

**Primary care in early childhood education –
To be or not to be?**

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Abstract

A successful transition from home into an educational setting is critical to a young child's learning. For some infants and their parents this transition can be traumatic. How can enculturation into an early childhood centre best be achieved? The primary care system of assigning a staff member to each child is implicitly recognised by many teachers as effective for ongoing development and learning. These ideas about primary care have remained unchallenged and under-theorised with reference to research. This paper provides current evidence to show that there is confusion about such understandings in New Zealand, and argues that the notion of primary care should be critically examined in order that teachers with infants can theorise their practice and develop a research-based infant pedagogy.

Introduction

The term primary care is used to explain the responsive relationship between infants and the most significant adult in their life, usually their mother (Bernhardt, 2000). This notion is applied to practices in an early childhood centre when a staff member is assigned responsibility for specific children, taking the principal role in their care. Understanding the different perceptions of primary care and exploring the reasons why centres institute primary care or not, may shed light on various educational issues involved in developing an infant pedagogy in this country.

Primary care occurs as an established practice in many New Zealand early childhood centres but appears to be one that is often taken for granted and is not research-based. I would argue that a of relationships-based pedagogy rather than primary care would encourage practitioners and researchers to examine the notion of primary care more

broadly in relation to teaching and learning. There is a need for a pedagogy of relationships because the foundational learning in this area is critical for ongoing development and learning. Taking a pedagogical approach to relationships could mean that teachers will consider many ways in which relationships are established in the context of education and care in New Zealand.

There is an assumption that primary care is a commonly established practice in the majority of early childhood education and care centres in New Zealand. This practice, however, may not be as widespread as was commonly thought. For example, some types of whanau or family-based centres do not support primary care (Rockel, 2002). There are no formal statistics available and therefore the effects of centre-based primary care have predominantly remained unexamined.

The absence of critical analysis may be due to the assumption that common understandings are held about primary care. The evidence that emerges from research on teachers' and parents' understandings reveals that primary care is not always clearly understood (Rockel, 2002). These findings show that there are two very different philosophical paradigms of care that underpin relationships with infants in early childhood centres: one is based on the model of a maternal relationship, while the other is based on a notion of shared care and familial interdependence. These two paradigms appear to stem from ideological thinking that has influenced practitioners to the extent that an explanation of the paradigm may seem unnecessary. The participants from each position viewed their stand as the 'natural' way, without seeing a need to specifically detail the rationale for such a position.

This paper argues that a discussion on primary care will involve certain philosophical paradigms and that confusion regarding the notion of primary care results from the lack of a critical examination of such beliefs. This would suggest that in New Zealand, early childhood educators are continuing to engage in practices based on an ideologically driven position rather than a critical approach to change. Instead, early childhood education could benefit from teachers having a pedagogy of relationships that is clearly articulated and underpinned with educational research.

The rationale for not having primary care may also be influenced by organisational factors. For example, staff/child ratios; group size; staff turnover; teacher knowledge and qualifications; and already established regimes of practice. Dalli's (1999; 2001) research in several New Zealand centres found that institutions that did not use primary care were inclined to use an alternative system due to their perception of children's possible reactions when a particular caregiver was absent.

Although many staff members are reflective about their practice, they do not always access an educational discourse in their process. This situation occurs despite the mandatory requirement that educators in licensed and chartered centres should have an understanding of current theory to underpin their practice (Ministry of Education, 1998). Most parents are happy with centre practices and staff, but may not be aware of how centres function and what certain practices and policies mean. Philosophical approaches to primary care are seldom articulated.

The significance of different philosophical beliefs needs to be critically examined in order to evaluate an appropriate enculturation process for infants and their families in educational settings in New Zealand. The impact of relationships on a child's learning and development is integral to any pedagogy that is developed with infant care and education. The process of developing pedagogy with an infant specialism is more likely to be achieved when teachers become informed about the practices that are in place and why.

Two philosophical paradigms

Dyadic relationships

The paradigm involving a dyadic relationship between infant and educator is related to a discourse of motherhood - the ideological basis of the maternal relationship (Dalli, 1999). This relationship between mother and child has long been considered to be the prototype for successful social learning as it offers stability and continuity in some cultural practices (Bowlby, 1969). This discourse 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). The early childhood curriculum, Te Whaariki (Ministry of Education, 1996) outlines the importance of responsive relationships: "In order to thrive and learn, an infant must establish an intimate, responsive, and trusting relationship with at least one other person." (p.22).

The lack of continuity with high staff turnover in New Zealand centres may mean that primary care is not viable without the teamwork and collaboration underscored by Lally et al. (1995). These 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". The rationale for not having primary care is often based on the belief that children need to relate to all staff so they will not become over-dependent on particular staff members who may be absent (Howes, 1998).

Attachment theory provides a basis for primary care, with the understanding that a child establishes an internal working model of the world of significant persons and the self (Bretherton, 1985; Rolfe, 2000). A secure attachment relationship is also sought for the infant-teacher relationship. Attachment research informed by cross-cultural studies shows that children are able to form alternative attachments to the maternal relationship (Singer, 1992). Other research indicates that the quality of attachment in adult-child centre relationships does not disrupt the parent-infant relationship or affect ongoing development (Mardell, 1992; Shonkoff & Phillips, 2000).

While the intention of attachment theory is to examine relationships within family life, this theory has been transposed on group settings without sufficient critical analysis of the context. The differences between home and centre highlight the need for discussion and debate on how relationships can best take place. Parents are essential contributors to such discussion.

Interdependence

This paradigm is based on a collective ideology (Gonzalez-Mena & Widmeyer-Eyer, 2002) and is one where children are viewed as becoming interdependent within an

extended family grouping. If primary care is defined as a one-to-one relationship between teacher and child, the model would be rejected in preference to a position of shared care. In this model, the infant is regarded as part of a group culture with all members of staff interacting with the child and vice versa.

Nyland (2003) queries whether "...the group care arrangement contains[s] alternative forms of stimulation that make one-on-one interactions with adults less important" (p.2). Nyland's comments are a reminder that much of the early childhood research does not examine daily lives as lived by very young children in educational group settings. She adds that teachers may be still following attachment theory and calling it sociocultural theory.

The key principles in Te Whaariki (Ministry of Education, 1996) of Relationships, Family and community, Holistic development and Empowerment promote a sociocultural approach to early childhood curriculum in New Zealand. Research on the importance of children's relationships with relatives, carers, siblings and friends, as well as mother, indicates that very young children are able to develop a sense of connectedness to others, leading to enduring friendships with children and extended networks of relationships with adults (Moss & Penn, 1996).

Early childhood systems can emphasise a collaborative role for adults and children and a drive towards interdependence (Bove, 2001). An example of this is seen in Reggio Emilia, Italy, when primary care is not just a matter of allocating staff to children (Bove, 2001). Educators in Reggio recognise the interpersonal constructions of knowledge and value the input of the parents during the transition process. This process balances the "...child's well-being, the parent's needs and resources, and the broader system of relationships in the child's life at home and at the centre" (Bove, 2001, p.113). Teachers and parents encourage young children to relate to others in the group, fostering empathy in children towards others.

One model in New Zealand that explicitly illustrates such a philosophy is Te Kohanga Reo (Tangaere, 1996). In this context, teachers explore relationships with parents and whanau in relation to Maori kaupapa. This whanau/family based philosophy of care

and education fosters interdependence as children at a very early age interact more closely with other children, rather than depending on adults to develop strong kinship ties. There is anecdotal evidence that centres using a whanu or family based philosophy do not have a formal primary care system with infants.

Merging the two paradigms?

Despite the different positions of these two paradigms, it may be appropriate to merge aspects of both. An exploration of how primary care relationships can be maintained within a collectivist kinship philosophy is currently being undertaken in an action research project at A'oga Fa'a Samoa. This centre is a Samoan immersion education and care centre in Auckland and was recently nominated as a Centre of Innovation (Ministry of Education, 2002). A'oga Fa'a Samoa allocates staff to small groups of infants with primary care relationships and promotes continuity in these as the key teachers remain with them in different groups and spaces at the centre and into school. This research will look at the effects on children's learning, including Samoan language and culture, of joint educator-child transitions (Ministry of Education, 2004) and will provide valuable information towards an infant pedagogy.

Researching teachers' and parents' perceptions

It became evident in my ten years visiting student teachers on their practicum, that there is a surprising lack of dialogue on primary care. During this time parents have personally expressed concern about their inability to support their child during the separation process, yet there is limited discussion regarding which practices would be most beneficial.

As a result, a research project was instigated to investigate teachers' and parents' perceptions of primary care for infants in several Auckland centres. This revealed that teachers interpreted the notion of primary care differently, depending on whether they were in a centre that used primary care or one that did not (Rockel, 2002). The teachers who did not use primary care held different views of family relationships based on a broader notion of shared care. All parents who were interviewed were

content with practices in the centres they attended without specifically choosing the centre for their philosophy.

Methodology

The research used a qualitative, phenomenological approach. The purpose of phenomenology is to attempt to understand what a specific experience is as it appears to people who are living it (Leedy, 1997). The intention was to discover the participants' own understandings and inform future research. The study involved interviews with four teachers and four parents, whose child of under one year of age had been enrolled over 10 hours per week, in four urban early childhood centres in Auckland. The centres reflected a variety of contexts, and included mixed-age and peer group settings, privately owned and community-based centres. Participants were from centres with and without primary care. The interview transcripts were analysed for common themes. The key themes that emerged were: differences in the understandings of primary care; a focus on relationships; centre goals and values; and settling-in processes.

Results and discussion

Differences in understandings

Teachers without primary care interpreted primary care as an exclusive relationship between a teacher, child and parent. However, as a teacher using primary care explained: "Primary caregiving isn't an exclusive thing, like it's not only me that ever has a relationship with that child at the centre".

The teachers discussed the significance of primary care in general terms. An inference from this lack of reference to theory and research is that generalised assumptions may underpin teaching practice. In a similar study in Dunedin of teachers' understandings of primary care, Hurst (2001) found that teachers lacked a theoretical basis to their practice and tended to continue with existing practice without examining theory.

All parents were unsure about the nature of primary care in relation to centre practice but guessed at how it might be relevant. For example, a parent in a centre without primary care felt it must be similar to the lead carer in health care. Another parent commented, "I haven't really thought about it".

Relationships

The main reason for teachers choosing to use primary care was the ease of establishing trusting relationships with children and parents. However, parents in centres, both with and without primary care, were content with their child-teacher and parent-teacher relationships.

The teachers with primary care felt strongly that this was an easier way of interpreting a child's cues, and that their role provided familiarity for children and parents. As one teacher commented:

Primary care means that there are special people ... 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.

A parent was appreciative: "The advantages are that you have a person who has an ongoing relationship with your child ... they are obviously skilled at observing and understanding their behaviours."

Teachers and parents in centres without primary care also valued the chance to share understandings. One teacher explained: "You need to all work as a team". The parents in centres without primary care appreciated the use of portfolios for revealing that "...there were a number of people keeping an eye on her".

Centre goals and values

In the centres with primary care, the goals of continuity and consistency in relationships underpinned the organisational culture. The one teacher to clearly identify a theoretical link to her pedagogy believed that primary care was necessary for respectful care.

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.

This comment reveals a dyadic focus. Gerber (1984) illustrates primary care as the 'special relationship' that enables an infant and a carer to get to know each other well and that the carer "would ideally be the same person over time" (p.2).

Centres without primary care based their philosophy on children being part of a social group where children became interdependent. A teacher explained:

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.

This teacher was influenced by the Reggio philosophy, although she did not use this to support her position on primary care. Her comment about staff absence also validated her position.

Parents in these centres explained their views on the group. One parent explained: "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." Another parent noted the effect on her child:

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.

The family atmosphere was recognised by a parent as a key element in the centre without primary care: "Having that small portion of young children ... together with the older children does create that family – that family balance, where the older children look after the younger children."

The parents in all centres enjoyed receiving feedback and support from teachers. The centre 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. Melmed found parents placed greater emphasis on physical rather than emotional, intellectual or social development. Half of the parents in this study thought that the more caregivers the children had before the age of three, the easier it would be for the child to adapt.

Settling-in

Teachers and parents in centres with primary care recognised the benefits of primary care in 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. All parents felt the smooth transition process was due to the flexibility of the staff towards parental needs and because they were confident with their choice of centre.

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 themselves had a determining influence on the relationships between teachers and mothers. The way in which teachers in this study attributed successful settling to an effective transitional process, rather than acknowledging their skills in achieving this, supports Dalli's findings.

Implications for practice

The study demonstrated that teachers provided generalised rather than theoretical discussion and appeared to rely on a culture of practice rather than research-based practice. This supports the research findings of Dalli (1999) and Hurst (2001) and suggests that teacher education or professional development opportunities may not be exploring primary care in sufficient depth. Although a small study, this has indicated future directions for research.

Teachers with infants are linking their practice to a particular philosophical position that may or may not be theoretically justified for the New Zealand context. There is an assumption that their common practice is 'natural' or could be taken for granted as the way things are or should be. This appeared to be so whether primary care was used or not. Parents remain unaware of these contrasting views in New Zealand centres. If pedagogy was discussed more openly and fully between teachers and parents, then parents may become more aware of the significance of such varied practices rather than relying on intuitive responses. While parents increasingly acknowledge the professionalisation of early childhood and can appreciate long-term benefits for their children, they are often unaware of the differences in how centres function when making their choice of centre.

The ongoing debate: Issues

There are three key issues that are generated by the findings in the research study that should be taken into consideration in any debate:

Vulnerability

Babies are not immature adults – they exhibit capabilities and educators are there as much to learn from them as the infant will learn from the adult. Therein lies the vulnerability of the infant (and the parent) to inattentive practice. The rights and responsibilities for such practices lie with parents and teachers.

Timing

Infancy is a critical period of development as has been revealed through research on the brain (Shonkoff & Phillips, 2000). If mistakes are made in child development, they may have far reaching consequences. These consequences also have inter-generational effects as parents and teachers have significant influence on the next generation. It is, therefore, of critical importance to identify and establish best evidence-based practice in centres with infants.

Discourse of ‘education’ and ‘care’

Education and care can be viewed as mutually constitutive. This is based on the premise that there is care in education, and education in care, and one does not exclude the other. Some of the key descriptors within the discourse on care remain unexplored in relation to their meaning. For example, the term ‘caregiver’ continues despite the notion of ‘giving’ negating the idea of reciprocal relationships, which is the focus of Te Whaariki (Ministry of Education, 1996). It is timely to examine the discourse and use terms that are more explicitly about teaching practice. I argue that it is more appropriate to discuss the responsibilities of key teachers within a pedagogy of relationships than use a primary care discourse.

Conclusion

Educators in New Zealand are often ideologically positioned in respect of primary care, and may not realise this nor have the theoretical knowledge to examine this ideological or naturalist position. Without theoretical understandings it is not possible to establish an infant pedagogy as an ongoing process of examining practice. Such pedagogy would help provide recognition of the specialised nature of infant-toddler care and education practices by the education sector and general community.

It is important that primary care be theorised and examined critically. If analysis is left to chance there is the possibility that staff in centres might neglect to address the complex issues in relationships that are important for infants at such a critical stage in their development (Rockel, 2002; 2003). The ongoing thinking, discussion about theory and the debating of ideas, is part of the reflective process that teachers undertake when examining practice. It could be queried whether teacher education programmes are successfully teaching students how to examine theory in relation to developing an infant pedagogy, in order to critically examine practice and the complex issues involved in theorising a pedagogy of relationships.

The lack of understanding about primary care is due to the absence of a research culture in this area. Future discussion could be constrained by conflicting interpretations of primary care. Children's everyday experiences are at risk of being handled by others in ways that may not be in their best interests, and parents' voices often remain unheard with regard to centre practice.

Infant education would also be enhanced through a culture of intellectual inquiry. Such a culture of philosophical analysis would provide a foundation for research, as well as a foundation for informed practice.

Recent changes in policy and practice indicate an improvement in the status of early childhood education in New Zealand (Ministry of Education, 2004). This is demonstrated by the government's commitment to early childhood qualifications and research in strategic planning. An infant pedagogy may well be part of an emerging theoretical discourse as the result of an increasingly qualified staff. The Centre of Innovation model has provided a catalyst for much needed research to occur. It is hoped that this paper has provided some impetus to instigating an infant pedagogy.

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