

Children Under Three and their Key Adults: Relationships to support thinking

TACTYC Conference

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A Rage in the Nursery

- **Why should working mothers feel guilty or deprived? Working mothers spend four to six hours a day with their babies rather than eight to twelve....Are they missing significant developmental phases? ...Working mothers spend as much time as nonemployed mothers in direct interaction with their babies. What are they missing except redundancy?**

Scarr 1984:320

Nurseries, indeed individual nursery practitioners, have increasingly diverse priorities and approaches in their work with children and families. Whatever the particular aims of a nursery, a precondition for effectiveness is the emotional well being of the children;

Emotional well being derives from feelings of security (feeling individually well known, thought about and understood; and able to participate with some influence in predictable and well organised routines);

- 1. A primary challenge for nursery staff is being *personally* close enough to individual children, to enable them to feel sufficiently thought about, whilst maintaining some *professional* distance.**

- 2. The challenge of managing emotional closeness whilst maintaining some professional distance, although helped by emotional maturity, is very difficult to manage systematically and over long periods, perhaps unmanageable without organisational support;**

3. Organisational support means:

- **that the task of providing emotional closeness within a professionally accountable context is made explicit;**
- **an ethos which expects that such close work with children will evoke powerful emotions, positive and negative, and that that is professionally legitimate;**
- **arrangements for the physical care of staff – breaks and leave; and**
- **staff are expected to engage in professional reflection, individually and in groups and heads / managers have the training to facilitate this;**

Home variables

In fact maternal sensitivity - keeping a child in mind, and being responsive to them without being intrusive - often shows up as *the* most important variable in a child's development.

(Leach et al 2006)

Nursery variables

**The extent to which staff enable children to form
attachments**

(National Institute of Child Health and Development
1997)

How home and nursery work together

Children's emotional well being is partly dependent on their capacity to adapt to the different emotional contexts of nursery and home. A critical factor in determining the emotional impact of nursery is therefore the extent to which nursery and home carers can work together to share and mediate the child's emotional experience, helping the child manage these transitions in a way that is attuned and co-ordinated.

(Ahnert and Lamb 2003).

Feeling connected...

- **Why do infants, indeed all people, so strongly seek states of interpersonal connectedness, and why does failure to achieve connectedness wreak such damage on their mental and physical health? ... (Tronick 2005 p293)**

The KP in the EYFS

Children learn to be strong and independent from a base of loving and secure relationships with parents and / or a key person (EYFS Principles)

The kp should help the baby or child to become familiar with the provision and to feel confident and safe within it, developing a genuine bond with the child (and the child's parents) and offering a settled, close relationship

(SF for EYFS p37)

Multiple indiscriminate care

- **We have often seen in nurseries a child's supposed key person attending to impersonal tasks whilst he was fed or comforted by another staff memberthe approach can then have no real meaning for him...**

(Goldschmied and Jackson 2004)

Multiple indiscriminate care

- ***Nursery nurses believed that children should be treated equally and given equal attention, or else some would miss out. In practice, this seemed to mean avoiding any lengthy involvements with individual children, for fear that others were being ignored or getting jealous; they also feared that favoured children might become spoiled.***

(Hopkins 1988)

Multiple indiscriminate care

- In this culture (multiple indiscriminate care) where children are treated as 'the same' and therefore needing equal attention, nurses treat themselves too as the same and equally replaceable. Thus on the one hand there is the attitude that 'we are one big happy family'...and, on the other hand, there is the denial of the unique importance that a nursery practitioner may have for particular children through the attachment she has formed with him and he with her.

(Bain and Barnett 1986)

The work of Menzies-Lyth: High Turnover of Nursery Staff in Hospital.

Nursery service tries to protect nurses from stress by

- **Fostering nurse – patient relationships which are short and always tenuous**
- **Detailed procedures for even mundane tasks (bed making) to reduce personal responsibility**
- **Avoid decisions - delegate upwards instead**
- **Fostering professional attitudes in nurses of denial of their upset – ‘kindly, pull yourself together’ remonstrances**

Menzies-Lyth, I (1988)

Why the key person approach is not a good idea....

- **Attachments with parents will be undermined;**
- **The key person cannot be with their key children all the time.**
- **Children are prevented from making close relationships with other adults.**
- **Parents will not like someone else getting close to their child**

The concept of a 'social defence'

- **As a way of dealing with this stress day nurseries typically 'construct' (it is not suggested that this is a conscious process) a social system to defend against the possible experience of emotional intimacy between nurses and children. This defence system however can actually exacerbate unnecessary stress rather than relieve it. The system of social defences has organisational, cultural and attitudinal aspects (Bain and Barnett 1986:14)**

Distancing behaviours

Sue intervenes 'oh Alex, you need a sleep'. I am sure he does need a sleep but having felt the power of his eye contact, I feel equally sure that his tiredness is not the only reason for his whimpering.

Sue picks him up and holds him in a very close embrace across her chest almost as if she were about to feed him herself. I think that he will struggle away from such intimacy with a relative stranger but he does not, seeming instead reassured and secure against her body. But very quickly, Sue does remove him, as if the intimacy is too close for her rather than him, placing him instead in a baby bouncer. Sue's holding had seemed so spontaneous and just what Alex needed. Perhaps some anxiety had intervened to stop Sue continuing to hold him?

He lies in the bouncer and she presses his dummy into his mouth and rocks the bouncer vigorously. Each time he spits out the dummy or lets it fall from his mouth, she presses it back in again with a gentle firmness. She conveys kindness but as she bounces it, I feel she is determined that he will sleep.

The 20 minute cuddle

- **...there's that fine line... yes it's nice to give them a cuddle but a quick cuddle's nice, not a 20 minute cuddle...when I was at college I was taught about sitting children on your laps, not to do that and I thought well children of that age can become too self reliant on a member of staff and you go to lunch and or home, they are still there with other staff so they need to be able to gel with all members of staff so by passing that around equally...**

The difficulty of thinking...

- ...it is literally difficult for the nursing staff to think. Part of the reason for this is the nursery nurses' experience of a series of disconnected episodes of attention first to one child and then to another...another reason for lack of thought is an assumption of the culture; namely that one's influence on a child is relatively unimportant in trying to understand the causation of the child's behaviour...events in the nursery become static, 'things happen', the child behaves in the way he does for no good reason, or because of his innate characteristics, or partly because he comes from a particular kind of family...behaviour in this culture 'is what it is' which is generally regarded as obvious and self evident, a fact of life that one can do nothing about. The responsibility nursery nurses experience for the emotional development of the children is therefore minimised and there is also an absence of curiosity

(Bain and Barnett 1986:20)

- *A question at a recent conference...*

Are their new Ofsted rules about handling children too much? That you could be prosecuted and put on the Sex Offenders Register...?

A new model of CPD

Aims

- **The ways in which children's states of mind can impact at an emotional level on staff and organisational culture and vice versa**
- **Explore ways in which adverse past experiences for staff and children can affect future relationships and experiences.**
- **To increase awareness of how groups operate below the surface**

This is NOT group therapy – it IS about establishing relationships of trust in order to facilitate thinking of staff together and about children

A culture of team thinking and learning

Four team positions

Discussion;
Flexibility;
Disagreement is
possible;

Absenteeism;
High sickness;
Frequent staff leaving;

'Total Agreement'
Disagreements never
expressed;
They all happen outside
team meetings;

Personal attacks;
Sub groups and
factions;
Feeling you can never
do anything right;