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Using relationships as a tool: Early childhood educators’ perspectives of the child-caregiver relationship in a childcare setting

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Abstract

Children's early years are critical for development and many children access out of home care during this time. Services offering high quality childcare afford an opportunity to impact positively on children's development, including acquisition of communication skills.

A strong, responsive relationship between child and carer is important in facilitating children’s communication development. For infants who are not yet verbal, early childhood educators (ECEs) need to be highly sensitive to the child’s communication, and they need to develop a relationship with the child to interpret their signals and facilitate their communication.

This study investigated the perspectives of ECEs on their relationships with infants in their care. Individual semi-structured interviews with ECEs were conducted and the interview data were triangulated with videoed observational data.

The results demonstrate that these ECEs use the relationship with the children in their care as a tool for provision of optimal learning experiences across multiple developmental domains.
Introduction

Experiences during the early years are critical for a child’s motor, social-emotional, cognitive and speech and language development (Albers, Riksen-Walraven & de Weerth, 2007; Burchinal et al., 2000; Degotardi, 2010). There has been a rapid increase in the number of Australian children accessing out of home care during these early years, with 55% of children aged between 0-4 years attending some form of childcare, and 31% attending formal childcare in long day care settings (Australian Bureau of Statistics, 2012). Services offering high quality childcare afford society an opportunity to impact positively on children's development in many ways, including supporting acquisition of communication skills.

Formal childcare in Australia offers long day care typically for children from 6 weeks until school entry. With the introduction of the National Quality Framework in Australia in 2012 to regulate services in childcare, there has been a move to facilitate high quality care across the sector through strategies such as increasing staff:child ratios and mandating minimum qualifications for early childhood educators (ECEs) employed in the centres (Australian Children’s Education and Care Quality Authority, 2014). It is recognised by both childcare professionals and policy makers that quality childcare results in positive outcomes for young children (Mustard, 2008).

Due to recognition of the importance of their role in the early development of young children, childcare professionals are increasingly described not just as carers but as early childhood educators, ECEs (Margetts, 2005; Mustard, 2008). ECEs can provide learning experiences, encourage appropriate development and can be emotionally available for the child in care (Albers et al., 2007; Degotardi, 2010; Ebbeck & Yim, 2009; Margetts, 2005; Nyland, 2004). Research has shown that there is a link between good quality childcare relationships and facilitated speech and language and cognitive development. In their study exploring the impact of long day care on the cognitive development of children, Burchinal
and colleagues (2000) followed 89 children in long day care from six to 36 months. Observational data were collected to determine childcare quality, and were correlated with scores on assessments of cognitive, language and communication skills. The results showed that higher quality care resulted in better outcomes for communication and language as well as cognitive development.

The importance of a strong attachment relationship between a child and their carer is well recognised and has been researched since attachment theory was first proposed by John Bowlby in 1958. It has been recognised that ECEs can play an important role in attachment relationships for children in their care (Albers et al., 2007; Drugli & Undheim, 2012; Margetts, 2005; Mustard, 2008). However, some research has shown that the relationships between young children and their carers may be less than ideal (Drugli & Undheim, 2012). In their study of the quality of relationships between children and their caregivers in Norwegian day care, Drugli and Undheim (2012) interviewed 41 parents and 35 caregivers of children under the age of two. In the absence of structured observational tools to support the process of evaluation, from their interview data they found that both parents and caregivers were overly positive about the relationships the carers had with the children, and that their reflection upon the relationships with young children needed to be supported with more objective measures of interaction.

For optimal developmental outcomes, children need to be in the care of warm, responsive carers who attend to their needs (Albers et al, 2007; Drugli & Undheim, 2012; Ebbeck & Yim, 2009). Albers and colleagues (2007) explored the interactions between infants and their caregivers across a three month period in childcare centres in the Netherlands. They found that there were no changes in interaction across time, but that there were better relationships between infants and caregivers where the carers were receptive and responsive to the needs of the children. For infants who are not yet verbal, ECEs need to be
sensitive to the child’s communication and to do this they need to understand early communication development and develop a relationship with the child in order to interpret their signals and facilitate their communication development (Albers et al., 2007). For speech and language therapists who work with children with communication impairments, understanding the role skills and knowledge of ECEs in the childcare environment is important, as there are potential partnerships with ECEs to assist in early detection of possible communication impairment, as well as to facilitate the communication development of children with typically and atypically developing communication skills.

ECEs’ beliefs about child development and education inform their practice (McMullen, 1999; McMullen et al., 2006; Stipek & Byler, 1997). From their study comparing self-reported beliefs of preschool teachers with data from an assessment protocol, McMullen et al. (2006) found that information about child development and education strategies were filtered through educators' personal belief systems. Stipek and Byler (1997) also explored the beliefs and practices of 60 educators from preschool through to primary school, finding that beliefs played an important role in programming for the ECEs. Exploring ECEs’ beliefs about important aspects of practice allows insight into how we can best go about expanding current practice in childcare. If we are to understand the nature of primary caregivers' practices it is important that we understand their perspectives and beliefs about caring for young children (Brownlee, Berthelsen & Segaran, 2007). Investigation of the beliefs, opinions and perspectives of Australian ECEs is particularly important in the current employment climate as they undergo the shift from ‘child carers’ to ‘child educators’ and as they strive for recognition and education.

Previous research has utilised quantitative methods to explore quality of care (Albers et al., 2007; Degotardi, 2010; McMullen, 1999; McMullen et al., 2006) and qualitative methods to explore the perspectives of ECEs and parents on the primary caregiver system.
Research has also focused on particular activities in the centres, such as bedtime, mealtimes, dressing and play (Albers et al, 2007; Degotardi, 2010). Many studies suggest that further research into ECE relationships with children and their families should investigate both perspectives and beliefs of ECEs and triangulate this with observation data during time in the centre with the child and ECEs (Drugli & Undheim, 2012; Ebbeck & Yim, 2009; Nyland, 2004). Cherrington (2013) utilised video recorded episodes of interactions in three early childhood centres to facilitate ECEs’ reflection on their practices. This method, paired with semi-structured interviews, allowed staff members to reflect on practice in their natural setting. Furthermore, case studies are useful when processes rather than outcomes are the focus of the study (Cherrington, 2013).

Using interviews and observational data is an established strategy for learning about people’s practices (Cherrington, 2013; Drugli & Undheim, 2012). Brownlee and colleagues (2007) investigated the beliefs of six ECEs and six centre directors about quality care and training for infants. Observations took place on two occasions for three hours observing the infant programs in each centre. Audio-taped 60 minute interviews were conducted with all 12 participants investigating their beliefs about quality care and reflections about their training to work with infants in the childcare setting. The observational data were then triangulated with data from the interviews to see whether ECEs beliefs were enacted in practice (Brownlee et al., 2007). Results showed that both staff and directors described quality of care as predominantly supporting infants with their emotional needs. There was a stronger emphasis among ECEs in comparison to directors on affective/emotional care for children (i.e. responding to their needs), with directors also promoting cognitive and learning opportunities (i.e. seeing additional educational opportunities).

Given the current evidence in the literature on the importance of ECE-child relationships, their capacity to facilitate early communication development, and the current changes to the
regulation of childcare services in Australia, this study aimed to investigate the perspectives of ECEs on the relationships with young children in their care. The research questions addressed by this study are:

1. What are the perspectives of ECEs about the child-caregiver relationship?
2. Do the observed interactions between children and ECEs illustrate the perspectives of ECEs as articulated in interviews?

Method

A qualitative research design of two, two-part parallel case studies was adopted to explore these research questions. Over four different days, brief periods of video recordings were taken of the ECEs working with children in their care on a typical day. This occurred for two children in their care, with a total of eight days of video data collected for four children/two carers. After video data collection, individual semi-structured interviews were conducted with the two ECEs to explore their perspectives of the relationships with the children in their care.

Participants

Two South Australian childcare centres were involved in the research. Both centres were located in metropolitan Adelaide. Both centres operate on a not-for-profit basis, with Centre 1 having recently changed management and Centre 2 having been part of a larger community based organisation for many years.

Participating Childcare Centres

The data for this study were collected in the infant rooms of two the childcare centres. Both centres were accredited providers of childcare, and the rooms had a similar physical set-up, enrolment numbers, staffing, and activities available. Each centre had a main room, separate sleeping room, food preparation area, wet/changing area and outdoor play area with a sandpit and swing.
Consent to conduct the study in the two centres was obtained from the management and individual centre director from each of the childcare centres. Informed consent for participation was obtained from the ECEs and the parents of the child participants. Ethical clearance for the study was obtained from the Social and Behavioural Research Ethics Committee, Flinders University of South Australia.

**ECE and Child Participants**

The inclusion criteria for ECE participants were as follows: that ECEs be current employees within the participating childcare centre; have English as their first language and have no identified disabilities. Two ECEs were recruited. ECE 1 had been working in the sector for 5 years. At the time of recording, she held a team member role in the infant room, and acted as deputy team leader. She held a Certificate III in Children’s Services and worked 8 days/fortnight from 8.30am-4.30pm. ECE 2 had been working in the sector for 18 years. At the time of recording she held a team leader role in the infant room, had a Diploma in Children’s Services and worked 9 days/fortnight from 8.30am-5.30pm.

Once the ECE was recruited from each centre, child participants who met the inclusion criteria were identified by the director and the ECE. Inclusion criteria for child participants were: that the children had first enrolled in the centre during the three months prior to data collection; had English as their first language; had no identified developmental delays, hearing loss or attachment difficulties as reported by parents; had not previously attended childcare and were aged between 0;9 (0 years;9 months) and 2;0 at the time of participation. Two child participants were recruited from centre 1 (1 girl 1;5 and 1 boy 1;2) and two children from centre 2 (2 girls, 0;10 and 1;1).

**Data Collection and Analysis**

The third author (NS) video recorded each individual interaction between the ECE and the children each day for four days for each child. This included activities such as
greetings upon arrival, mealtimes, nap times, individual and group play times. Table 1 contains a full list of recorded interactions. Videoing was discontinued during nappy/diaper changes, but continued immediately after the children were changed.

Insert table 1 about here

Each filming session began when the ECE started shift and ended when the ECE’s shift ended or the children went home. Videoing occurred once a week over a one month period in each centre. The number of recorded interactions depended on staff ratio, activities and the children’s needs, and ranged from 4 to 21 recorded interactions. In the first month, ECE 1 and child 1 were filmed on the first day then child 2 on the second day of the week. For ECE 2 and child 3 and 4, filming followed the same pattern and occurred the following month. This allowed approximately a week between each day-long observation of the ECEs' interactions with each child.

The videos were edited after recording to eliminate any footage that did not contain interaction between the ECE and the children. The videos were transcribed in written form by the first author, following the written transcription of video data method described by Bezemer and Mavers (2011). This involved selecting and highlighting frames that related to the research question then detailing in writing all interaction between the ECE and the children (including transcription of vocalisations, verbalisations, physical touch and eye gaze between ECE and child, as well as interactions by both ECE and child with other children and staff members). Whilst filming, journal entries were made about each of the recorded activities and later linked the behaviours observed to the data obtained in interview.

Analysis of video-recorded data was undertaken to identify patterns of social, interpersonal, and communicative behaviours and to establish the developmental/educational
appropriateness of these. The videoed interactions were coded using criteria adapted from items in the Observational Record of Caregiving Environment (ORCE) (NICHD Early Child Care Research Network, 1996). The ORCE has been widely used in research into quality of care in childcare contexts, and has been shown to be predictive of a number of developmental outcomes for children (Degotardi, 2010; NICHD Early Child Care Research Network, 1996).

The criteria selected were: shared positive affect, responds to negative affect, responds to vocalisation, asks questions, other talk, stimulates cognitive development and sensitivity/responsiveness to non-distressed communication. The ORCE requires rating for every two minutes of interaction, on a scale from 1 (highly insensitive) to 4 (highly sensitive) (NICHD Early Child Care Research Network, 1996). For the purposes of this study, the videoed interactions were transcribed and each interaction rated on the scale from 1-4 by the first author, and correlated with ratings and journal entries made by the third author.

Approximately one week after the final filmed observation, individual semi-structured interviews were conducted by the third researcher with each ECE to explore their perception of their relationships with the young children in their care. The interviews lasted approximately one hour and took place at the centres in private programming rooms where the interview would not be interrupted. The interviews were recorded using a Sony ICD-UX533F digital audio recorder for later transcription.

The interview questions were developed from the literature (Brownlee et al., 2007; Nyland, 2004) and from observations made during the interviewing process. The interview guide can be found in Appendix 1. The interviews commenced with an exploration of the ECEs’ childcare sector employment history/experience and education, then explored the ECEs’ perspectives on their relationships with the children in their care. The questions required the ECEs to use abstract thinking to relate how they perceived working and building relationships with young children in their care. As abstract questions require a high level of
thought and reflection, research suggests that it may not always yield data that are particularly reflective of people’s opinions (Drugli & Undheim, 2012). Therefore the second-half of the interview utilised more behaviour-/example-based questions which allowed the ECEs to draw on previous experiences to answer the questions.

The interviews were orthographically transcribed verbatim in Microsoft Word after the interview. The interviews were analysed independently by the first and second authors using thematic analysis (utilising the method outlined in Braun and Clarke, 2006) to develop common themes and ideas and to triangulate these with the data from video observations. The two researchers coded the interviews independently and then met to compare and discuss the codes and, where there were differences, reach a consensus. The two researchers then categorised the interview codes independently, again meeting to discuss the categorisation and, where there were differences, reach a consensus. There was a high degree of agreement between the two researchers on both phases of analysis. Thematic analysis was also conducted independently, with the two researchers consistent in their interpretation of the main themes that had emerged from the data.

Video data were analysed by the first author for evidence of the themes discussed in interview. The interpretations were then cross-checked with the journal entries and interpretation by the third author.

Results

The results are presented separately for each of the research questions.

Research question 1: What are the perspectives of ECEs about the child-caregiver relationship?

There were two main themes that emerged from the interview data: 1) Relationships and 2) Education.
The Relationships theme comprised three main categories: needs provision (emotional, physical and educational); using relationships as a tool to understand child's behaviours and motivations and supporting the child's development through the relationship. The role of the relationship with the child for the ECE, as well as the ECEs relationship with the family and staff team, was also considered to be important in working in this sector.

In both interviews, the multifaceted nature of the ECE role, that is the need to attend to a child’s physical, emotional and educational needs, was highlighted:

*Well I guess taking care of their physical needs is one of the most important things you know changing their nappies, putting them to sleep, all of that’s one of the most important. But also their emotional needs and we’re here to teach them too so they need to be learning things and I guess my job is to be setting up activities which are appropriate for their age and giving them opportunities to learn and grow and be involved.* (ECE 1)

*My role with the children is first of all building that relationship and then looking at their development and trying to expect or trying to achieve and (sic) help them reach their full potential to achieve.* (ECE 2)

Both ECEs articulated the concept of the relationship as a ‘tool’. They both described their relationships with children in their care as an active, not a passive state, through which they act to understand and meet the needs of the individual child. The ECEs talked about the need to consider underlying reasons for behavior, and to use the knowledge they had of the child as an individual, of child development and the relationship the ECEs had with the child to understand what might be happening for the child.

*We kind of kept thinking well he has an older brother and that’s how he plays with him so he thinks that being rough and tackling kids here is kind of normal he thinks that he’s just playing not that they’re mean or anything because at this age it’s not like they’re out to*
hurt each other they’re just defending themselves or just trying to get a toy or whatever. (ECE 1)

The ECE’s understanding of the child and their behavior can then inform their action, using their relationship and understanding of the child to underpin their encouragement of positive behavior change in the child.

You want to make them feel loved and included so that they will change that behaviour. (ECE 1)

With nappy changes for example, Mum has said it has taken three of them to hold her down to change her nappy and that’s true to a certain extent but she’s quite happy to lay there most of the time but she needs something to be entertaining her. She needs to be holding something, it needs to be really consistent... (ECE 2)

Both ECEs indicated their belief that relationships with all children should be equal, despite their personalities and varying wants and needs. They both acknowledged that they connected with children in different ways, but that they would form relationships with all children in their care.

Because we are all individuals we all do tend to connect with different children and hopefully it all kind of balances out in a way. (ECE 1)

That’s a really hard question for me because you know I end up loving all my children... (ECE 2)

I try to spread myself around so I wouldn’t say any one relationship is better than the other, I think they might be different but yeah it’s just like my friends. There are some people you talk to more but you still love them all, do you know, like that sort of thing, it’s just like putting the time in the relationships. (ECE 2)

Providing quality care in a busy infant room environment was an issue raised by both ECEs, with both participants speaking about the challenges of providing quality care but also
positively about regulatory changes meaning an decrease in staff:child ratio allowing more
time to provide quality care.

   It’s a constant battle. ECE 2

   ...It used to feel like all you did was paperwork and ‘stuff’ and never did anything
with the kids. I think it is a lot better now that we do have time... (ECE 1)

Both ECEs also highlighted strategies they applied in order to maintain the
relationship despite the demands of the room.

   The children who have had morning sleeps and are up while the other kids are
sleeping after lunch - that’s a good time to connect one on one with just individual children
because there are not so many children just competing for your attention. (ECE 1)

   Generally you take care of the child that has the highest physical needs...but it is
really important that you still try and maintain those relationships with those other children so
you try and include them in what you are doing so if I’m feeding a baby then they get to feed
a baby (doll) as well and be with you so after you’ve built that attachment then it doesn’t just
disappear when they grow up. (ECE 2)

The need to have time to develop a strong relationship was another factor highlighted
as a barrier to be overcome in developing a connection with a child.

    Because there are some kids that are like only in one day and I think you find it
harder to kind of have a connection with them. (ECE 1)

    I have a pretty good relationship with her because I am the one who starts early like I
start at 8 and she comes in at 8 so she normally gets dropped off to me. (ECE 1)

    It’s not so bad if I’ve got a child that is booked in four days and I’m out of the room
for a part of a day because I’m still with them on the other three days so I still have more
contact so I guess it’s about how many hours you can put in to the child. (ECE 2)

    It’s impossible to have a relationship if you are not there at the same time. (ECE 2)
A respectful relationship with the child’s family was also considered to be essential.

You need to listen to parents and I think half the time if you don’t listen to what they’re saying and don’t acknowledge what they’re saying and respect what they’re saying then you don’t have the relationship. (ECE 2)

She (child’s mother) would want to talk about everything and I think we all did that so then I guess he (the child) sort of developed a bond with all of us because he saw that we were all like that with his mum too. (ECE 1)

It’s important to be professional and not pass judgments. (ECE 2)

In both interviews, the ECEs expressed an awareness of the importance of a strong attachment relationship with the children in their care, but they also identified the impact that this can have upon them when the children move to a different room or from the centre.

One thing that is difficult for us in the under twos, it is not a bad thing, we do get very emotionally invested in our children. We fall in love with our children. (ECE 2)

I was actually preparing myself emotionally because she was going to move on. (ECE 2)

It can be really hard and you get so attached to them because you’re with them every day. (ECE 1)

The impact of the relationships between the staff team were also expressed, with recognition that a collegial and collaborative staff team can impact positively on the relationships with the children in the room.

...it was great having Jayde in the team here because she always bounced in the room and always had so much enthusiasm, and was really here for the kids, it was all about the kids... (ECE 1)

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1 Note: the name has been changed to preserve confidentiality.
I think it is really hard when you’re working with people who just have no idea...I find that really stressful because you’re stuck trying to do everything and make sure everything is running smoothly and you’re trying to deal with people who aren’t really helpful then that kind of adds to the stress. (ECE 1)

I guess in the centre it is working together as a team, the main focus is that you need to respect one other. (ECE 2)

Education

The Education theme had two main categories: education of the ECE and educational opportunities for the child.

The education and experience of the ECEs were used to better understand the children in their care, and to share that knowledge in order to help the children develop. Both ECEs had undertaken additional education than the minimum requirement, with ECE 1 also having a qualification in counselling. ECE 2, a more experienced ECE, had undertaken further study in a number of areas during her career, including a certificate in infant mental health, as well as additional training in working with children with special needs such as autism spectrum disorders. Both ECEs could see the value of furthering their education, and spoke of how they applied their new skills and knowledge to their work,

It is different for everybody, some people kind of go, they struggle more to understand the child. I think because I have done a counselling course I’ve started to learn that is it not all black and white, they’re doing that because it comes from somewhere, there’s a reason why they’re doing that....So I am in that mindset where I sort of want to understand, not just label them....(ECE 1)

I think I like having that knowledge and I guess being able to help out parents when they ask questions and they are really confused about something and that sort of thing and I like that I am able to help them... (ECE 1)
You need to be honest and say ‘Look we couldn’t get your child to sleep for more than half an hour so they are going to be tired and they’re going to be hungry’ and you know so you’ve got to be honest and then, you know, they come to you for advice. (ECE 2)

In terms of educational opportunities for the child, both ECEs were highly aware of their role in providing for the children in terms of learning, not just meeting their basic physical needs.

I think people just look at it as babysitting and that’s not actually what we are doing, we are here to educate the children as well. (ECE 1)

I think society is looking at childcare differently these days and we are more educators than we are baby sitters and childcare workers. (ECE 2)

Research question 2: Do the observed interactions between the children and ECEs illustrate the perspectives of the ECEs as articulated in their interviews?

The videoed interactions were analysed for evidence of ECE behaviours that had been articulated in their interviews by authors 1 and 3 using criteria adapted from the ORCE looking specifically at: shared positive affect, responds to negative affect, responds to vocalisation, asks questions, other talk, stimulates cognitive development and sensitivity/responsiveness to non-distressed communication. Inter-rater reliability between raters for both ECEs was high, with Cronbach’s alpha of 0.785 for ECE1 and 0.901 for ECE2. Table 2 shows the mean scores for each criteria for both raters. The results are discussed broadly by theme.

Insert table 2 about here

Relationships
The setting of the research; busy infant rooms in childcare centres, contextualised the behaviours observed in the ECEs. Both ECEs managed their interactions within this context in a child directed manner as measured by consistent high ratings of ‘sensitive’ to ‘highly sensitive’ for all criteria (see Table 2). Both carers demonstrated consistent responsiveness to the needs of all of the children in their care.

As articulated by both ECEs, the differences in relationships with the four children reflected differences in the children’s communication and needs. For example, the male participant was an active boy, seeking interaction whilst playing with toys. One of the girls, however, more actively sought out physical proximity to her ECE, often sitting as close to the ECE as possible and engaging in verbal turn-taking routines. In all observed interactions, the ECEs used warm tones (e.g. lower pitch and volume, slower rate of speech), and were responsive to the children’s preferences in interaction style (e.g., immediately changing focus to child’s orientation to an object or activity). They consistently engaged with the children in mutually positive and respectful ways, responding to the children’s communicative attempts and giving developmentally appropriate explanations for both the children’s and their own behaviour (e.g. slowing their speech, emphasising key words).

Child – waiting at door

ECE - ‘Are you going to go outside are you?’ (emphasis on key words)

Child – moves closer to the door

ECE - ‘OK, want to put your jacket on?’ (emphasis on key words)

- Moves towards jackets and child follows, looking excited by jumping and smiling.

Child - vocalises and points to jacket

ECE - holds jacket and helps child put jacket on

ECE - ‘This will keep you nice and warm.’ (emphasis on key word)

- Does up jacket
- ‘Ready to go?’
- *Opens the door, child runs to door.*
- ‘Who’s out there?’ *Speaks to other ECE outside who calls to child and child runs out to her to play.*

The warm and positive relationship each of the children had developed with their ECE was evident, with multiple occasions observed of the children’s enjoyment of interaction (e.g. evidenced through smiling at ECE, engaging in mutual play and laughing with ECE, watching ECE, making eye contact, seeking close proximity to ECE) and initiation or response to interaction (e.g. making eye contact, vocalising, verbalising, touching ECE, responding to ECE’s communication to them) across all activities (i.e. at mealtimes, play time etc.).

The ECEs were also noted on multiple occasions to:

- actively and appropriately respond to the child’s needs based upon their understanding and interpretation of the child’s behaviour (e.g. responding to a child’s body language about wishing to go outside, see example above)
- label children’s behaviour to seek clarification prior to responding (e.g. for example above, ‘*Are you going to go outside are you?*’)
- enjoy the interaction with the child (e.g. making eye contact with the child, laughing and smiling at the child, responding to their communicative attempts).

These elements of the videoed interactions evidenced that both ECEs had established individual routines with all of the children in their care, providing consistency for the children. This was observed to have a calming effect on the children at times of stress. For example, when one girl was grizzling at the end of the mealtime, yawning and rubbing her eyes, the ECE responded by asking if she was tired, then offered the routine of having her
bottle before a nap. The child clearly understood the routine and immediately calmed and waited patiently on the mat, watching the ECE from a distance as she prepared her bottle.

**Education**

Both ECEs demonstrated their planning of activities to provide educational opportunities for the children in their care, as well as use of incidental teaching opportunities within all activities. Both ECEs consistently followed the children’s lead by responding to what was interesting the children, and by extending their learning within that activity. For example, on one occasion ECE 1 and the male participant had sat on the floor to play with some toys and the boy became interested in the pictures of animals stuck to the carpet wall. The ECE responded to his interest by bringing the pictures down from out of his reach on the wall, handing them to him and clearly labelling each animal. The boy sustained the interaction for more than five minutes, imitating the animal names and repeatedly sticking the pictures on the wall and pulling them off again, indicating a positive response to the ECE’s action.

Across the day, both ECEs made time for individual/small group play and interaction with the children in their care. On all occasions the play activities that had been provided for the children were age appropriate and evidenced an understanding of the skills that the children needed to develop. For example, for one child learning to walk, textured circles to step on had been provided and the ECE responded to the child’s vocalised, non-verbal request to assist her to walk and balance across the shapes.

On several occasions, the ECEs were observed to use their understanding and interpretation of the children’s behaviour to shape their actions in an appropriate way and to teach a different way to behave. For example, when one child was snatching another child’s toy, the ECE redirected the child by providing a duplicate toy, labelling the other child’s feelings and speaking about appropriate behaviour in an age appropriate way. This can be
illustrated by an episode where there was the arrival of a younger baby during a block tower building activity:

*Child*  – angry, loud vocalisation with cross facial expression, staring at the baby

*ECE*  - ‘Oh you don’t want him to play?’

*Child*  – moved base board away from baby

*ECE*  - ‘OK, here put it down here, we can do it like this.’

- Models stacking the blocks whilst giving two blocks to the baby and encouraging him to bang them together on her other side.
- ‘Can you build them up like this?’ to child.

*Child*  - builds the blocks up

*Baby moves to reach blocks where child is playing*

*Child*  - vocalises loudly

*ECE*  - Laughing, ‘Quick, before XX gets it!’

- Passes more blocks to the baby and lifts him to sit on her other side, with toys to play with.

*Both children – continue to play independently.*

In summary, these results demonstrate that both interview and recorded data sets demonstrate that the videoed observations are consistent with the behaviours that the ECEs referred to in the interviews. They evidence that both ECEs had established warm relationships with the children in their care, were aware of how and why they established these relationships, and used their understanding of the children to develop their speech, language and cognitive skills.

**Discussion**
This qualitative research study used semi-structured interviews to explore the perspectives of two ECEs on their relationship with children in their care, and triangulated the interview data with analysis of video recorded observations to determine whether interactions between the children and ECEs illustrated these perspectives.

The results show that, for these participants, there were two themes that emerged from both the self-report and observational data: relationships and education. In particular, the key ideas were of the use of the relationship between the ECE and the child as a tool to facilitate the child’s development, and the importance of education for both the ECE and the child.

Both data sets show that the ECEs had strong beliefs that their role was to meet the physical, emotional and educational needs of the children in their care. They both highlight that the perspective of ECEs as ‘babysitters’ is inaccurate, and believe that they play a key educative role in facilitating the communicative, cognitive, physical and emotional development of the children in their care. These views are supported by the videoed observational data, where multiple occasions of educational activities and strategies to facilitate development across multiple developmental domains were seen.

These results differ somewhat from those obtained by Brownlee et al. (2007) who interviewed ECEs and childcare centre directors for their perspectives on quality of infant childcare. In this study, the ECEs reported that emotional development was paramount, but the centre directors articulated that programming should focus as well on infants’ learning and development. The results of our study align with the views of the centre directors from Brownlee et al.’s study and possibly reflect a shift in thinking about the provision of education and care in the sector.

Our results also support the work by McMullen et al. (2006) and Stipek and Byler (1997) on how ECEs’ beliefs inform their practices. In both these studies and in the current
study. Both ECEs demonstrated clear understanding of the importance of caring for children’s basic needs, but articulated strong beliefs that learning and education is one of these basic needs.

Both ECEs in the current study also articulated clear understanding of the importance of the relationship with the child as a tool for helping the child to further their skills. They contextualised the children’s behavior within their understandings of the child’s personality and life, and adopted strategies specifically targeted to the individual children when facilitating their learning.

The ECEs who participated in this research were able to articulate a complex understanding of their interactions with the children. Degotardi (2010) found that ECEs who had better interpretative complexity of their interactions with the children demonstrated higher quality standards of care. Similarly, Albers et al. (2007) reported that the ECEs who were more sensitive to infants’ behavioural signals had better relationships with those children. The ECEs who participated in this study may have presented with skills above the average of other ECEs working in the sector.

In the current study, both ECEs reflected on the impact upon them of establishing strong bonds with the children in their care who would ultimately move away from their care. Both ECEs expressed strong emotions about children they had cared for. Further, they reported developing strategies to cope when those children moved from their care. If ECEs are to be encouraged to foster strong attachment bonds with children in their care, consideration of strategies for the ECEs for coping with the children’s transitions from their care may need to be considered as there is possibly potential for negative impact on both the ECEs and the children when such bonds are broken.

Nonetheless, from a speech-language pathology perspective, it was clear that these ECEs understood the importance of warm, responsive relationships in the facilitation of the
communication development of the young children in their care. There were multiple occasions in which the ECEs targeted their communication at a developmentally appropriate level, responding to the children appropriately and extending their skills as evidenced by the ratings on the adapted ORCE for communicative behavior (such as response to vocalization). This has implications for speech and language therapists working in this sector, as these ECEs could be a valuable resource in identifying children with, or at risk of, communication impairment. Their skills and knowledge could also be used to advantage in the facilitation of the communication skills of children in their care, as well as possibly mentoring other ECEs to facilitate the development of their skills in establishing relationships with the young children in their care.

Limitations

This study has yielded some interesting findings on the ECE-child relationship in a childcare context. However, there were several elements of this study which limit the ability to generalise the findings of this research to other contexts. As with much qualitative research, the results of this study cannot be generalised beyond the participants who were involved and may not represent the behaviours and views of other ECEs on children in their care. Furthermore, the small sample size, comprising only two ECEs meant that thematic analysis of interview data was derived (Braun & Clarke, 2006) without saturation of the elicited themes.

During the recruitment process, Centres and ECEs were invited to participate in the study, with ECEs opting in to participate. Self-selection processes are subject to unintended bias in recruitment. In this case, the study may have recruited ECEs with a particular interest in relationships with the children in their care that is perhaps not representative of other ECEs working in the sector.
Whilst the videoed observations provided valuable data allowing for triangulation with interview results, the process of observing and recording interactions may have imposed limitations on the results of this study as the ECEs and children were aware that they were being filmed. Furthermore, the ECEs also knew the topic of the research, which may have resulted in a priming effect, possibly resulting in an impact on the way they interacted with the children throughout the filming. The filming process could also have resulted in a priming effect on the interviews. The ECEs spent four weeks prior to the interviews involved in observations that focused on their interactions with specific children in their care. This therefore could have influenced their responses to the interview questions, and responses may have been different if the interviews had taken place before any observations were made.

**Directions for further research**

Subsequent research should focus on greater numbers of ECEs across a number of different childcare settings. This will allow for the ability to obtain saturation of themes, and to develop a model of ECE perceptions of the relationships with the children in their care. An increase in the number of child participants would allow for a better understanding of the ECE’s interactions across a number of children.

Further research should also consider the role of all key people in the children’s lives, and include the perspectives of the parents of the children.

Finally, as both ECEs reported on the emotional challenges of children transitioning out of their care given the strong bonds they had created, further investigation of such experiences and strategies for coping may be warranted.

**Conclusion**

This research study explored the perspectives of ECEs on their relationship with children in their care, and utilised video recorded observations to determine whether interactions between the children and ECEs illustrated these perspectives. The results show
that, for these participants, the ECEs have a strong belief that their role is to meet the physical, emotional and educational needs of the children in their care, and that they use their relationship with the children as a tool to help them achieve this. The ECEs in this study were thoughtful and reflective about their role, had good understanding of attachment and the importance of this bond in facilitating communication development, and high levels of awareness of the strategies that they use to facilitate the children’s development. Despite the limitations of this study, this information is a useful starting point for speech and language therapists seeking to work with ECEs in both promoting children’s communication development, as well in identifying children with, or at risk of, communication impairment.
Acknowledgements
The authors would like to thank the participants, families of the children and the centres for their willingness to be involved in this research.

Declaration of interest
The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.
References


Appendix 1

Interview Questions

How long have you been working in childcare?

How did you get in to childcare?

Do you see yourself working in childcare in 5 years time? And after that?

How would you describe your role in this centre in relation to the children in your care?

Tell me about the relationships with the children you care for?

Tell me about your relationship with child x?

Tell me about your relationship with Child y

Are the Relationships between child x and child y the same or different?

If they are different why/how?

If they are the same why do you feel that, how?

Can you tell me why, in your opinion the relationship is different

Can you tell me what you think are the most important times on a regular day in the childcare?

Can you describe a child you have cared for that you felt you developed the best ‘relationship’ with?

Can you describe a child, which you have cared for, that you found it difficult to build a ‘relationship’ with?

If so how did you address these issues and did the relationship improve? What would you have done differently?

Tell me about when the best times, during a day in childcare, are to build a relationship with a child

Can you describe how you see your job in relation to the changing nature of society and in particular the increase in the number of children requiring child care?
Table 1: Video recorded observations

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 1</th>
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<tbody>
<tr>
<td>Bottle and dressing</td>
<td>Morning tea set up</td>
<td>Outside play</td>
<td>1:1 play</td>
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<td>Bottle</td>
<td>Morning tea</td>
<td>Outside play 2</td>
<td>1:1 play 2</td>
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<td>Inside play</td>
<td>Morning tea</td>
<td>1:1 play 3</td>
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<td>Nap time</td>
<td>Group play</td>
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<td>Nap time 2</td>
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<td>Play activity 5</td>
<td>Afternoon tea</td>
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<td>Play time</td>
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<td>Play time 2</td>
<td>1:1 play 4</td>
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<td>Going to bed</td>
<td>Seeing sister</td>
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<td>Morning tea 3</td>
<td>Fruit time 2</td>
<td>Going to sleep</td>
<td>Bottle</td>
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<tr>
<td>1:1 play</td>
<td>Fruit time 3</td>
<td>Changing after sleep</td>
<td>Seeking proximity</td>
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<td>Lunch</td>
<td>Sharing carer</td>
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<td>Play time</td>
<td>Lunch 2</td>
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<td>Cuddles</td>
<td>1:1 play</td>
<td>Singing 3</td>
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<td>Intervening - behavior</td>
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<td>1:1 play 2</td>
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<td>Getting dressed for bed</td>
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<td>Sleep</td>
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<td>Swing</td>
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<td>Waking up &amp; changing</td>
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Table 2: Summary of mean ratings for videoed observational data using adapted ORCE (NICHD Early Child Care Research Network, 1996) criteria on scale of 1 (highly insensitive) to 4 (highly sensitive)

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<td>4</td>
<td>3.5</td>
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<tr>
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<td>3.5</td>
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<tr>
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<td>3.5</td>
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