may be developed within 0–3 ECEC settings.

Theoretical Review

Family–Setting Relationships in 0–3 Early Childhood Education and Care

Relationships between families and educational settings have long occupied a central position in research on children's learning and development. Bronfenbrenner's (1979) ecological perspective provides an important foundation for understanding these relationships by conceptualising development as occurring through interactions across interconnected environments. From this perspective, home and educational settings do not constitute separate domains of children's experience; the relationships established between them form part of the ecological conditions within which development takes place. Research on family–school partnerships has subsequently associated constructive relationships between families and educational professionals with children's academic, social, and emotional outcomes (Epstein, 2018; Sheridan et al., 2019).

Within Early Childhood Education and Care (ECEC), this relationship assumes particular characteristics because education and care intersect within children's everyday experiences. International research and policy have increasingly conceptualised quality in ECEC as extending beyond structural conditions and curriculum to encompass the interactions and relationships experienced by children within and across settings (OECD, 2018, 2021; UNESCO & UNICEF, 2024). This relational dimension becomes particularly pronounced in 0–3 ECEC, where children's dependence on adults and the continuity of everyday routines generate regular interaction between families and professionals.

Such interaction involves forms of knowledge that are different but complementary. Families contribute detailed knowledge of children's routines, emotional responses, emerging communication, interests, relationships, health, and experiences at home, while ECEC professionals contribute pedagogical and developmental expertise informed by children's experiences within the setting. Daily exchanges concerning feeding, sleeping, emotional adaptation, language development, social interaction, emerging autonomy, and changes in behaviour illustrate how education and care move continuously across the boundaries between home and ECEC. Relationships with families therefore form part of the educational and care process itself rather than functioning simply as an external mechanism for communicating information (Kim & Sheridan, 2015; Sheridan et al., 2019).

Research nevertheless distinguishes between contact with families and substantive family engagement. Epstein (2018) identifies multiple forms through which families may become involved in educational settings, while Goodall (2018) differentiates institutionally oriented parental involvement from engagement more directly connected with children's learning. These distinctions are especially pertinent to 0–3 ECEC because the frequency of everyday communication may create the appearance of close family participation without necessarily providing opportunities for reciprocal dialogue or influence over aspects of educational life. Frequent interaction and meaningful participation should therefore not be treated as equivalent.

This distinction redirects attention from the quantity of family contact towards the quality and nature of the relationship established between families and ECEC settings. In 0–3 provision, continuity between home and the setting depends partly on the capacity to connect family knowledge and professional expertise without assuming that either actor replaces the responsibilities of the other. The literature on family–setting relationships consequently provides the basis for examining participation not simply as presence or communication, but as a relational process involving recognition, reciprocity, and different forms of contribution.

From Family Participation to Participatory Culture and Education Co-Responsibility

Educational research has employed a range of concepts to describe the relationship between families and educational institutions, including parental involvement, family participation, family engagement, family–school partnership, and school–community partnership. Although these terms frequently overlap, they reflect different assumptions about the role assigned to families. Earlier approaches to parental involvement commonly emphasised activities initiated by educational institutions, communication with teachers, attendance at school events, or support for learning at home (Hoover-Dempsey & Sandler, 2005; Epstein, 2018). More relational approaches have progressively placed greater emphasis on reciprocity, dialogue, recognition of family knowledge, and opportunities to contribute to educational processes (Goodall, 2018; Sheridan et al., 2019).

This conceptual development is particularly relevant to 0–3 ECEC. If participation is understood primarily as attendance at activities organised by the setting, the family remains positioned largely as a participant in opportunities defined by the institution. A broader understanding shifts attention towards the relationship itself: how families are heard, how their knowledge is recognised, how communication operates in both directions, and what opportunities exist for them to contribute to appropriate aspects of educational life. Participation consequently moves from being understood principally as an activity towards being considered a quality of relationships and practices within the ECEC setting.

The concept of participatory culture provides a useful basis for developing this distinction. Weckström et al. (2022) describe participation in ECEC as culturally embedded when opportunities to contribute, express perspectives, initiate action, and influence practices become part of the everyday functioning of the educational community rather than remaining confined to individual activities or formal mechanisms. Martínez-Figueira et al. (2024) similarly identify communication, trust, shared initiatives, and opportunities for contribution as significant elements in how family participation is understood by different educational actors. Participatory culture thus directs attention beyond whether participatory opportunities exist towards the ways participation is experienced and incorporated into everyday relationships.

In this sense, participatory culture is both procedural and relational. Its procedural dimension concerns the existence of structures and opportunities through which participation can occur: communication channels, consultation mechanisms, collaborative activities, or opportunities to contribute to decision-making. Its

relational dimension concerns the conditions through which those structures acquire meaning: trust, reciprocity, recognition, dialogue, and the legitimacy accorded to different forms of knowledge and experience. Formal mechanisms alone therefore do not necessarily generate a participatory culture; their significance depends on the relationships through which they operate.

The relational dimension is particularly important in 0–3 ECEC because families and professionals encounter one another around aspects of children's lives in which learning, care, emotional security, development, and well-being are difficult to separate. Family knowledge and professional expertise consequently meet repeatedly within everyday practice. A participatory culture provides the conditions through which these different forms of knowledge can enter into dialogue while maintaining the distinct responsibilities associated with family and professional roles. Participation in this context does not require the dissolution of professional boundaries, nor does it imply that all decisions should be collectively determined.

It is from this distinction between shared participation and differentiated responsibility that the present study develops the concept of Education Co-Responsibility (EC-R). EC-R refers to the complementary responsibilities through which ECEC professionals, families, and relevant community stakeholders contribute to children's education, care, well-being, and development. The emphasis on co-responsibility does not imply an equal distribution of functions or authority. Rather, it recognises that different actors possess different forms of knowledge, responsibilities, and capacities for action while participating in an educational process centred on the child.

EC-R can therefore be distinguished from participatory culture while remaining closely related to it. Participatory culture describes the relational and practical environment through which participation becomes embedded in everyday ECEC practice; EC-R describes how differentiated but complementary responsibilities may operate within that environment. The former concerns the conditions of participation, while the latter provides an interpretative perspective on the relationship among the actors participating. In the present study, EC-R is not proposed as an established theoretical model or as an intervention framework whose effectiveness is assumed in advance. It functions as an interpretative concept through which the relationship between the literature and the patterns emerging from the case can subsequently be examined.

Participatory Cultures, Leadership and Institutional Self-Evaluation

The development of participatory cultures cannot be explained exclusively through families' willingness or capacity to become involved. Educational settings themselves establish the structures, routines, opportunities, and boundaries through which participation occurs. Research on educational leadership has drawn attention to the role of collaboration, distributed responsibility, professional dialogue, and stakeholder participation in processes of educational development (Harris, 2013). From this perspective, participation is partly shaped by the organisational conditions through which educational communities enable different actors to communicate and contribute.

Leadership within a participatory culture therefore involves creating and sustaining conditions for involvement rather than simply increasing the number of participatory activities. In ECEC, this may include establishing accessible channels for reciprocal communication, creating appropriate spaces for consultation, recognising different family circumstances, facilitating collaboration among professionals and families, and connecting the setting with relevant community networks. Such practices do not remove the specific responsibilities associated with professional leadership; they concern how institutional structures can accommodate meaningful forms of participation while maintaining appropriate professional roles and responsibilities.

Questions of participation are consequently also questions of institutional reflection and improvement. School self-evaluation has been conceptualised as a process through which educational communities systematically examine their practices, identify strengths and limitations, and establish priorities for development (MacBeath, 1999). In this respect, self-evaluation can move beyond a primarily accountability-oriented function when it enables settings to examine how their own practices contribute to the conditions they seek to improve. Work on inclusion and equity similarly emphasises the importance of examining institutional practices and barriers rather than locating difficulties exclusively within individuals or communities (Ainscow, 2020).

Applied to family and community participation, this perspective changes the diagnostic question. Rather than asking simply why particular families participate more or less frequently, self-evaluation can examine how participation is currently organised: which forms of communication predominate, which opportunities are available, who can access them, what role families are invited to assume, where decision-making boundaries are located, and how relationships with community organisations operate. The focus consequently shifts from evaluating families' participation to examining the conditions produced within the ECEC setting itself.

Institutional self-evaluation also provides a potential connection between diagnosis and improvement planning. Evidence concerning existing practices can be used to identify areas requiring development and to formulate responses grounded in the specific circumstances of a setting rather than adopting participation models developed elsewhere. In the context of the present study, this connection is particularly important because the research examines the diagnostic and planning phases of improvement rather than an already implemented intervention.

The theoretical progression developed across this review therefore provides the interpretative basis for the case study. Research on family–setting relationships establishes the importance and distinctive character of relationships in 0–3 ECEC; literature on family participation demonstrates the movement from involvement towards more reciprocal forms of engagement; participatory culture locates these relationships within the everyday practices and conditions of the setting; and institutional self-evaluation provides a mechanism for examining how those conditions operate in a specific context. Education Co-Responsibility is positioned within this progression as an interpretative concept whose relevance is explored through the empirical case rather than assumed in advance.

METHODOLOGY

Research Design and Context

This study adopted a qualitative documentary case study design to examine how institutional self-evaluation can contribute to the diagnosis of family and community participation and inform the subsequent development of a context-specific participatory strategy in 0–3 Early Childhood Education and Care (ECEC). The case study approach was selected because it enables educational processes to be examined within the institutional and social context in which they occur, while allowing different sources of evidence relating to the same setting to be considered together (Stake, 1995; Yin, 2018). The documentary orientation of the study reflects the nature of the institutional process under investigation: the analysis focused on evidence generated, collected, and recorded through the centre's self-evaluation and improvement-planning procedures. The documentary corpus was examined as a set of complementary sources relating to the same bounded case, following principles of qualitative document analysis (Bowen, 2009) (Merriam, 1998).

The study was conducted at Escuela Infantil Saltarines, a municipal early childhood centre located in Huétor Tájar, Granada, Southern Spain. Within the Spanish education system, the centre provides the first cycle of Early Childhood Education, corresponding to children from birth to three years of age. To maintain consistency with international terminology, this stage is referred to throughout the article as 0–3 ECEC. The centre serves families from a semi-urban community whose economy is closely associated with agriculture and agro-industry and whose population reflects increasing cultural and linguistic diversity, changing family structures, and differing socioeconomic circumstances. The children attending the centre also present diverse developmental profiles, including children receiving early intervention support.

The case was examined as a bounded institutional setting rather than as a representative sample of ECEC provision. Its relevance to the research derived from the availability of a structured self-evaluation process through which existing practices relating to family and community participation had been documented, reviewed, and subsequently translated into improvement planning. The study therefore concentrates specifically on the diagnostic and planning phases of this process. It does not evaluate the subsequent implementation, effectiveness, or impact of the proposed participatory strategy.

Sources of Evidence and Data Analysis

The empirical corpus comprised multiple forms of documentary and practice-based evidence generated or collected during the institutional self-evaluation process. These included the institutional self-evaluation report; the School Educational Project and related planning documents; records concerning communication with families; documentation of existing family-participation procedures and activities; quality-improvement records; and reflective field notes generated during the self-evaluation process. These sources provided evidence of how participation was formally planned, how communication and involvement were documented within the centre, and which difficulties and improvement priorities were identified during institutional reflection.

The use of several documentary sources allowed evidence to be compared across different aspects of institutional practice rather than relying on a single self-evaluation document. The corpus was therefore treated as a set of complementary sources relating to the same case. Documentary evidence (Table 1) was examined for recurring references to communication with families, opportunities for participation, barriers affecting engagement, decision-making practices, relationships with community organisations, and proposed areas for improvement.

Table 1. Documentary and Practice-Based Sources Included in the Case Study

Source	Evidence provided	Analytical purpose
Institutional self-evaluation report	Strengths, needs, and improvement priorities identified by the centre	Identification of diagnostic themes
School Educational Project and planning documents	Formal objectives, procedures, and approaches to family participation	Comparison between planned and documented practices
Family communication records	Existing channels and purposes of communication with families	Analysis of communication patterns
Family-participation documentation	Records of activities and opportunities for family involvement	Identification of forms and scope of participation
Quality-improvement records	Areas identified for development and proposed responses	Connection between diagnosis and improvement planning
Reflective field notes	Observations and issues recorded during the self-evaluation process	Contextual interpretation and comparison across sources

Source: Authors

Data were analysed through an iterative qualitative thematic process informed by Braun and Clarke's (2006) approach to thematic analysis. Analysis began with repeated examination of the documentary corpus to identify references relevant to family and community participation. Initial codes were generated from recurring issues within the evidence rather than imposed as predetermined categories. These codes were subsequently compared across sources and grouped according to conceptual similarity, allowing recurrent patterns to be identified across the institutional documentation and field notes.

The analytical process proceeded through three connected stages. First, the evidence was coded for recurring practices, barriers, and opportunities relating to participation. Second, codes were compared across sources to determine whether similar patterns appeared in different forms of institutional evidence. Third, related codes were clustered into broader themes representing the principal conditions shaping participation within the case. This process produced 214 coded references, subsequently organised around four recurrent themes: informative communication, participation centred on specific activities, barriers associated with diverse family circumstances, and limited systematic community collaboration. The frequencies associated with these coded references are used descriptively in the Results section to indicate their relative presence within the documentary

corpus; they do not represent the prevalence of particular views among families, professionals, or other members of the educational community.

This distinction is methodologically important. The unit represented by the descriptive frequencies is a coded reference within the documentary corpus, not an individual participant or response. The analysis therefore provides evidence of recurring patterns within the institutional material examined and should not be interpreted as survey data or as a measure of stakeholder opinion.

From Institutional Diagnosis to Participatory Strategy

The final analytical stage examined how the patterns identified through the documentary analysis were translated into improvement planning. The participatory strategy presented in this study was therefore not introduced before the analysis as an intervention to be tested. It was developed in response to the needs identified through institutional self-evaluation and the thematic interpretation of the evidence.

The transition from diagnosis to planning involved relating the recurrent themes identified in the corpus to possible institutional responses. Informative communication pointed towards the need for more reciprocal channels of dialogue; participation concentrated around specific activities highlighted the need for more sustained opportunities for family involvement; barriers associated with diverse family circumstances required more flexible and inclusive forms of participation; and limited community collaboration indicated the need to strengthen connections with local educational, health, social, and cultural services. These relationships between identified needs and proposed responses provided the basis for the participatory strategy reported in the Results section.

The strategy was organised around four interrelated areas: reciprocal communication; trust and mutual recognition; opportunities for shared decision-making; and sustained community collaboration. For each area, proposed actions were linked to the diagnostic evidence, the actors expected to participate, mechanisms through which participation could occur, and indicators that could subsequently support monitoring and evaluation. This operational structure was intended to preserve a clear distinction between what the case study identified empirically and what was subsequently proposed as an institutional response.

Education Co-Responsibility (EC-R) was not used as an a priori coding framework. Rather, it was developed interpretatively through the relationship between the patterns identified in the case and the literature on family participation, participatory cultures, and ECEC. EC-R therefore functions in the study as a conceptual interpretation of the movement from predominantly informative forms of participation towards relationships characterised by complementary responsibilities, reciprocity, and opportunities for meaningful participation. The present analysis does not test the effectiveness of EC-R or establish the proposed strategy as a transferable intervention model.

Ethical Considerations

The study formed part of an institutional self-evaluation and quality-improvement process and focused on institutional documentation, recorded practices, and improvement procedures. No identifiable personal data relating to children or families were analysed for the purposes of the study. Confidentiality, data protection, and research-integrity principles were observed throughout the analysis and reporting process.

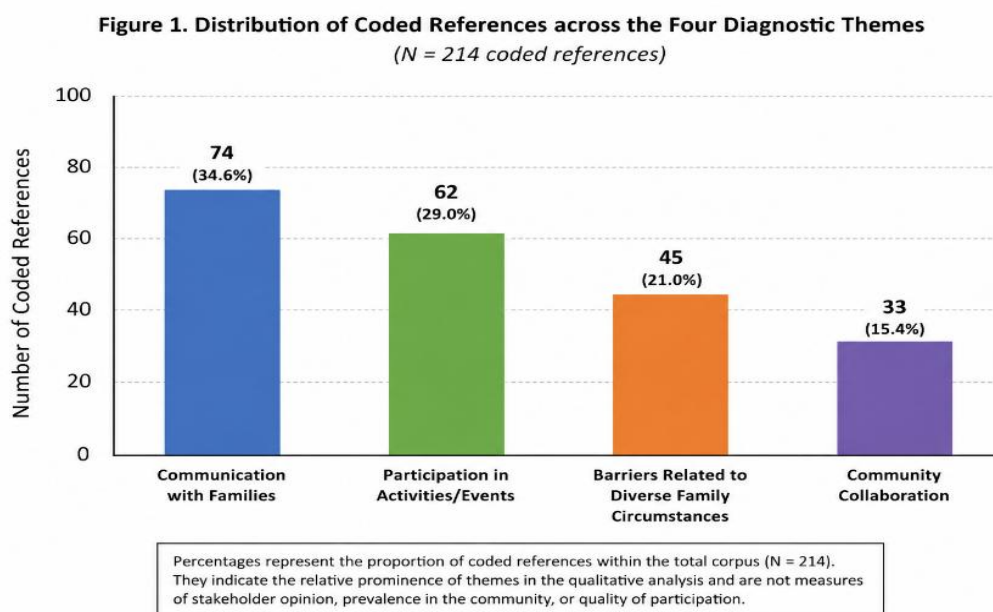
RESULTS

The analysis of the institutional evidence identified recurring patterns in the ways family and community participation was structured within the 0–3 ECEC setting. Across the documentary corpus and reflective field notes, the findings pointed to a distinction between the existence of established mechanisms for family involvement and the extent to which these mechanisms enabled sustained dialogue, reciprocal participation, and shared responsibility. The analysis generated 214 coded references, which were organised around four recurrent themes: informative communication, participation centred on specific activities, barriers associated with diverse

family circumstances, and limited systematic community collaboration. These themes formed the empirical basis for the institutional diagnosis and subsequently informed the development of the participatory strategy.

Institutional Diagnosis and Emerging Conditions for Participation

The documentary analysis generated 214 coded references, which were organised into four recurrent diagnostic themes concerning family and community participation: communication with families, participation in specific activities, barriers associated with diverse family circumstances, and community collaboration. Figure 1 provides an initial overview of their distribution within the documentary corpus, showing their relative prominence before each theme is examined qualitatively in the following analysis. The frequencies and percentages are used descriptively to represent the distribution of coded references and should not be interpreted as measures of stakeholder opinion, prevalence within the wider educational community, or quantitative indicators of the quality of participation.



Source: Authors

Communication with families constituted the most prominent theme in the documentary evidence, accounting for 74 of the 214 coded references (34.6%). The centre had established several channels for maintaining regular contact with families, including individual exchanges, meetings, digital communication tools, and information concerning children's daily routines. The evidence nevertheless showed that communication was predominantly informative in purpose. Much of the documented interaction concerned practical information, centre procedures, or children's everyday experiences, while fewer references indicated opportunities for reciprocal dialogue or collaborative reflection. Regular contact between professionals and families was therefore clearly present, but the documentary evidence distinguished this contact from more dialogic forms of participation.

A second theme concerned the concentration of family participation around specific activities or events, represented by 62 coded references (29.0%). Participation was documented in celebrations, workshops, meetings, and other scheduled activities, demonstrating that families were present within the life of the centre. However, these opportunities tended to be episodic rather than integrated into continuing processes of educational planning or reflection. The evidence consequently revealed a difference between providing opportunities to participate in activities and creating sustained mechanisms through which families could contribute to the everyday development of the ECEC setting.

A further 45 coded references (21.0%) concerned barriers associated with diverse family circumstances. Work schedules and work-life balance emerged alongside cultural and linguistic diversity and differing family situations as factors affecting access to existing forms of participation. These references did not indicate an absence of family interest; rather, they showed that participation opportunities based on fixed times, particular

communication practices, or conventional forms of attendance were not equally accessible to all families. The diagnostic evidence therefore directed attention towards the flexibility and inclusiveness of the mechanisms through which participation was organised.

The least frequent, although still recurrent, theme concerned community collaboration, with 33 coded references (15.4%). The centre maintained relationships with local educational, health, social, and cultural services, but the documentation suggested that these relationships were more often associated with particular needs or activities than with sustained structures for community participation. Community connections were therefore present within the case, although their integration into the centre's participatory practices remained comparatively limited.

Taken together, the four themes indicate that the principal issue identified through the self-evaluation process was not the absence of family contact or participation. Rather, the evidence pointed to a gap between participation as communication or involvement in specific activities and participation as a sustained relational practice. This distinction provided the basis for identifying four interconnected conditions (Table 2) through which participation could be reconsidered: reciprocal communication, trust and mutual recognition, opportunities for shared decision-making, and sustained community collaboration.

Table 2. From Diagnostic Themes to Conditions for Participatory Culture

Diagnostic evidence	Condition identified	Relevance to participatory culture
Communication predominantly centred on information exchange	Reciprocal communication	Creates opportunities for dialogue and continuing exchange
Participation concentrated around specific activities	Trust and mutual recognition	Supports relationships extending beyond episodic involvement
Limited opportunities to contribute to planning and decisions	Shared decision-making	Enables families to contribute to appropriate areas of centre life
Community relationships largely associated with particular activities or needs	Sustained community collaboration	Connects ECEC provision with wider networks of support and participation

Source: Authors

These conditions were analytically interconnected rather than independent categories. Reciprocal communication provided opportunities for trust to develop; trust and mutual recognition supported more substantive forms of participation; shared decision-making required both dialogue and recognition of families' knowledge; and community collaboration extended participation beyond the relationship between the centre and individual families. In this sense, the analysis moved from identifying forms and limitations of existing participation towards identifying the conditions through which a more participatory culture might be developed.

Translating the Diagnosis into a Participatory Strategy

The second stage of the results concerned the translation of the institutional diagnosis into a context-specific participatory strategy. The proposed strategy was constructed directly from the needs identified in the documentary analysis rather than introduced as a predetermined intervention. Each area of action was therefore linked to a diagnostic finding and to a corresponding mechanism through which participation could be strengthened.

Reciprocal communication constituted the first area of action. Existing communication channels provided an established basis on which to build, but the diagnosis indicated a need to extend their function beyond information transmission. The strategy therefore proposed mechanisms for regular feedback and dialogue,

including more flexible communication channels and structured opportunities through which families could raise concerns, contribute perspectives, and respond to aspects of centre life.

The second area concerned trust and mutual recognition. The strategy proposed collaborative activities and dialogue spaces designed not simply to increase family attendance but to recognise families' knowledge of their children as a resource within the educational and care process. This included opportunities for families and professionals to exchange perspectives concerning children's routines, interests, development, care, and transitions between home and the ECEC setting.

The third area addressed shared decision-making. Rather than implying that families should participate in all professional or managerial decisions, the strategy identified selected areas in which their contribution could be incorporated appropriately. Proposed mechanisms included family participation groups, consultation processes, collaborative workshops, and structured opportunities to contribute to selected educational and centre-level decisions. Shared decision-making was therefore conceived as a defined and practicable process rather than as an unrestricted transfer of professional responsibility.

The fourth area concerned community collaboration. The strategy proposed strengthening existing relationships with local services and organisations by moving from predominantly activity- or need-based contacts towards more sustained forms of cooperation. Educational, health, social, and cultural organisations were identified as potential contributors to coordinated initiatives supporting children and families and extending the participatory culture beyond the boundaries of the ECEC centre.

To make the proposed strategy operationally explicit, Table 3 connects the diagnostic findings with the proposed actions, participating actors, mechanisms, and indicators for subsequent monitoring.

Table 3. Operational Structure of the Proposed Participatory Strategy

Identified need	Proposed action	Actors	Mechanism	Monitoring evidence
Informative communication	Strengthen reciprocal communication	Families, educators, leadership	Feedback and dialogue channels	Exchanges and actions recorded
Event-based participation	Promote sustained participation	Families, educators	Groups and collaborative workshops	Participation and proposals
Limited shared decision-making	Create decision-making opportunities	Families, educators, leadership	Consultation on selected decisions	Contributions and agreed actions
Limited community collaboration	Strengthen community partnerships	Centre, families, local services	Joint initiatives and support networks	Partnerships and joint actions

Source: Authors

Importantly, the final column identifies monitoring evidence rather than implementation outcomes. These indicators establish how subsequent implementation could be documented and evaluated; they are not presented as results achieved during the diagnostic phase examined in this study.

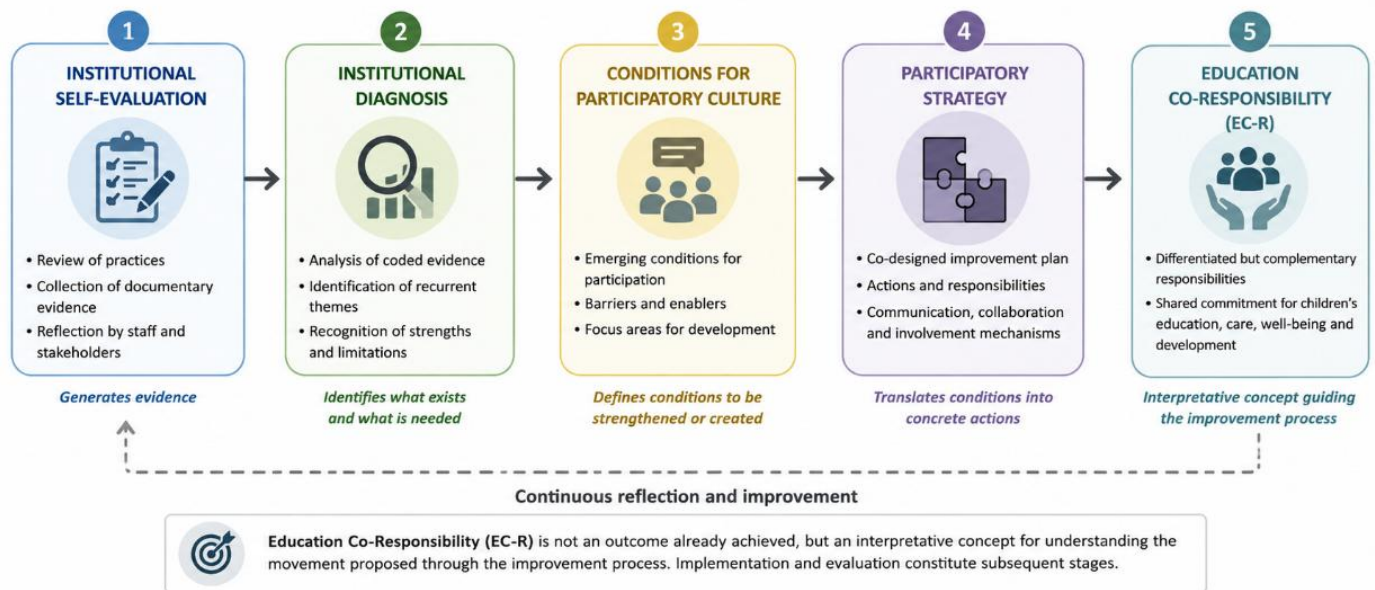
The preceding analysis identified the main diagnostic themes and the conditions through which family and community participation could be reconsidered within the ECEC setting. These findings were subsequently

integrated into a broader analytical sequence connecting institutional diagnosis with the development of the participatory strategy and the conceptualisation of EC-R.

Figure 2 represents the complete analytical progression emerging from the case: institutional self-evaluation generated the documentary evidence from which the diagnosis was developed; the diagnosis identified recurrent themes and conditions for participation; these conditions informed the participatory strategy; and the relationship among these elements provided the empirical basis from which Education Co-Responsibility (EC-R) was conceptualised.

Figure 2. From Institutional Self-Evaluation to Education Co-Responsibility

[Self-Evaluation → Institutional Diagnosis → Conditions for Participatory Culture → Participatory Strategy → Education Co-Responsibility]



Source: Authors. Generated by AI

Within this progression, EC-R should not be interpreted as an outcome already achieved by the centre. Rather, it provides an interpretative concept for understanding the movement proposed through the improvement process: from predominantly informative and activity-based forms of family involvement towards relationships in which ECEC professionals, families, and community stakeholders assume different but complementary responsibilities for children's education, care, well-being, and development. The empirical contribution of the case therefore lies in documenting how institutional evidence was used to move from diagnosis to an operational participatory strategy, while implementation and evaluation remain subsequent stages of the improvement process.

DISCUSSION

This study examined how institutional self-evaluation within a municipal 0–3 Early Childhood Education and Care (ECEC) setting contributed to identifying the conditions shaping family and community participation and to translating those findings into a context-specific participatory strategy. The documentary analysis revealed an important distinction between the existence of participation mechanisms and the development of a participatory culture. Families were regularly present within the communicative and social life of the centre, yet much of this participation remained associated with information exchange or specific activities rather than sustained opportunities for dialogue, contribution, and shared decision-making. This distinction is particularly relevant in 0–3 ECEC, where frequent interaction between families and professionals forms part of the everyday continuity between education and care.

The prominence of informative communication within the documentary evidence is consistent with previous research distinguishing family involvement from more reciprocal forms of engagement. Epstein (2018) demonstrated that family–school relationships encompass different forms and degrees of participation, while

Goodall (2018) argued for a movement beyond institutionally defined parental involvement towards forms of engagement more closely connected with children's learning. The findings of the present case extend this distinction to the particular relational context of 0–3 ECEC. Regular communication about children's routines, care, development, and everyday experiences provides an important foundation for relationships between families and professionals, but its frequency does not necessarily indicate that families have opportunities to contribute to educational dialogue or institutional processes. The issue identified through the case was therefore not insufficient communication as such, but the predominantly informative function assigned to much of that communication.

A similar distinction emerged in relation to participation in activities. The documentary evidence showed that families were involved in celebrations, workshops, meetings, and other centre-based initiatives, yet these opportunities were generally episodic. This finding supports the distinction between individual participatory practices and the broader development of a participatory culture. Weckström et al. (2022) argue that participation in ECEC becomes culturally embedded when opportunities to contribute, express perspectives, and influence practice form part of the everyday relationships of the setting. Martínez-Figueira et al. (2024) likewise emphasise communication, trust, and opportunities for contribution in developing more substantive forms of family participation. From this perspective, the findings suggest that increasing the number of participatory activities alone would not necessarily address the issues identified through self-evaluation. The more significant question concerns how participation becomes integrated into the relationships and practices through which the centre operates.

This relational dimension assumes particular significance in 0–3 ECEC. The integration of education and care means that families and professionals continuously exchange knowledge concerning children's routines, emotional responses, emerging communication, development, well-being, and care needs. Bronfenbrenner's (1979) ecological perspective provides a useful basis for interpreting this continuity, since children's development is shaped through relationships across interconnected environments. International work on ECEC similarly emphasises the importance of meaningful interactions and relationships in the quality of provision (OECD, 2018, 2021; UNESCO & UNICEF, 2024). The case analysed here suggests that the everyday proximity characteristic of 0–3 provision creates considerable potential for participation, but that this potential depends on whether existing interactions are structured in ways that allow family knowledge and professional expertise to enter into reciprocal dialogue (European Commission, 2019).

The evidence concerning barriers to participation adds a further dimension to this interpretation. References to work schedules, work–life balance, cultural and linguistic diversity, and differing family circumstances indicate that opportunities for participation cannot be considered independently of families' ability to access them. A participatory culture cannot therefore be understood solely in terms of the opportunities formally offered by an ECEC setting; consideration must also be given to whether those opportunities are sufficiently flexible and inclusive to accommodate heterogeneous family circumstances. In the present case, this issue redirected attention away from interpreting limited participation primarily as a question of family willingness and towards examining the conditions through which participation was made possible (OECD, 2021; UNICEF, 2021).

Community collaboration represented a less prominent but recurrent dimension of the documentary evidence. Relationships with educational, health, social, and cultural services were present, although they tended to be associated with particular activities or needs rather than sustained participatory structures. This finding is relevant to the ecological character of ECEC because support for children and families extends beyond the dyadic relationship between home and the early childhood centre. Epstein's (2018) inclusion of community partnership within broader models of family–school relationships similarly draws attention to the networks surrounding educational institutions. Within 0–3 ECEC, these networks may be especially relevant because education, health, care, early intervention, and family support frequently intersect during the earliest years of children's lives.

Taken together, the diagnostic findings identified reciprocal communication, trust and mutual recognition, opportunities for shared decision-making, and sustained community collaboration as interconnected conditions for moving from discrete forms of participation towards a more participatory culture. These conditions should not be understood as a sequential model or as independent variables whose effects have been demonstrated by the present study. They represent an analytical synthesis of the patterns identified across the institutional

evidence and the areas subsequently incorporated into improvement planning. Their significance lies in connecting the institutional diagnosis with specific possibilities for action.

The participatory strategy developed from this diagnosis constitutes an important practical output of the case study, but its status requires careful distinction from an implemented intervention. The proposed mechanisms—including reciprocal feedback channels, family participation groups, collaborative workshops, defined opportunities for consultation and shared decision-making, and more sustained cooperation with community organisations—translate the diagnostic themes into actions that can subsequently be implemented and monitored. In this respect, institutional self-evaluation operated not simply as an assessment mechanism but as a bridge between evidence about existing practices and the design of context-sensitive responses. This interpretation is consistent with MacBeath's (1999) understanding of self-evaluation as a process capable of supporting institutional reflection and improvement.

The relationship between these findings and Education Co-Responsibility (EC-R) requires similar caution. EC-R is not empirically validated by this case as a framework whose effectiveness has been established. Rather, it emerged as an interpretative concept for understanding the type of relationship towards which the proposed strategy is oriented. The concept draws attention to the fact that responsibility within 0–3 ECEC is neither exclusively institutional nor equally distributed among all actors. Professionals, families, and community stakeholders possess different responsibilities, forms of expertise, and capacities for action. Co-responsibility therefore refers to the possibility of connecting these complementary contributions through reciprocal communication, mutual recognition, appropriate opportunities for participation, and collaboration around children's education, care, well-being, and development.

This distinction also clarifies the relationship between participatory culture and EC-R. Participatory culture refers primarily to the relational and institutional conditions through which meaningful participation becomes embedded in everyday practice; EC-R provides a way of interpreting the distribution and connection of responsibilities within those relationships. The two concepts are therefore related but not interchangeable. Within the present case, institutional self-evaluation made existing patterns of participation visible, the diagnosis identified conditions requiring development, and the participatory strategy translated those conditions into proposed mechanisms for action. EC-R provides an interpretative language for understanding the shared but differentiated responsibility underlying that progression.

The study nevertheless has important methodological boundaries. Its empirical evidence derives from institutional documentation and reflective field notes generated within a single municipal ECEC centre. It does not include independent accounts collected through interviews, focus groups, or surveys with families, educators, municipal representatives, or community stakeholders. The findings consequently represent patterns identified within the institutional evidence of participation and cannot be assumed to reproduce fully the lived experiences or perspectives of the different actors involved. Incorporating these voices constitutes an important subsequent stage for examining whether the institutional diagnosis corresponds with stakeholders' understandings and experiences of participation.

A second boundary concerns the temporal scope of the study. The analysis covers institutional diagnosis and participatory planning rather than subsequent implementation and evaluation. It therefore provides no evidence that the proposed strategy has increased participation, strengthened relationships, or produced improvements in children's or families' experiences. Similarly, the study cannot establish the effectiveness of EC-R as an intervention framework. The operational mechanisms and monitoring indicators developed through the strategy provide a basis from which such questions can be investigated through subsequent longitudinal research.

Finally, the single-case design does not support statistical generalisation to other ECEC settings. The relevance of the case lies instead in making visible the process through which one 0–3 centre moved from documentary self-evaluation to diagnosis and context-specific participatory planning. Comparative research across ECEC settings operating in different social, institutional, and cultural contexts would be required to determine which of the conditions identified here are specific to this centre and which may have wider analytical relevance.

Future research should consequently extend the present diagnostic phase in two complementary directions. First, stakeholder perspectives should be incorporated through interviews, focus groups, or other participatory qualitative approaches involving families, ECEC professionals, community organisations, and municipal actors. Second, longitudinal research should follow the implementation of the proposed strategy using the monitoring indicators identified in the present study to examine participation over time, the diversity of families involved, the operation of shared decision-making mechanisms, continuity in community partnerships, and participants' experiences of the process. Such research would allow the interpretative proposition of EC-R developed here to be examined against implementation evidence and stakeholder experience.

CONCLUSIONS

This study examined how institutional self-evaluation in a municipal 0–3 Early Childhood Education and Care (ECEC) setting was used to identify existing patterns of family and community participation and translate them into a context-specific participatory strategy. The case showed that the presence of regular communication and opportunities for family involvement did not in itself constitute a participatory culture. The documentary evidence instead revealed a predominance of informative communication and activity-based participation, alongside barriers associated with diverse family circumstances and comparatively limited systematic collaboration with the wider community. These findings shifted the focus from the amount of participation taking place to the conditions under which participation was made possible and sustained.

Within the specific context of 0–3 ECEC, this distinction is particularly significant. Education and care are closely interconnected, and relationships between families and professionals form part of children's everyday experiences across home and the ECEC setting. Developing a participatory culture at this stage therefore involves more than increasing opportunities for family involvement. It requires relational and institutional conditions through which family knowledge, professional expertise, and community resources can interact through reciprocal communication, mutual recognition, appropriate opportunities for shared decision-making, and sustained collaboration.

Education Co-Responsibility (EC-R) emerged from the relationship between these empirical findings and the literature as an interpretative concept for understanding this shared but differentiated responsibility. EC-R does not imply that ECEC professionals, families, and community stakeholders assume equivalent roles, nor is it proposed as a predefined model of participation. Rather, it draws attention to how their complementary responsibilities for children's education, care, well-being, and development may become connected within a participatory culture. In this sense, the concept shifts attention from family participation as an additional component of institutional activity towards the relationships through which responsibility is negotiated and shared across the educational community.

The practical contribution of the case lies in demonstrating how institutional self-evaluation can connect diagnosis with participatory planning. The analysis enabled recurring patterns within the institutional evidence to be translated into a strategy specifying proposed actions, participating actors, mechanisms for participation, and indicators for subsequent monitoring. The resulting strategy should therefore be understood as a context-sensitive response to the needs identified within this particular ECEC setting, rather than as a model whose effectiveness or transferability has already been established.

The study also establishes a clear agenda for the next empirical phase. Direct perspectives from families, ECEC professionals, community organisations, and municipal stakeholders are required to examine how the institutional diagnosis corresponds with their experiences and understandings of participation. Equally, longitudinal analysis of the strategy's implementation will be necessary to determine whether the proposed mechanisms generate more reciprocal communication, broader and more sustained participation, meaningful opportunities for shared decision-making, and stronger community collaboration. Comparative research across different 0–3 ECEC settings could subsequently examine the extent to which the conditions identified in this case are context-specific or have wider relevance.

The study therefore does not conclude that Education Co-Responsibility has been achieved or that the proposed strategy has demonstrated its effectiveness. Its contribution is more specifically located in the transition from

institutional evidence to diagnosis, from diagnosis to participatory planning, and from that process to an interpretative understanding of shared responsibility in 0–3 ECEC. By making this progression explicit, the case provides a basis for examining how participatory cultures may be intentionally developed, implemented, and evaluated within the distinctive relational context of education and care during the first three years of life.

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Ethical Approval.

The study was conducted as part of an institutional self-evaluation and quality-improvement process. The research focused on institutional documentation, organisational practices, and school improvement procedures and did not involve the collection or analysis of identifiable personal data from children, families, or staff. Ethical requirements applicable to the study were observed in accordance with institutional procedures and principles of confidentiality, data protection, and research integrity.

Conflict of Interest. The authors declare that they have no conflicts of interest related to the research, authorship, or publication of this article.

Data Availability Statement. The institutional data supporting the findings of this study are not publicly available because they form part of the school's internal self-evaluation and quality-improvement documentation. The study reports only anonymised and aggregated information relevant to the research objectives.