"Someone is Going to Take the Place of Mum and Dad and Understand ..."
Teachers' and Parents' Perceptions of Primary Care for Infants in Early Childhood Centres

Jean Rockel
Auckland College of Education

Abstract
This paper reports on a study that was undertaken to investigate teachers' and parents' perceptions of primary care as a way of facilitating effective relationships for infants, teachers and parents in early childhood centres. Participants were interviewed from centres with and without primary care, in both mixed-age and peer-group settings. The results indicated that there were differences in how teachers interpreted the notion of primary care, and that parents generally lacked an understanding of its significance for centre practice. These findings suggest that teacher education programmes could question assumptions about centre practice and seek to theorise an infant pedagogy of relationships. Teachers dialoguing with parents about such a pedagogy would be beneficial in clarifying parents' understandings.

Introduction
There is often confusion about what "primary care" means. The notion of primary care has been used to describe the attentive relationship between infants and the most significant adult in their life, usually their mother. As the numbers of infants and toddlers attending early childhood group settings outside the home has increased, the term primary care has become known as a system of caring for children in groups (Bernhardt, 2000). Within such a system, each staff member is assigned responsibility for a specific number of children, taking the principal role in their care.

Many centres in New Zealand with infants and toddlers use primary care. However, in my experience as a visiting lecturer, the significance of such a system, when used, is not always clearly articulated by staff, nor necessarily understood by parents. It is important to investigate this issue, as the number of centres in New Zealand providing places for infants and toddlers has grown

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considerably over the past decade. From 1992 to 2001 there has been a 39 percent increase in enrolments across all services in early childhood education of infants under one year of age and an increase of 37 percent of children under two years (Ministry of Education, 2002). There has been little research in New Zealand about primary care and yet this important aspect of organisational culture will make a difference to teacher practice as well as to the way in which children and families settle into centres.

This study aimed to investigate teachers’ and parents’ perceptions of primary care, as a system of organising relationships, in early childhood centres (Rockel, 2002). The study was based on the assumption that a teacher’s pedagogy needs to address the issue of relationships. The use of primary care will impact on the way in which relationships are implemented in centres. This research may assist teachers to theorise their practice. It was also intended that the research would be of interest to parents and others, such as centre managers, teacher-educators and policy analysts.

The international literature commonly uses the term “caregiver”, which reflects a discourse of giving care rather than reflecting responsive learning processes. The notion of a two-way responsive and reciprocal relationship is incorporated into the New Zealand curriculum, Te Whāriki (Ministry of Education, 1996). The premise for this study is that care and education are mutually constitutive. The term “teacher” is used here in recognition of the complex role that staff have in centres. “Mixed-age” settings refer to an integration of children together from a few weeks old to five years of age. “Peer-groups” refer to children separated into age groups, such as children under one year of age grouped together.

Literature Review

Bernhardt (2000) outlines the rationale for a primary care model as one where “the child and adult learn each other’s rhythms and responses through their daily interactions, and each becomes skilled at anticipating the actions of the other” (p. 74). This enables a sense of trust and security to develop between child and adult. She states that this trusting relationship enables the teacher to act as a “home base” for infants who feel safe enough to explore confidently, knowing that this special adult will provide support when necessary. Erikson’s (1950) psychosocial theory states that trust is the key component of personality development first established during a child’s life.

Another important reason for using primary care is that family members are more easily able to establish trusting relationships with the teacher who is mainly responsible for their child. Lally et al. (1995, p.23) state that “primary caregiving does mean that the infant or toddler and his family have someone special with whom to build an intimate relationship”. The authors emphasise that “primary caregiving in a centre or large family group care setting does not mean that one person cares for an infant or toddler exclusively, all of the time - there has to be team work” (p. 23).
A primary care system provides a unique opportunity for an adult to model positive, responsive and reciprocal relationships and to help an infant develop a positive sense of self (Lally, 1995). Attachment theory proposes an understanding of how a child constructs internal working models of the world of significant persons and the self (Bretherton, 1985; Rolfe, 2000). A secure attachment has been recognised as having the same purpose in infant-teacher relationships as in maternal relationships, advantaging infants in their play, interactions and development (Howes, Rodning, Gulluzio & Myers, 1988; Raikes, 1996). Characteristics common to both positive infant-parent and infant-teacher relationships include sensitive, consistent, loving and appropriate responsiveness. Research informed by cross-cultural studies demonstrates that children may form several attachments (Singer, 1992) and that this in no way “dilutes” the quality or benefit of those relationships. These secondary attachments are often formed with extended family members or carers. Significantly, Mardell (1992) suggests that the behaviour of children in childcare is linked to the quality of their attachment to their carers rather than the quality of their attachment to their parents.

The dyadic relationship model of mother and child has been considered to be the prototype for successful social learning as it offers stability and continuity (Bowby, 1969). A discourse of motherhood is sometimes viewed as the basis for providing a substitute security figure for infants in order to support transitions between home and centre (Dalli, 1999). However, other research has emphasised the importance of children’s relationships with relatives, carers, siblings and friends, as well as mother (Moss & Penn, 1996). Young children have been found to be responsive to emotional and social cues and able to develop a sense of connectedness to others, leading to enduring friendships with children and extended networks of relationships with adults (Dunn, 1993).

Bronfenbrenner’s (1979) ecological model provides a valuable way of investigating links between families and teachers through the concept of mesosystem; that is, the nature of the links between the various settings in which the child participates. The principle of relationships with families is acknowledged to be an integral part of early childhood curriculum (Ministry of Education, 1996). Lally (1995) emphasises that group childcare experiences should be in harmony with the culture of the home so that the patterns of relationships in centres can give the child a sense of connection. It is asserted by many teachers that primary care is a system that assists teachers in getting to know each child and parent more effectively, providing a basis for future relationships (Bernhardt, 2000; Dalli, 1999; Hurst, 2001). However, when centre systems emphasise a more collaborative role for adults and children, and a more collective and less individualistic focus on relationships, this can also lead to an effective network of relationships (Bove, 2001; Penn, 1997).

The macrosystem (Bronfenbrenner, 1979) influences of socio-political beliefs can also have an important impact on centre practice. This is illustrated in a system of early childhood education based on a pedagogy of relationships in Reggio, Italy. Gaudini (1998) explains:
In the Reggio philosophy, the infant-toddler center is viewed as a system of relationships, communication, socialization and personalization. It is a system of interaction among the three protagonists of the life of the center: children, educators and parents. (p.1)

Primary care relationships with specific adults are not overtly organised in Reggio centres (Bove, 2001), as teachers and parents encourage even very young children to relate to others in the group, fostering empathy in children. These socialisation goals are synchronous with the political intent of the local government. In New Zealand, an example of a similar influence from a specific sociocultural context is that of Maori kaupapa and philosophy in Te Kohanga Reo (Tangaere, 1996). This whanau/family centre-based philosophy without a formal primary care system, has a similar basis to that in Reggio, as children at a very early age interact more closely with other children, rather than depending on adults to develop strong kinship ties.

Further, not all parents acknowledge the significance of teacher-child relationships. For example, a comprehensive study in the United States, to determine parents' views on early childhood development (Melmed, 1997), found that parents have less knowledge and information about the children's emotional, intellectual and social development than their physical development. Although these parents recognised the importance of early childhood, they did not see any particular significance in the first three years. Some parents in this study (particularly those with multiple childcare arrangements) felt uncomfortable with the idea of a limited number of caregivers, or a consistency in caregivers. The study suggested that these feelings might lead to some of these parents rejecting the notion that caregivers have important relationships with babies. Half of the 1,022 parents surveyed thought that the more caregivers a child has before age three, the better that child would be at adapting and coping with change.

The rationale for not having a primary care system is often based on the belief that children must relate to all staff so that children will not become too dependent on particular staff members (Howes, 1998). A basis for this belief is that as teachers cannot be present continually, children should be discouraged from having a close relationship with any one particular teacher in case of distress during absences. Dalli's (1999) research in New Zealand centres examined the experiences of children, parents and teachers starting childcare. She found that teachers who did not use primary care explained that having a primary caregiver would be more stressful for a child when the caregiver had to be absent as there was no guarantee that the primary caregiver would be available at all times.

In summary, research has indicated that the practices of early childhood settings impact on children's development, learning and their lives (McMullen, 1999). There is a need to investigate approaches to organising group care and education in the New Zealand context. The objective of this research was to gain further insight into teachers' and parents' understandings and reasons for primary care with infants.
Method

A qualitative, phenomenological approach was used in order to access the participants' own perspectives. The purpose of phenomenology is to attempt to understand a specific experience, as it appears to people who are living it (Leedy, 1997). According to Bogdan and Biklen (1992), qualitative researchers are particularly concerned with context as they feel that the researcher's connections to the setting assist in understanding data. For that reason, the researcher goes to those who are intimately involved in the setting. As a teacher educator I realised that the participants might offer reasons for their practice that I had not considered.

As the researcher, I purposively selected four urban Auckland early childhood centres to reflect a variety of contexts, such as mixed-age and peer group settings. Each teacher nominated a parent with an infant aged under one year who had been enrolled over 10 hours per week for at least six months. Teachers A and B and parents A and B were from centres with primary care. Centre A was a full-day, age-segregated, privately owned, recently purpose-built centre. Centre B was a full-day, mixed-age, long-established community non-profit centre. Both teachers held a Diploma of Teaching (ECE) and a post-graduate qualification. Teachers C and D and parents C and D were from centres without primary care. Centre C was a full-day, age-segregated, recently opened privately owned centre on converted premises, using a team approach. Centre D was a full-day, mixed-age, well-established Community Trust centre where staff were rotated weekly with under and over-twins. Both teachers held a nursing qualification and were currently undertaking a Diploma of Teaching (ECE).

The audio-taped interviews were semi-structured around four main questions, allowing for participants to contribute ideas from their own perspective as well as in response to the interviewer's questions. The interviewees were not given the questions ahead of time in order to gain an immediate response to questions relating to their understandings. Teachers and parents were asked what they understood by primary care, as applied to a system of organising relationships with teachers/children/parents in a centre. Secondly, they were asked to comment on the transition process from home to centre. Third, the teachers were asked what the reasons were for instigating the system presently in place in their centre and how this benefited children. Finally, parents were asked to comment on the benefits of a primary care system.

The transcribed interviews were then analysed for common themes. Initially, the researcher read each transcript to identify potential themes, and then reread transcripts reflexively to confirm meanings across transcripts. Reference to literature also occurred to elaborate meanings. The common themes related to (1) differences in understandings of primary care; (2) relationships; (3) centre goals and values; and, (4) settling-in processes.

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Results and Discussion

Theme 1. Different understandings

A major difference in understanding related to the notion of exclusivity in a primary care relationship. Teachers with primary care had explanations more in line with the literature.

Primary caregiving isn’t an exclusive thing, like it’s not only me that ever has a relationship with that child at the centre ... he’s actually happy to go to quite a number of adults in the centre and he often chooses to go to them, so it’s not a restrictive caregiving system in that he has to be with me if he needs to be, but it’s more like I’m there for him if he needs me. (Teacher B)

It just means that you are responsible together with another person ... I mean, it’s inevitable that one of you is going to be sick or away for one reason or another ... The fact that there’s two people you can always get backup and there’s always another interpretation, another person who sees that child regularly and knows what’s going on, can keep you up to date if you’re away or out to lunch. (Teacher A)

However, teachers without primary care systems interpreted primary care as an exclusive relationship between a teacher, child and parent. Teacher D felt that “children are segregated into different age groups ...”. Teacher C explained, “one teacher is allocated three or four children and she works exclusively with those children and she will do everything in caring for those children and nurturing them and teaching them”.

The references by teachers to the significance of primary care were discussed in general terms. It is not clear whether the research on these topics has been integrated into teachers’ practice to such an extent that theoretical contributions are not recognised or whether they lacked knowledge of current theory. In view of the body of research on attachment theory and its influence on curriculum for infants (Hutchins & Sims, 2000), it is surprising that teachers did not acknowledge this theory, as its impact on teachers’ practice could have been cited, or critically analysed as contrary to notions of shared care. It would appear from the lack of reference to theory and research that there may be generalised assumptions underpinning practice.

Hurst (2001), in her recent study of teachers’ understandings of primary care, also found that teachers lacked a theoretical basis to their practice and tended to continue with established practice rather than discuss theoretical issues. If there is inconsistency in explanations of primary care it may be difficult for teachers to engage in reflective practice.

All parents were unsure about the nature of primary care in relation to centre practice but guessed at how it might be relevant, such as “… the first care” (Parent A) and “the main caregiver is seen as primary care” (Parent B). A parent
in a centre without primary care felt it must be similar to health care, “I suppose too, your child goes to the same primary group of caregivers, that there’s somebody who’s the lead carer for your child” (Parent C). Another parent commented, “a priority, primary care? I haven’t really thought about it” (Parent D).

Theme 2. Relationships

The importance of establishing trusting relationships with children and parents was the main rationale for teachers in centres with primary care for having primary care; yet parents in centres with and without primary care were all content with their child/teacher and parent/teacher relationships.

The teachers with primary care felt strongly that primary care led to an easier way of interpreting a child’s cues, and that their role provided familiarity for children and parents.

One or two people get to understand the child’s cues and the child knows that when it cries, particularly for infants, when they can’t talk, that when they cry you will read that cry, the tired cry or hungry cry. Primary care means that there are special people whose job is to be with a particular group of infants, manageable group of infants, and to get to know them really well. I think it’s essential for infants and young toddlers because they don’t have the language to let you know what they need, they rely on someone reading their cues and if that person is changing all the time it is almost impossible for them to gain trust. (Teacher A)

Teacher A also explained the ease of planning: “you get to know the child very, very well ... you’re also writing it down and you’re analysing it”.

Parent A appreciated this too:

The advantages are that you have a person who has an ongoing relationship with your child ... they [the teachers] are obviously skilled at observing and understanding their behaviours.

Parent B commented, “just knowing that she forms a plan and that she actually cares about his welfare”.

Teachers and parents in centres without primary care also valued the chance to share such understandings for planning:

You need to all work as a team ... so those observations of that child are from different points of view. (Teacher C)

Parent C commented:

That whole sort of portfolio approach in terms of identifying the different skills that she’s developed and the observations of different people show that there are a number of people keeping an eye on her.
Parent D who was also appreciative added that “being able to just ask questions about her to any of the caregivers and just being able to get an answer” [was pleasing].

There was general concern amongst parents as to how infants would cope when familiar staff were not present. This is also consistent with the literature as a common concern (Howes, 1998).

**Theme 3. Centre goals and values**

In the centres with primary care, the goals of continuity and consistency in relationships underpin the organisational culture:

> I think it's really important that infants, especially, have continuity of care and have one person that they feel safe with and can build up a relationship with, who they come to know and trust and come to know their ways of communicating, and also the reversal, that an adult comes to know that infant really well and their learning needs and their disposition and their ways of communicating and expressing their needs. (Teacher B)

I studied Magda Gerber ... I felt really strongly that the only way we can look after young, young infants like that in childcare centres is to have a consistent relationship with those children ... someone is going to take the place of Mum and Dad and understand and be there for them in the same way. (Teacher A)

Parent A revealed her awareness of Teacher A's focus on consistent relationships when she commented “... the consistency of the message that X gets on a day to day basis is that they treat him the same way as how he gets treated at home”.

Teacher A was the only teacher to discuss a theoretical basis to her pedagogy, and identified the influence of Gerber's philosophy of respect for infants. This teacher believed that primary care would be necessary to implement her values. The understandings of participants in centres with primary care reflected Gerber’s (1984) explanation of how her philosophy could be carried out in centres. For example, Gerber describes a “special relationship” that develops between an infant and the teacher, who would ideally be the same person over time:

> The idiosyncrasies, the unique style and tempo of each infant should be acknowledged and respected. The infant also learns to adapt to the characteristics of his special caregiver. (p.2)

Centres without primary care based their system on the centre philosophy where children were regarded as being part of a social group.

> I think children learn to actually attach to several people which is good because that’s what life’s about, you have relations with several people, you don’t rely on one person solely as a friend or a parent, you need to be with other people as well and I just find if a person is away
then that child can actually be quite upset and really put out of their system for that day because their one-on-one is not there. I don’t think that’s healthy. I think it’s far more healthy for children to learn attachment to several people. (Teacher C)

Parents in centres without primary care explained their views on the group:

It’s just a very child focussed environment ... I think it really is about the overall culture and standards that people have and about valuing parents and their children and all those relationships, so I think it’s excellent ... for me it just works really well because it seems to me that she’s very much valued as an individual and a range of people know her as an individual and they seem to know all the kids really well. (Parent C)

Well, I like her to be outgoing and friendly with everybody. I noticed that just as she’s been growing up - like she’s been really clingy. Ever since she started here she hasn’t been ... I think it’s probably one of the main advantages with not being just the one caregiver or two. (Parent D)

A family atmosphere was linked to the centre’s group philosophy:

Having that small portion of young children, the under twos I’m talking about, together with the older children does create that family - that family balance, where the older children look after the younger children. (Teacher D)

According to Parent D “it was easy to go to anybody” because “when you walked in ... everyone was always happy and smiling”.

Teacher C from a centre without primary care had clearly been inspired by the values in Reggio philosophy, although she did not use these specifically to support her position on primary care. Bove (2001) explains that infant care in Reggio is understood as “a ‘system of relationships’ in which the emotional, social and physical well-being of the protagonists are interdependent” (p.119).

The parents in all centres enjoyed receiving feedback and support from teachers. The centre’s philosophy did not appear important to parents, who apparently selected the centre on the basis of discussions with staff and their own impressions of the qualities of the staff and programme. This result is consistent with Melmed’s (1997) North American findings that parents may have different priorities to teachers and may lack an understanding of the significance of centre practices.

Theme 4. Settling in

Teachers and parents in centres with primary care recognised the benefits of primary care for the transition from home to centre, while teachers and parents in the centres without a primary care system felt that transition had progressed
smoothly because of an effective orientation period with pre-visits. Teachers with primary care felt that children adapted effectively because of a system of primary care.

The children settle more easily, which allows them to relax and explore their environment and relate with the other infants that are there. It also means that the parents build a trusting relationship with you. (Teacher A)

All parents felt the smooth transition process was due to the flexibility of the staff towards their needs and because they were confident with their choice of centre. As Parent D explained:

[if] I don't feel comfortable she won't be coming here, because I'm not going to force my daughter. They did everything to make you feel welcome. It just felt like, yeah it was a feeling of trust.

Dalli's (1999) study concluded that teachers viewed the settling process as involving mostly parent and child-related factors rather than teacher-related abilities. She found that the teachers did not recognise that they had a determining influence on the relationships between teachers and mothers. This finding is similar to the way in which teachers in this study attributed successful settling to an effective transitional process rather than acknowledging their skills in achieving this. Adults involved with infants in centres are often referred to as caregivers and workers rather than teachers. The differentiation in nomenclature for teachers in taking the name of caregiver rather than teacher may impact on how they see themselves in their role and how articulate they are about their practice (Thornburg, 2001).

Implications

The teachers provided generalised rather than theoretical discussion although the mandatory requirements for licensed centres in New Zealand state that educators should have an understanding of current theory and principles of learning and development (Ministry of Education, 1998). The differences in understandings regarding primary care suggest that teacher education opportunities may not be exploring primary care in sufficient depth in New Zealand.

There is a diverse range of early childhood services with a variety of philosophies in New Zealand. Parents may not understand the significance of different educational practices, which could influence their choice of programme. The parents in this study appreciated the personal qualities of staff and their open communication. However, if pedagogy was discussed more fully between teachers and parents, then parents may become more aware of differences in centre philosophy and practice.

Policy makers and employers should continue to address structural issues such as ratios of adults to children, group size and teacher qualifications. Research has shown that more favourable ratios and smaller group sizes are more likely to
facilitate sensitively responsive behaviours with infants (Helburn & Howes, 1996) as well as level of education and specialised preparation in early childhood education (Kontos, Howes & Galinsky, 1996). This is endorsed by the current government's commitment to increasing teachers' qualifications and a regulatory review indicated in the Early Childhood Strategic Plan (Ministry of Education, 2002). As the result of an increasingly qualified staff, it is to be hoped that an infant pedagogy, and the skill to communicate this to parents, may be part of an emerging theoretical discourse in centres.

The small size of this study means that results cannot be generalised. Moreover, while this study examined teachers' and parents' perceptions, it did not gather data of actual interactions between infants, teachers and parents. It is important that future research investigates settings with and without primary care in relation to the everyday experiences of young children, in order to establish the impact of such settings on their lives, and consider such factors as teacher knowledge. Cullen (1996) suggests that for many teachers there is considerable challenge in translating implications from theory into practice when practitioners' theoretical knowledge has been constrained by incomplete training.

It would be pertinent for future research on primary care to include other perspectives in the New Zealand context, taking cognisance of Maori kaupapa and other collective philosophies. Several writers have looked critically at the way psychology has dominated the knowledge base of early childhood education (Burman, 1994; Cannella, 1997). Cannella comments that child development has "ethnocentrically institutionalised a global child in the image of the Euro-American middle-class" (p.93) and not questioned this cultural belief. Burman and Cannella both seek to problematise assumptions made about such theories in order to question whether practices are viewed as the only way of addressing children's development and learning. In New Zealand, Kohanga Reo and Pacific nation centres place emphasis on the group for a complexity of reasons related to issues such as language, identity and kinship. The tuakana-teina philosophy of Maori kaupapa includes this notion (Tangaere, 1996). The diversity in such perspectives provides additional impetus for further research to investigate theoretical notions underpinning practice and philosophies in regards to relationships with infants.

Conclusions
This study has shown that teachers and parents have different understandings of primary care. The centres with primary care have an individualised philosophy while those without primary care have practices based on shared care. The discussion on primary care was under-theorised despite the expectation that teachers should theorise their practice (Ministry of Education, 1998). At present parents' priorities may involve intuition regarding centre choice rather than understanding centre structures and philosophies. Understanding the benefits of primary care, and the reasons why centres instigate primary care systems or not, may shed light on the various issues that are involved in developing an infant
pedagogy in this country. Primary care should be theorised because if it is left to chance there is the likelihood that staff in centres may neglect to address the complex issues that are important for infants at such a critical stage in their development. If systems are not put in place to ensure that infants receive positive engagement with adults, duties in busy centres may distract staff and infants may miss out on interactions (Rolfe, 2000). The professional role of the teacher demands dialogue and constant reflection on practice in order to make informed choices and to examine complex issues critically.

References


ABOUT THE AUTHOR

Jean Rockel is a Senior Lecturer in the Centre for Education at Auckland College of Education. She lectures in the B.Ed. (Tchg) and Dip.Tchg (ECE) programmes on learning theory, assessment and policy - specialising in infant toddler development and curricula. She is Editor of *The First Years Nga Tau Tuatahi: NZ Journal of Infant and Toddler Education*, and co-ordinator of the Infant Toddler Network in Auckland. Jean is also actively involved in encouraging on-line conversations for Reggio Emilia Provocations, a group whose aim is to stimulate discussion on educational issues with teachers in New Zealand.