A Web of Relationships: Caregivers' Perspectives on the Complexity of Working with Infants and Toddlers

by

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ABSTRACT

Previous research has investigated the effects of daycare on infants, though, little attention has been given to the emotional impact of this work on their caregivers. Attachment theory has influenced the approach to infant daycare, leading many programs to adopt a primary caregiving system in order to respond effectively to the needs of the infant. Babies become attached to caregivers and in turn caregivers become attached to the babies. This study explored the implications of such attachments.

Naturalistic inquiry made the web of relationships surrounding infant / toddler caregivers apparent. In conversational interviews, caregivers spoke deeply of the complexities and demands of their work with babies and their families. Their voices were eloquent, thoughtful and reflective.

The data consist of lengthy initial interviews, follow-up conversations, and observations. The researcher's own education and experience informed the data gathering and interpretation. Seven caregivers in four different centres were interviewed. Each had her Under Age Three Certificate and worked in a licensed centre. Each of these centres used some degree of primary caregiving. The interviews were informal, based on a list of questions used to encourage conversation and narrative. Observations offered an opportunity to understand the context of each caregiver and prompt further conversation. Analysis was a process of analyzing the interviews for themes and ideas in light of the observations.

The picture that emerged illustrates the complexity inherent in the work of caring for babies. Caregivers spoke of their relationships as sources of satisfaction and frustration. In a dynamic, ongoing process of engaging with babies, families, co-workers, and selves, caregivers must negotiate these multiple relationships using skills of empathy and thoughtfulness. The Early Childhood Education and Care literature discusses toddlers' struggle with separation anxieties. Not well articulated in the literature, but evident in the data, is the grief of the caregivers. Each woman spoke of her own sadness at the loss of her

relationship with a baby or toddler when that child left the centre. Relationship with all its intensity and tensions was central to the professional experience of these women.

Each of the four most experienced caregivers accented a different aspect of caregiving: a) the sensual aspects of caring for babies, b) the intellectual possibilities of caregiving, c) caring as a spiritual practice, and d) the need for attentive care for one's self.

The particular centre and context of each caregiver influenced the care she provided; without a supportive environment it is difficult to provide respectful and responsive care. The participants discussed the need for adequate time to establish and maintain relationships; time was also necessary to meet and discuss concerns. Caregivers needed time for reflection to keep multiple perspectives in mind. Time is an important and often scarce resource for caregivers.

Caregiving is a web of relationships. This research was reflective of and ethically responsive to the caregiving relationship. Paying attention to the multiple pulls experienced as an insider, I used trust, respect, responsiveness, and responsibility to guide the research process. Two women, whom I called peer reviewers and who had both worked in the field, but were now a step removed, discussed with me general topics raised by the interviews and listened for the "ring of truth".

Listening to the seldom heard voices of the caregivers and their emphasis on the process of building and maintaining relationships suggests possible directions for supervision of centres, guidelines for Early Childhood Education and Care education, and development of licensing policies. The caregivers' focus on relationship challenges the centrality of child development in the organization of practice. Supporting, honouring, and building on caregivers' connections with the babies in their care, the families, the staff, and with themselves will enhance the practice of infant and toddler care.

Examiners:

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CHAPTER 1: BEGINNING THE PROCESS

Love and care, however, provide not certainty but hope. (Huebner, 1999, p. 350)

Every day, infant/toddler caregivers can experience the pleasure of soothing a baby, the frustration of having two crying infants at once, or the feelings of sadness for an overwhelmed parent. Over the course of the day caregivers manage a variety of pulls on their time, emotion, and energy. The tempo of the day can be hectic, peaceful, or somewhere in between, and is always unpredictable.

Thirty years ago I found myself struggling with emotionally tangled situations with no obvious course of action. Each day I was in the midst of a small group of six two year olds. I discovered how to tune into each child. I learned to manage the day trying hard to minimize the stress on the children. Each day was different. Over time I began to develop strategies for situations which arose. Some situations were more difficult than others.

> Hector was under the table hollering and holding onto the leg. His mother was screaming at him that it was time to go home and hauling on one of his legs to pull him out. I was hovering ineffectually between them. I tried to soothe the mother as I explained to Hector it was time to go home.
>
> Two-year-old Hector enjoyed being at daycare. Each day, he happily involved himself in a project when he arrived, and he stayed involved in one project or another the entire time he was there. One morning, he worked hard to figure out how to undo the drain to the water table. He succeeded and there was water everywhere. This particular day, he was deeply involved with the trucks.
>
> His mother was an impatient young woman who liked to move fast. With long legs and dressed in short skirts and big shoes, she was usually in a hurry to get to the next place. This day, she had plans.
>
> I was a young teacher with idealistic notions about the care of children. I tried to keep the atmosphere in the room calm and nurturing. I tried to support parents. I cared about the children whom I cuddled, read to, chatted with, and played with every day. That afternoon, I was not maintaining a peaceful, nurturing environment.

> I cared for Hector, I empathized with his mother, and I managed to help them get out the door. I absorbed the emotional energy of Hector, his mother, and the children in the room. Afterwards, I burst into tears. At times, the emotional tensions of the job were overwhelming.[1]

These feelings and tensions are part of the daily life of a caregiver working with children under three in an infant/toddler daycare centre. Babies need caring and responsive relationships (Steinhauer, 1999; Shonkoff & Phillips, 2000;). They need parents and caregivers who will form such relationships with them (Gonzalez-Mena & Eyer, 2001; Shonkoff & Phillips, 2000). Being in a caring and responsive relationship calls for a variety of skills and calls forth myriad emotions.

The field of infant/toddler caregiving is relatively new. As Sarah Hrdy (1999) notes, "grouping infants together… for a certain number of hours a day under the supervision of *paid* alloparents who are not kin, but who are expected to act as if they are, is an evolutionary novelty, completely experimental" (p. 506). This is a dramatic statement. In the past, infants have been placed together in groups, in orphanages, and with wet nurses, but infant daycare in its present form is another variation and is relatively new within the last sixty years.

Questions about the effects of caregiving on infants' and toddlers' development and questions about babies' attachment to their mothers have been asked by many experts in the field over the years (Belsky & Rovine, 1988; Clarke-Stewart, 1992; Goelman & Pence, 1987; Howes, Phillips & Whitebook, 1992). Other experts have examined questions concerning the quality of infant/toddler programs, training of caregivers, ratio of caregivers to their charges and optimum group sizes (Doherty, 1999a; Doherty, 1999b; Howes et al., 1992).

However, missing from these discussions is the perspective of the caregivers, and how they handle the intellectual and emotional complexity of the work they do. Drawing on my own experience of caregiving, on informal discussions with other caregivers, and on observations in a variety of daycare centres over the years, I was led to do interviews with caregivers about their

[1] All text in this style refers to notes from my own experience and story.

practice of caring for babies. This dissertation examines infant/toddler daycare from the perspective of seven caregivers.

Why This Study?

In my first years in the early childhood education field as a caregiver myself, I experienced a wide spectrum of emotions which I was not able to understand easily. It took time working with babies and other caregivers to begin to clarify the array of emotions and to articulate the complex relationships evident in so many daily events. I was very curious about how other caregivers handled similar situations and/or relations, and found very little scholarly work on the subject. While much attention has been given to the *subjects* of caregiving, babies, and their web of relationships, very little in the literature addresses the caregivers themselves and their attachments and intellectual and emotional responses to their subjects. By pursuing the caregivers' perspectives I imagined contributing to a better understanding of the dynamics of caring for infants and toddlers in groups, which might lead to a better situation for both babies and caregivers.

I was twenty-five when I helped disengage Hector from the table leg. I could not articulate all of the emotional tensions I experienced that day. My emotions found an outlet through my tears. Other days in that centre or, later, in other centres, I felt pulled in several directions. The dilemmas I faced were often a matter of future possibilities as well as present tensions. There was the question of whom to support: the parent, the child, or one's self, and how much support each needed, and what the results might be. At these points, endless opportunities existed to learn about relationships and one's self.

Learning to articulate more clearly the debilitating tensions and creative possibilities of working with infants began ten years ago when I helped to set up a school-based infant daycare for young mothers (ages 19 and under) enrolled in high school. It was one of the first infant programs of its kind in the area.

The first year was busy, with many challenges. We had to figure out how to respond sensitively to the needs of infants in a group. It took the first year to get the program for the babies running well. During that year, it became clear that

we needed to reflect on our relationships with the young mothers. They needed sensitive caring as well. Finding the right balance between the relationship with the mother and the baby took skill and thoughtfulness. Dilemmas and tensions were inevitable.

When setting up the program, I investigated the concept of *primary caregiving*. Using a strategy of primary caregiving simplifies the work of caregivers, as each looks after the same three infants over an extended period of time and is the main person to feed, change, and put to sleep the infants in her care. Optimally, she might care for the same infants for more than two years. Primary caregiving has been generally accepted in the field as good practice for infants and toddlers in group settings as it encourages consistency and responsiveness in caregivers (Bowlby, 1978; Gerber, 1979; Gonzalez-Mena & Eyer, 2001; Lally, Griffin, Fenichel, Segal, Szanton & Weissbourd, 1995). Caregivers and I worked together to establish a system of primary caregiving to fit the context of our situation[2].

Caring for the same three babies day in and day out was an intense and intimate experience. Caregivers became very attached to the babies in their care. I found that the caregivers needed caring support themselves, which we provided through regular and on-going discussions. Questions and reflection were useful tools to help keep people focused on what they were doing, as well as give to them a chance to air their feelings in a safe environment.

Babies, by their very nature, call forth strong emotions. The desire to protect and care for them is not only intellectual, but also emotional (Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1991; Brazelton, 1983). The emotional response of a caregiver to an infant is based on her own history of attachment (Main, Kaplan & Cassidy, 1985), her own knowledge and understanding of infants and the meaning she brings to her work. The primatologist Sarah Hrdy (1999) says, “My children’s deliciousness rendered *me* more willing to be consumed by *them*, to give up bodily resources, and in my own contemporary example, most importantly, time.” (p. 540). Caregivers are called to respond to the infants in their care.

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[2] Most infant/toddler caregivers in Canada are female; the pronoun *she* will be used here.

My own history included a safe and protected childhood. I remember what it was like to be a very young child, remembering images, smells, and sensations from a two-year-old body. I enjoy seeing the world again through children's eyes, because I remember my own wonder at the world. I also remember my fears and confusions. Using my experience as a template for "good experiences for children", for years I did not question my assumptions about infants, toddlers and their families. But when I began working with young mothers, I began to look deeper at my own beliefs and enlarge my template.

As I began to know more about the young women and their lives, some of their stories overwhelmed me. Within the context of each mother's story, I began to understand the experiences she was creating for her baby and I began to question some of my own assumptions. At reunion potluck suppers, I saw mothers and babies again after three and five years and saw that different experiences were not necessarily right or wrong, they were simply different. Each one was unique.

The stresses on our staff were complex. At times, we had angry feelings about the poor maternal care given to the babies. It was hard to see an infant who was well-cared for during the day go home to poor or negligent care. As caregivers developed relationships with the mothers and began to understand their situations better, there were shifting layers of feeling and emotions that often bumped up against each other.

I, too, felt torn between understanding the babies' needs and the sometimes conflicting needs of the mothers. I learned to feel compassion for both, realizing there are no easy answers. Paramount for me was maintaining a calm environment for both children and mothers. Their lives were truly complicated. What we could offer was a peaceful, safe environment. As a supervisor, I tried to help by listening to caregivers, supporting their struggles to understand the tensions of the job while still maintaining a view of the bigger picture.

Early childhood educators are not necessarily prepared for the complicated work of caregiving. As a supervisor of infant/toddler caregivers as well as an instructor in Early Childhood Education and Care (ECEC), I questioned how I could help support caregivers in their work. I began to feel a need to articulate

some of the multiple layers I had experienced in the work of caring for babies. In order to maintain my own energy in the midst of this work, I needed to expand my thinking into new dimensions. I returned to graduate school.

Another Layer to 'Why This Study'

In one of the many moments of doctoral student insecurity, doubting the usefulness of research, I sat down to write about an incident in my childhood. I did not realize the significance of this incident until I had finished writing.

> I had several hospitalization experiences as a child. In the late nineteen forties and early fifties when children went into hospital, parents were not encouraged to visit them. It was felt that the nurses could handle things better as children would get too upset by parental visits.
>
> My initial experience in hospital was as a two year old. That time, separated from my parents, I had been in an oxygen tent fighting for breath while my parents had watched helplessly from another room. Hospital staff warned them not to go in, as I might struggle to get to them and use up my energy.
>
> In the early fifties in London, John Bowlby began his work on attachment with the help of Dale Robertson, who filmed the effects of separation on very young children who were hospitalized. Bowlby saw that children, especially very young children, were depressed and over time became apathetic after being separated from their parents.
>
> By the mid-fifties, Robertson's films of hospitalized children and Bowlby's work on attachment theory were beginning to have an impact on the way children were treated in hospital and elsewhere. It changed the way that people thought of children and their emotional capabilities.
>
> However, my next hospitalization experience occurred in a hospital that had not yet modified their procedures. In 1956, while in England, I had to have my adenoids removed. My father took me to the hospital. I was eight years old and did not like either doctors or the smell of the hospital. We walked in and the smell, plus my terror, caused me to throw up all the way down the corridor. Once I was at the admitting desk the nurses took over and my father had to leave.

Since parents were not allowed to visit any time during a child's hospitalization, I was abandoned.

Life on the ward was clear. You did not make trouble for the nursing Sisters since they ruled with a firm, if not an iron, hand. I had to wait a day for the surgery since I had to get on a course of penicillin, which meant a shot morning and night. It hurt! But the code was you were not supposed to cry when you got it, because good boys and girls didn't. When I finally was home again, I could count five red dots on one side of my bottom and four on the other side.

I went for the surgery lined up with the other children. They took us in order and got us to count backwards until the anesthetic took effect. I woke up in the middle of the night. Here again I knew the rule; stay in bed until morning and do not bother the nurses. But I was so thirsty I couldn't bear it. Finally gathering up all my courage I crept out of bed in the totally dark room and headed for the sink. I found water and, with a sigh of relief, went back to bed to sleep until morning.

I was kept there another three days under observation and on antibiotics. I was getting used to things, but I was mad at my mom and dad. How could they have left me there and not visited me? When they came to pick me up, eager to see me again, I ignored them; I wouldn't look at them.

A year later back in California, our doctor said I had to have my tonsils out. My mother, who understood me better than I thought she did and was a wise woman, asked to be referred to a doctor who did hypnosis with his patients if they asked for it. We went, and she asked if he would hypnotize me so that I would not worry myself into a frenzy. I have no memory of being hypnotized. Apparently I had slept well the week before I went to the hospital.

Even as I was preparing to have my tonsils out, I had memories of the year before, remembering throwing up when I walked into the hospital. In fact, I believed that this is what I did in hospitals: I threw up! So off I went to the hospital in California. The pediatric staff at this hospital must have been reading the work done by Bowlby and Robertson. The doctor who had hypnotized me must have been current in their work as well, because he had allayed my fears to the point that when I walked into the hospital I did not throw up. In fact, Dad asked if I wanted a milkshake and I said yes, and drank one!

> When I went upstairs to the children's ward, my mother stayed with me until it was time to go to sleep. She was back in the morning to walk me to the operating room and was there when I woke up from the anesthetic. Apparently, the doctor had told me this is what would happen. I stayed only another night and then went home. I never felt abandoned and I have never been terrified of hospitals again.

After I wrote this, I began connecting the threads of experience, of reading and thinking. The change in care which I experienced in the two settings was probably a reflection of the impact of Bowlby's (1973;1978) and his colleagues' research on attachment (for further discussion see chapter 2). This work had been important. In 1948, James Robertson, who had worked with Anna Freud in her wartime nursery, went to work for Bowlby. Observing children in a London hospital, Robertson saw the despair young children struggled with when left by their parents. In 1951, Robertson filmed a two-and-a-half year old girl undergoing an eight day separation from her parents while in the hospital. The film illustrated some of Bowlby's ideas on attachment, showing the child's despair and bewilderment at being left by her parents; it shocked the pediatric world. Robertson and Bowlby's observations met with stiff resistance (Karen, 1994), as up to this point children's despair had been ignored or discounted. Hospitals feared that parents would disrupt their procedures.

As a child I had experienced two systems, one which had not acknowledged children's powerful feelings, and the other which had. From my point of view as a child, the caregiving that I received the second time had been respectful of me physically and emotionally—it was a positive experience. The first experience was alienating and frightening.

My experiences as a child had heightened my awareness and empathy of children's inner experiences of separation and attachment. As a child I had benefited from research and thinking done by Bowlby and his colleagues. At a deeper level I was drawn to this question of the work of caring. I brought understanding from multiple levels to this research.

Possibilities of this Research

A clearer and deeper understanding of the practice of infant-toddler caregiving from the caregiver's perspective will help us support caregivers in

their demanding work. Pawl and St. John (1998) noted, “It is not an easy task to establish and sustain the deep, responsive, and respectful relationships among adults and children that are the hallmark of quality, but it is an essential one” (p. 7). How can we help support caregivers to establish that relationship?

The demands of caring for babies are many. For some caregivers, these demands may be exhausting. Excellent caregivers may leave the field or become poor caregivers, overwhelmed by this work. Acknowledging the multiple demands of the work may help caregivers deal with the possible burnout and exhaustion. When we can articulate the work of caring and the demands it makes of us on a physical, emotional, spiritual and intellectual level, we can come to a deeper understanding of our practice.

The women in this study work with infants, but there are other caregivers in different spheres who may find our discussion opens up possibilities for dialogue in their fields of caring. Foster parents, family workers, and nurses in intensive care nurseries all work in similar situations that demand relationship-building with babies and their families.

Perhaps the most important implication is that at a basic level, I honor the women who do this work. Their stories may provide new insights and understandings. Their narratives presented here do not comprise the whole story about caregiving, but they do present aspects for consideration. These women’s voices can begin a discussion about the complexities of caring for babies.

Background Information: Daycare for Babies

Caring for the vulnerable in our society is an age-old concern--the young, the sick, and the elderly--and solutions have varied from era to era. Other cultures also have different customs and guidelines about what constitutes “good care”. Many factors influence solutions, such as the wealth of the community, the role each member or group plays, the time available for caregiving, and the attitudes towards the small, weak, and infirm. In harsh environments and in desperate times, the vulnerable often have been neglected. Historically, families have been the institutions dealing with young children, elders, and bed-ridden

and differently-abled relatives. Wealthier families could hire others to do the caregiving, while poorer families had to work and support each other as best they could.

All babies need care to survive. What parents can provide has varied widely through differing social and economic times. While infant mortality has improved worldwide in the last century (Myers, 1992)-- most notably in North America (Keating & Mustard, 1996)-- until relatively recently, only a few babies survived their first year. Infant mortality was considered "normal and routine" (Scheper-Hughes, 1992, p. 274). Sickness and poverty still claim the lives of the vulnerable first. The poignancy of this echoes in Brazilian *barrios* today where some babies deemed weak and "wanting to die" are called *anjos querubims* or "angel-babies" These babies are set apart and not cared for actively (Scheper-Hughes, 1987; Scheper-Hughes, 1992). Even today, babies in Canada are victims of poverty and poor health.

At present in Canada a variety of services help families with the care of children in the areas of health care, education, social services, and daycare. Families have an array of stresses these days; it can be a struggle to earn a living and to raise children. There are an increasing number of parents working outside the home. Where once there might have been a family member at home or working nearby, today more homes are empty during the day as women and men go off to work and relatives live in other locales (Keating & Mustard, 1996, pp. 17-26; Vanier Institute for the Family, 2000).

Daycare, as we know it, has been developing since the 1950s, coinciding "with an increase in the number of wage-earning women of preschool-aged children and the rediscovery of early childhood education in North America" (Prochner, 2000, p. 61). The change in the economy and the extended family in Canada has moved the care for children outside the home with nonrelatives (Keating & Mustard, 1996,). The care of children has been moving from an informal, private arrangement to a more public and formal type of concern (Prochner, 1996; Prochner, 2000).

Infants have been the last group for whom centre-based day care has been provided. Recently, the largest increase of women joining the work force is

women with children under three (Keating & Mustard, 1996; Mayfield, 2001). While these children are most often cared for in the homes of relatives, neighbors, and licensed family daycare homes, there is a growing number of daycare centres for infants and toddlers.

Infant / toddler caregivers are like mothers and yet they are not mothers. Hrdy calls it *allomothering*, a biological term meaning "all the caretakers other than the mother… who help care for or provision the young" (Hrdy, 1999, p. 91). Audrey Thompson (1998) calls it *othermothering*. Until recently, caregiving has been spread among generations of family and neighbors so there have always been "other" mothers. But now child care arrangements are more formal. The system is regulated, the premises must meet safety regulations, and the workers are paid. Caregiving has become a job and there are varying degrees of regulations depending on locale (Childcare Resource and Research Unit, 1995).

Infant Care in British Columbia

In Canada, each province outlines the provisions for infant / toddler care. In British Columbia, the B. C. Community Care Facilities Act outlines who has the power to decide and oversee the regulations. These regulations are set out in the Child Care Licensing Regulations, which include the requirements for the care environment, the child-caregiver ratio, the number of children in a group, and the qualifications of the caregivers.

Infant / toddler caregivers[3] in licensed infant daycare centres have had an education course in addition to the basic level Early Childhood Education and Care (ECEC) program. The infant / toddler curriculum focuses on infant development, and on the routines, health, safety and nutrition of infants. In contrast, family daycare home providers, whether licensed or unlicensed, may have had little or no training.

Care for infants involves routines that are repetitive and constant. Babies must be fed, changed, rocked to sleep, talked and listened to. It is easy to describe what babies need, but it is harder to articulate the manner in which it

[3] For the purposes of this dissertation I use the term infant / toddler caregiver to mean a caregiver who has completed an approved infant / toddler course and has earned a B. C. Under Age Three Certificate.

should be done. The job descriptors include words like, “respectfully”, “sensitively”, and “responsively”. Used widely in daily conversation, these words evoke different responses in people.

Holding babies and responding to them is part of the caregiving discipline. Weighing many factors, caregivers use their knowledge and experience to come up with novel and appropriate approaches to a particular child, parent, or situation. Creating relationships with parents and babies takes time, energy, and emotion as people become attached to and care for each other. Each relationship is different, and relating to a baby involves tuning in to an individual infant’s rhythms and idiosyncrasies.

Relationship is the basis of caring for an infant. When I cared for toddlers, I knew them well after being with them eight hours a day, five days a week. I joined with them in the joy they felt at the wonder of the world. I soothed their hurt feelings and calmed their frustrations. Each morning I was greeted with a squeal and a dash to give me a hug at knee-level. That morning hug welcomed me and began our day of caring for each other. I ‘knew’ them and they ‘knew’ me.

In my experience, there are powerful currents within relationships that can unearth poignant memories. These currents can be exhausting, although the memories can be exhilarating. They can create opportunities for growth or withdrawal. Some caregivers may choose not to invest so heavily in their relationships with babies while other caregivers may find themselves lost in the emotional whirl of the job.

Finding a balance within the relationships can be difficult. Caregivers, who are experienced and have reflected on their practice, will have found ways to balance the pulls and tensions of their practice. Such experiential information may also indicate what kind of knowledge is most useful to caregivers. The resolutions they have come to and the strategies at which they have arrived could provide information, for example, to give direction to supervisors helping caregivers adjust to the demands of the job, as well as offer inspiration to newcomers to the field.

Bringing my Experience to the Research

From the time we are babies, we try to make meaning of the world and of our relationships within it. From these interactions, we construct our beliefs, which colour our responses to the environment and to others. We continually ask questions. Often one question brings a myriad of answers and many more questions. We read and listen to the stories of others to glean their wisdom. Sometimes their insights into their lives or work inspire us and set us on a new course of exploration in our own lives.

I have worked with children and families for more than twenty-five years. It is important and meaningful work to me. When I began to read and study for my master's degree in the field of child development and early childhood education, the theories and philosophies resonated with what I already knew and felt about children and families. Happily I went out to work with children, securely grounded in the accepted ideas of the day. But there I encountered more difficult questions which I felt were not explained by the theories of Montessori, Piaget, and Erickson.

As I worked with and observed children and then had children of my own, questions of human development and society became more challenging and complex than I had previously thought when I was twenty years old. Then, I had a more black-and-white approach to caregiving. I slowly became aware of the multiple realities which were children's lives. I saw children taking many paths to growing up. Experiences in Turkey, New York City, and Berkeley gave me a different contexts in which to see children and their families.

> In 1970 I was a Peace Corps Volunteer in Turkey. I had been working at an orphanage for nine months when spring crept in the door making all of us restless. The air was warm enough for the children to go outside, and the mud had hardened enough for the children to walk in their one-size-fits-all plastic shoes.
>
> Usually, outside play consisted of going to the back of the building where there was an old army jeep on which the children played. Outside, the children were never at a loss and found many things to do. But that day, I wanted to do something different. I am sure it was memories of home that motivated me. I suggested we go to a nearby park. This was a place with a couple of benches and a few flowers.

> There was nothing for the children to play with or on, but I was tired of our surroundings and so were the two Turkish women who helped me look after the children. We were ready for a new outing. This was not something they normally did, but I knew if I led the way they would all follow.
>
> So, off we set with twenty-plus kids and high spirits. At the park, the kids were excited to explore, as they very seldomly, if ever, left the orphanage. But the crowd we drew hampered their explorations. Curious people from the environs came to stare at us. It did not take long before the bystanders were talking loudly among themselves about the children. Some in the crowd would grab a child and pinch her cheeks hard or ask her personal questions. I was shocked by their rudeness. I began to get angry as this crowd of bystanders speculated and gossiped about the children and poked and prodded them.
>
> "Why are they being so rude?" I asked several times in Turkish in a loud voice of the two women who had accompanied me. They shrugged in an embarrassed manner, but seemed to enjoy the whole escapade as a great story to tell back at the orphanage. An old man heard me as I was trying to speak loud enough to embarrass the crowd and make them go away.
>
> "These are our children and this is our culture," he said to me quietly.

When I returned to graduate school, years after doing a master's degree, and began doctoral studies I found other early childhood education writers who were giving voice to another perspective on children and families. These writings about sensitivity to culture and multiple perspectives have questioned mainstream interpretations of children and families (Cannella, 1997; Cannella, 1998; Corsaro, 1997; Delpit, 1995; Goldstein, 1997; Lubeck, 1985; Swadener & Lubeck, 1995). Within the field, questions are being asked about the universality of child development, about who is defining children and why, about the role ECEC plays in the lives of children and families. The answers are not easy or straightforward.

Working in the field, I found attachment theory offered a basis from which to understand the deep emotions that are part of the relationships which caregivers form with babies. While different cultures and families might have distinct meanings about the nature of attachment, in all cultures babies become

attached to caregivers, families and communities who in turn are attached to them. Being attached to a child, or to anyone, involves powerful feelings.

The Pull of Attachment

Babies work to engage the adults in their lives. They need the adults in their lives to be attached to them, to care for them. Most parents can testify to the enormous pull that their small newborns exert on them. For example, Roiphe (1996) wrote, "I had given up my boundary, the wall of self, and in return had received obligation and love, a love mingled with its opposite, a love that grabbed me by the throat and has still not let me go" (p. 4). In the last twenty years, there has been discussion about the many and varied capabilities of an infant to elicit the attention of the people around her (Brazelton & Cramer, 1990).

The theory of attachment explains some of the dynamics of the infant's relationship with her / his caregiver or *alloparent*. Infants work to attach to their world and the adults in that world. When deeply connected with a baby, adults are motivated to do the things necessary to protect the baby. In concept, it seems simple. But it is really multi-layered and complex.

Each adult brings his / her own attachment history as well as his / her culture to the relationship (Karen, 1994). Each culture has important rules to govern responses to babies (Gonzalez-Mena, 2001). These rules and responses are often unquestioned and to transgress them is often unthinkable. These relationships are subtle, composed of smells, touches, sounds, and gazing (Ainsworth & Bell, 1977; Ainsworth et al., 1978; Bowlby, 1978). The protective instinct we have towards small children is grounded deeply in us. This, perhaps, explains our strong reactions to cases of child abuse reported in the media.

Whiting and Edwards (1988) speak of the role that intuition and empathy play in the caring for a baby or toddler:

> It is also important in considering the stereotypes of male and female behavior to remember that training in nurturance to nonverbal humans is training in intuition, a trait that, according to Western stereotypes, is considered to be characteristic of females. The caretaker of the pre-verbal child must guess the needs and wants of someone who cannot communicate by speech. Being able to intuit the child's desires requires that the individual draw on

> empathy, consciousness of her own wants in similar situations, or previous experience. (pp. 181-182)

This "consciousness" depends on many elements in the caregiver's history, beliefs, and understanding of herself.

Teachers, nurses, doctors, social workers, infant/toddler and preschool caregivers are all involved in care relationships, but the complex emotional aspects of the work are not often discussed. Many professional groups have guidelines to regulate professionals' behaviour in order to prevent individuals from experiencing difficult emotional situations or ethically compromising positions. One such guideline indicates that one should not get "involved" with the people with whom one works (Registered Nurses Association of British Columbia et al., n.d.). Benner and Wrubel (1989) call this "controlled caring". But working in a relationship with babies and families requires an emotional commitment for that time period, and that commitment can create difficult situations.

Caregivers have to struggle with the "tensions and passions" of their daily practice (Greene, 1990). These tensions and passions have no easy resolution, but naming them and talking about them makes them easier to embrace and as they are faced, lessons are learned. We all know there are emotional rewards as well as dangers within relationships. As Suzanne Gordon (1996) says, "We oddly refuse to allow others to learn that sanity does not lie in the path of detachment, but can also abound on journeys of the most intimate, personal and emotional discovery" (p. 185).

When a baby brightens at the sight of her special person and starts to chortle as that person gets closer, then bursts into a big smile when picked up, that person does indeed feel special. The adult becomes attached to the baby and responds to the baby's emotions. As Benner and Wrubel (1989) write, "Involvement and caring may lead one to experience loss and pain, but they also make joy and fulfillment possible" (p. 3).

Three teachers of infants and toddlers, Rowe, Early and Loubier (1994), have written:

> While the demands are high, the rewards are plentiful. It never grows old to see a child take his first step or hear him put together

> initial sentences. The intensity of the child-teacher relationship is professionally unparalleled. While these children require us to reach deep down and share ourselves physically and emotionally, they reciprocate with smiles, hugs, and by sharing a never-ending stream of thrilling accomplishments. (p. 28)

Emotions play a large role in the work of an infant/toddler caregiver. How do caregivers handle the emotional dimensions of the job, in particular, the emotional tensions? The feelings of warmth and closeness we feel with infants are easier to talk and think about than the feelings of anger, resentment, and frustration one may also feel. Emotions can and do drive action. At times, they can override one's formal knowledge and understanding of good infant care. Feelings are very powerful. Behaviour is easy to define, but the emotional and spiritual side of caring is as Goldstein (1997) says, "mushy, fuzzy, subjective, personal, loaded. In a word, unresearchable" (p. 8).

A few have attempted to research this area of caregiving. One study by Leavitt (1994) has shown that caregivers have the option to stay emotionally uninvolved in their work. Leavitt deconstructs the infant-toddler programs she visits in terms of the use of power and emotion. She acknowledges that caregivers are "significant emotional associates in children's lives" (p. 2). However, her observations of caregivers and their interactions with babies are discouragingly negative. The care she saw was unresponsive. The women involved in the caregiving appeared to have avoided and denied the emotional aspect of caring. However, Leavitt says that her work did not include the caregivers' perspectives. It is not the purpose of this present study to explore the reasons why caregivers might not respond in a positive emotional way to the babies in their charge, but we must note that caregivers can choose not to put their heart into their jobs and we can wonder why. At some point, I hope that the caregivers are asked about their decision to remain disengaged.

However, it is the purpose of this study to look at the complex web of emotions that caregivers are faced with every day. Caregivers struggle with building and maintaining the relationships with the infants and families in their care. The research reported here continues a discussion with caregivers which began much earlier (see below).

Caregivers Discuss Attachment in Caregiving

While working with young mothers and their babies in my school-based program, the centre staff and I had reflected on what attachment meant to us personally. Weekly, we discussed the program and any concerns or thoughts we had from the preceding week. A year and a half into the program, I sensed all of us struggling with conflicting emotions about the babies and mothers, and asked if we could do our usual dialogue in a written form. We started a folder of written notes to each other on some of our reflections about the work and the issue of attachment (see Appendix A for the entire transcript). The writing was informal and written to be shared among ourselves.

The folder usually went home or went on lunch break with whomever felt an urgency to write. I began this journal-dialogue with some questions and some thoughts. With this informal work of discussions and journal-dialogue, I began my research ten years ago. The following is an excerpt from this journal-dialogue:

> Is there an unhealthy attachment? I certainly think there is, but how do we define it? Can we let children control the attachment? Perhaps when the child controls the attachment when he asks for you, he decides you are the person he'll rely on primarily. Can babies do that?
>
> Attachment has the ability to be freeing for a child or to be suffocating.
>
> In the old days grandmas and aunties looked after children and I'm sure children were attached to them. Are caregivers different? Is there a feeling of blood versus water?
>
> I think all of us respond from our own background of attachment, our own needs, and that seems normal to me. When do the needs of an adult interfere with the child's rights? Is it when the child becomes an object whose sole purpose is to fulfill those needs? (Is the child seen as whole?) Is it when the adult constantly initiates the closeness or when the adult treats the child inappropriately?
>
> Is it scary to feel so attached to a child? Are we more attached to one child rather than another and worried about fairness? We must watch our interactions with all the children. What does that mean?

> To me, professionalism is the awareness of the dynamics occurring and not letting them affect the program and other children. The lovely feeling of closeness with a baby/toddler is a gift which brings new realms of feelings, but should not get in the way of our caregiving or our relations with parents or support of the parent-child bond.
>
> [What about] our own fear of detaching? A friend is leaving and gives you the cold shoulder before she leaves. Does it make your detachment easier? I would prefer to remain close and cry and hug. It feels cleaner.
>
> We must think of the close attachments we've had. Some have been long-term, others have been short-term but they have all enriched our lives. Does separation bring up our feelings around separation? What thoughts does everyone have?

Caregivers wrote back and forth for a while, taking the folder home to read the discussion, reflect and write their thoughts. One of them wrote quite eloquently about her own emotions concerning attachment and detachment, the benefits of working in a team and having daily discussions, and the opportunity for reflection which this journal afforded. Jade[4] wrote:

> I'm finding reading and talking about others' views on attachment, detachment extremely helpful. I realize it's not as simple as the isolated incidents of caregiving in this center. We all come with our own attachments, detachment behaviors of our past! Healthy or unhealthy? It's what we come with and is such an emotional issue that I find it isn't clear. You feel so deeply and then begin to question just what is healthy or not in these feelings. Letting the child take the lead seems to me to be the key for judging healthy. This calls for a constant awareness from us, the adults in the situation. Not always easy, but then growth and awareness aren't always an easy path.
>
> I haven't found the subject [of attachment to the children she works with] one that many people discuss and I realize how isolated I've felt in the past when dealing with it. I really appreciate the team of individuals I work with that strive as a team to work on common goals for the healthiest way to work with children. The closeness of working in a team sure helps me to resolve issues that might take me much longer on my own. I appreciate the sensitivity of everyone when I broke down in my own individual struggle with this. To see a team

[4] All names used in this study, including those of children, are pseudonyms. Each participant has her own pseudonym.

> effort of problem solving a struggle we all deal with is extremely beneficial. I feel that the thin line between healthy and unhealthy is becoming clearer as we all work to define it.

This dialogue was the beginning of a discussion that continued in this form and around the table at staff meetings. At different times, it was urgent, vital, and difficult. But ultimately it seemed to be extremely important to the health of everyone concerned.

These feelings of attachment to children were part of the complexity of the work. Feelings once aroused can be powerful. Caregivers learn to balance their feelings with awareness and compassion.

To do a good job, caregivers must decide to be fully present to the relationships of caring. Being present places demands on caregivers on many levels. The involvement of our feelings, our bodies, our minds and our spirits can create complexities not usually discussed openly.

Why Continue the Discussion?

In October 1992, I hosted a conference where Janet Gonzales-Mena spoke on “Looking at Culturally Sensitive Approaches to Infant-Toddler Programmes”. Since caregivers care for children from different cultures, she told us, they must have an understanding of how culture influences our approach to babies. During this workshop, some had concerns about the system of *primary caregiving* in work with infants. *Primary caregiving* is the approach in which caregivers care for, change and feed the same three or four infants from the group each day. Some participants had adopted this model, while others had adopted a *preschool* model, where all teachers care for all children in the group. For infants, this latter model means that any caregiver can change a diaper or give a bottle.

The discussion was heated. Participants expressed strong emotions both for and against the primary caregiving system. Advocates saw that babies benefited by becoming attached to one person and learning to communicate with that particular individual. Critics worried about the difficulty children experienced when they were too attached to a caregiver, and then must make a transition to a new person. Each side felt strongly and clearly about their position.

Within the field, it is accepted wisdom today that primary caregiving is the preferable method of caring for babies, because it gives them the consistency and security they need (Lally, Griffen, Fenichel, Segal, Szanton, & Weissbourd, 1995). But the conference debates indicated to me the strong feelings workers struggle with everyday in their work with infants, despite the accepted wisdom amongst the experts. These conference participants discussed the children's feelings, but not their own. Our emotional responses often have a personal historical basis and are not necessarily connected to the rational information we have about caregiving. We live in a culture, as adults and professionals, that values rationality, clear-headedness and predictability; emotions are neither. Attachment is seen to be less desirable than detachment, as child development theories describe children moving from the infantile state of attachment, to the adult stage of detachment (Cannella, 1998).

From this workshop's heated discussion, I realized that caregivers needed to talk and give voice to the areas that needed deeper exploration. As an Early Childhood Education and Care (ECEC) educator, I sensed some of the difficulties that might inhibit daycare staff and ECEC students from adopting practices that are considered optimal. Articulating these dilemmas could begin a discussion about some of the concerns and anxieties caregivers experience in this work. Perhaps a new model is called for, one which balances head and heart.

Relationships are crucial to children's developing sense of themselves. As Pawl and St. John (1998) write, "human relationships are the foundations upon which children build their future" (p. 3). They go on to say that "meaning grows over time, built by **what** each partner in the relationship **does**… and also by **how** each partner in the relationship **is**" (p. 3). Being in relationship demands work on emotional, intuitive, physical, and rational levels. Keeping the energy alive on each of these levels is challenging at times. Finding words to articulate the competing pulls of caregiving calls for discussion and the exploration of new perspectives.

By understanding some of the complex issues with which caregivers struggle and by appreciating some of their solutions to these issues, we can further the dialogue about how to support better practice. Listening to

caregivers can inform educational practices, institutional structures, and public policy. The focus up to now has been on what theoretical and practical knowledge good caregivers must have and on the best working circumstances. Talking about the complexities of infant/toddler care will begin to make us conscious of the problems inherent in caring for very young children.

Public Perceptions of the Role of Caregivers

While caregivers struggle with articulating the difficulties of their work, there is a general lack of understanding about the nature of caregiving. Over the years, I have heard people dismiss the work as "baby-sitting", or reduce the work to needing "lots of patience". These comments and attitudes keep the actual work unseen and unappreciated by the general public. As Belenky, Bond, and Weinstock (1997) say, "poorly articulated traditions are likely to be fragile. Without a common language the tradition will not become part of a well-established, ongoing dialogue in the larger society" (p. 294).

Caregivers may feel isolated by the lack of public comprehension of the real issues and complexities that they face. Acknowledging and discussing the complexity of the work of caregiving may be difficult when there is, publicly, a deep silence. I told the following story to an administrator for the BC Ministry of Social Services, as a justification for paying the infant/toddler caregivers as much as the Youth and Family counselors, who listen and are attentive to the adolescents in the program. I wanted to articulate for him some of the careful work that caregivers do.

> We were having a hard time with eighteen-month-old Jim. He arrived each morning and started emptying shelves and throwing toys. Once he had emptied the shelves he turned his attention to the smaller toddlers and began to push them over. As our oldest toddler, he was also the biggest and a push from him could send some of the slighter babies flying.
>
> Jim was a sturdy boy and he had been in our program for more than a year. We had seen him grow from a round smiling infant to a big toddler, comfortable with our environment and us. His mother, Danielle, was very shy and we had taken a year to establish a relationship with her. For the first few months, she had said almost

nothing to any of us. After awhile she started hanging around more and chatting. She was in a somewhat unsettled and, at times, volatile relationship.

These types of relationships and toddlers don't always mix. We knew that things at home were difficult for Jim, as his strivings for independence ran headlong into the young couple's need for his compliance. Their skills in coping with his energy and with his increasing sense of self were minimal.

We tried our usual tactics of engaging him in an activity as he arrived in the morning, anticipating his assaults on the younger children and intervening, but we were not making much headway. Jim talked very little and, of course, a toddler does not have the concepts, let alone the words, needed to explain what is bothering him.

As adults, when we are upset, we need to have someone present for us who is trying to understand the confusions and dilemmas that life presents. As J.A. Kottler (1993) says in his book ***On being a therapist***, "This healing relationship between people goes beyond mere catharsis: human beings have an intense craving, often unfulfilled, to be understood by someone else" (p. 8). Toddlers want to be understood, too. We decided to pay attention and to be present to what Jim wanted to tell us about his life.

When Jim arrived, his caregiver, Martha, met him at the door and took him to a small room where there were a few toys and pillows. The other caregivers managed the rest of the children as Martha took time to be with Jim and "listen" to what he had to tell her. It was a "therapy" session without the words, but with an attitude of attention on Martha's part. Being present for another can happen on many levels. Jim could empty shelves, throw pillows and stomp around the room without endangering the other children. After half an hour or so, Jim returned to the group ready to join in.

What Kottler goes on to say is true of work with infants: "Intimacy means being open, unguarded, and close to another. To facilitate trust, the therapist must feel comfortable facing intimacy without fear. This closeness helps the client to feel understood and appreciated; it teaches him that true intimacy is indeed possible, that a relationship based on regard and respect is desirable" (p.44). Martha was able to accept the feelings that Jim expressed through his body and be ready for him when he needed finally to connect and be reassured.

The administrator listened patiently. He was supportive but said the time was not right, that the other administrators wouldn't "buy it" as a rationale for paying daycare staff higher wages to bring them into line with Youth and Family counselors.

The skill and thoughtfulness needed to work with very young children and their families is not recognized by the larger society. Listening to the participants of this study, the complexity of their work is made clear. As Doherty (2001) notes, "this perception of lack of recognition of the skills required for and high level of responsibility associated with providing child care contributes to poor morale" (p. 23). In our society money is often equated with the value we place on a job, but the real issue here is the need for recognition of the valuable contribution that caregivers make in our society.

Organization of this Dissertation

The next four chapters will cover the research process and findings from interviewing seven caregivers about their work. Chapter 2 looks at the literature and the background material for this work which includes current research in infant daycare, developmental psychology, and the feminist work on caring.

Chapter 3 outlines the methodology used. Seven caregivers were interviewed from four different centres. The beginning discussions and reflections outlined in this first chapter are expanded upon more fully.

In Chapter 4 I present what emerged from the interviews. Themes of relationship and caring are threaded throughout. Each woman spoke of building and maintaining relationships with babies, families, co-workers, and her own self. From these relationships come rewards and tensions. The tensions provided opportunities for reflection and empathy.

Chapter 5 looks at the conclusions that may be drawn from the interview data. Listening to caregivers describe their work and its meaning is a first step towards understanding this work of caring for babies. How they have negotiated the many "passions and tensions of caring" (Greene, 1990) leads us to a deeper comprehension of the structures which might support and sustain them. From caregivers' voices evolve implications for supervision, policy

decisions, and educational curriculum. Caregivers' stories may also provide inspiration and direction on a personal level to other caregivers. Narratives also provide material for thought and discussion with a wider audience.

Conclusion

In the following chapters we will listen to stories of caring and voices articulating the complex nature of caregiving. Each voice speaks of common issues while presenting a unique perspective. As we examine the issue of caring for children we must keep in focus that there are several perspectives to care and one of those perspectives is the caregiver's. As one said, "We're not robots!"

CHAPTER 2: GATHERING MATERIALS

Introduction

I wondered how to collect the stories of caregivers and in what context to put them. Looking for words to articulate my search I read widely, finding it useful to explore many disciplines. Psychology, philosophy, feminism, early childhood education and care, nursing, and even biology provided varying perspectives to consider. In this chapter, I will consider the impact of several approaches pertinent to the discussion of infant care within Early Childhood Education and Care (ECEC). Developmental psychology, current brain research, and attachment theory have all contributed to the discussion of good care for babies. In my own journey, I have found that the feminist work on caring has helped me articulate aspects of caregiving not considered in the traditional psychology literature.

Early Childhood Education and Care

The field of Early Childhood Education and Care has a long history. It is not the purpose of this paper to go into the history of ECEC thought and ideas, but the research reported in this dissertation takes place within the context of that history as it has developed over the last three hundred years (Mayfield, 2001; Williams & Fromberg, 1992).

Developmental psychology is a cornerstone of the last fifty years of ECEC (Lubeck, 1996). In BC, every ECEC program includes a course in child growth and development, while textbooks for the required course in the foundations of ECEC include a discussion of *developmentally appropriate practice* (DAP) (Gordon & Brown, 2000; Mayfield, 2001). Hunter and Gage (1998), in *The Self-Assessment Workbook,* write, “knowledge of child growth and development is at the heart of best practice in child care” (p. 8). According to Bredekamp and Copple (1997), DAP programs are “based on what is known about how children develop and learn; such programs promote the development and enhance the learning of each individual child served” (p. 8).

Child development theory describes children in terms of their physical, cognitive, emotional, linguistic, and social growth. Growth is described in terms of the changes in these dimensions as seen at different ages. One expects a young infant (birth to 9 months) to "delight in hearing language", to "learn through movement", and to "use their senses and emerging physical skills to learn about the people and objects around them" (Bredekamp & Copple, 1997, pp. 57-58). Each area of development has a set of skills associated with it at each age. As each age is characterized by a particular set of skills, a program can be generally geared to that age while paying attention to the unique interests of each child. Bredekamp (1987) developed guidelines for practice based on developmentally appropriate practice, and this concept has been taken up enthusiastically by the field. Zero to Three, the National Center for Infants, Toddlers and Families (a United States organization), followed with their guidelines document, *Caring for Infants in Groups: Developmentally Appropriate Practice* (Lally, et al., 1995).

At present within the field, some of these ideas are under scrutiny and criticism because of their predominantly Eurocentric point of view (Cannella, 1997; Cannella, 1998; Dahlberg, Moss & Pence, 1999). There are several concerns. Traditionally, child development theory assumes a "universal child" (Lubeck, 1996) who will unfold in a fairly predictable manner given the correct circumstances. To a large degree, child development theories have been based on observations of middle-class white children (Katz, 1996), which Cannella (1997) suggests has led to the silencing of "the actual children with whom we work as they live their real lives in settings that we have not comprehended, as they display strengths and understandings that we have not dreamed of" (p. 3). Developmental guidelines also assume a progression towards a more preferred state, a more mature endpoint, for as Lubeck (1996) suggests, child development theory is hierarchical, "moving from a less to a more adequate way of thinking" (p. 157). While assuming a universal child, the theory focuses on the progression of the individual child while paying little attention to the context of the child's social relations and material environment. Rogoff (1990), for example, draws our attention to the variety of ways infants begin to make meaning of the world. How an infant is held and talked to gives that infant a message about the world.

Babies who are held facing the mother most of the time, see the world differently than babies who are held to look out at the world together with their mother.

The discussion around child development theories is vibrant and lively. In 1996, the discussion was taken up by the journal *Early Childhood Research Quarterly* (Bowman & Stott, 1996; Katz, 1996; Lubeck, 1996). As Katz (1996) says, she has been led to wonder if "mastery of child development knowledge and principles can contribute significantly and positively to competence in teaching and curriculum planning for young children" (p. 136). Lubeck (1996) feels that postmodernism has posed serious challenges to the assumptions of child development. She sees child development as a cultural construction, asking, "what are the effects, intended and unintended, of reducing a child to the one characteristic perceived by others to be a deficit, inadequacy or fault?" (p. 153). Bowman and Stott (1996) suggest that child development is a "slippery base for practice" (p. 169), and encourages us to look deeper at the underlying values of theory and practice, because those values are culturally and contextually normed.

Tensions exist within the field since child development theory is questioned and critiqued, but not yet replaced. Much practical work has been built on child development theories. There is some resistance to the idea that child development is socially constructed, and not universally "true" (Cannella, 1998). Cannella draws our attention to the social construction of childhood and the child, the "construction of education for 'the child' resulting in the creation of the field of Early Childhood Education" (p. 158), and the creation of a profession which advocates for policy and practice. New (1994) is critical of the lack of representation in the child development research literature "of studies on culturally diverse populations" (p. 69). The studies which have been done, she goes on to say, present challenges to our "current beliefs regarding normative child development processes as well as optimal child development settings" (p. 69). She stresses that teachers and parents are also in a process of developing, and the on-going development of adults is intertwined with the development of children.

This debate opens up the possibilities for new strands of thinking, and as New (1994) says, we "can avoid the institutionalization of knowledge about childhood as we discover multiple possibilities for responding appropriately to young children's diverse competencies, needs, and potentials" (p. 79).

Brain Research

While this discussion about child development and its role in ECEC has been going on, there has been significant work done on the brain and its development in the early years of childhood. This new research may refocus us on theories of development (Shonkoff & Phillips, 2000), but clearly has raised many questions and implications for infant care.

Research suggests that while the brain continues to develop after birth, its development is harmed by severe stress. The discussion about the role of early experience and its impact on the wiring of the brain in the first year or two is of interest to the field of ECEC. Perry (1993) found that the cortical and sub-cortical areas of the brains of children who had been severely neglected and abused had not developed properly, but were roughly twenty to thirty percent smaller than normal. His findings suggests that this underdevelopment can affect intelligence and emotional health. A *New Yorker* article quoted Perry as saying, "If early in life you are not touched and held and given all the somatosensory stimuli that are associated with what we call love, that part of the brain is not organized in the same way" (Gladwell, 1997, p. 140). Other research suggests that high levels of stress hormones (e.g. cortisol) are harmful to the developing brain (Gunnar, Brodersen, Krueger, & Rigatuso, 1996).

Brain research has been cited by those aware of the urgency of providing good care to infants. Hertzman (2000) argues that, "spending one's early years in an unstimulating, emotionally and physically unsupportive environment will affect brain development in adverse ways" (p. 14). Steinhauer (1999) describes one possible effect of chronic maltreatment: a disruption in regulation of feelings, followed by increased arousal, and leading to a lack of empathy for others. Brain researchers consistently point to the importance of paying attention to the *quality* of experience that is provided for babies, because what seems to cushion

children's experiences at a young age is the quality of their relationships with significant adults (Fancourt, 2000). A good quality of attachment to a significant adult can provide internal mediation of the events of early life.

Recent discussions around early brain development (e.g., Marcus, Vijayan, Rao, & Vishton, 1999; Newberger, 1997; Steinhauer, 1999) focus on how the experiences of the first year of life will affect the child's later life and abilities. Chronic child maltreatment experiences can have long-term effects, such as lower IQ scores, depression, behavioural difficulties, and emotional problems (Shonkoff & Phillips, 2000). As Newberger (1997) states, "Positive interactions with caring adults stimulate a child's brain profoundly, causing synapses to grow and existing connections to be strengthened" (p. 6). As well, a positive attachment can be effective in mediating the infant's stress levels (Shonkoff & Phillips, 2000).

While the current findings about brain growth are useful as data for promoting the quality of care for infants, there has been criticism of the way the current brain research has been used by the child advocacy field. Bruer (1999), in *The Myth of the First Three Years*, points out that the influence on the development of brain circuitry by the experiences of the first three years is not yet clear. He is concerned that the recent findings about the brain have created a "myth" concerning the lasting impact of the first three years. While the brain does continue to develop after birth, it is not known how and to what extent the environment affects that growth. Bruer writes, "The myth's popularity and its beguiling, intuitive appeal is rooted in our fascination with the mind-brain, and our perennial need to find reassuring answers to troubling questions" (p. 27). Some of the work done with the Romanian orphans who endured very poor care in the first months and years of their lives has also called into question some of the "urgency" of the first three years. A number of those children adopted into Canadian families have been able to form positive attachments after the theoretically-optimal age of one or two years of age, and their developmental lag in a number of areas has decreased over time (Chisolm, 1995; Chisolm, Carter, Ames, & Morison, 1995). However, if the adoption happened before the

child was eight months old, minimal developmental lags and secure attachments with the adoptive parents was more likely (Ames, 1997).

While the controversy continues, it is evident that children still need the provision of consistent emotional and physical support for optimal development. As Brandt (1999) suggests, "information from brain research cannot provide definitive answers... but combined with what we already know, it can add to our understanding" (p. 237). Whether we provide good care for babies because it will make their brains brighter, or because they have a right to be appreciated for who they are, the brain research adds another dimension to our consideration of the supports babies need.

Attachment Theory

It follows that babies need sensitive, loving care if abusive and neglectful situations leave their brains poorly formed. Babies are vulnerable and need care.

Bowlby (1978) introduced the term *attachment* to describe the mother-infant bond. Bowlby identified what he called attachment behaviours in an infant which he said were biologically based and were designed to insure the proximity of an infant's mother. This proximity of mother insured the baby's survival. Karen (1994) states, "the formation, maintenance, and renewal of that proximity begets feelings of love, security, and joy. A lasting or untimely disruption brings on anxiety, grief, and depression" (p. 95). As Zeanah, Mammen and Lieberman (1993) say, "'attachment' is used increasingly to refer to the 'attachment relationship', which is the domain of the parent-child relationship involving the caregiver's provision of nurturance and of emotional availability in times of need, as well as the child's seeking of comfort when needed" (p. 333).

The discussions about attachment have gone on in the years since Bowlby and his colleagues first put forth their ideas. Bowlby (1978) and Ainsworth (1964) claimed, based on their observations, that the early relationships of a person impacted their subsequent emotional development. Their observations convinced them that early experiences mattered to children and their development, and that consistent and loving care provided the best context for an infant's development. Almost fifty years ago, Bowlby (1953) wrote, "the

deprivation of mother-love in early childhood can have a far-reaching effect on the mental health and personality development of human beings" (p. 21).

The idea that infants actively invest in their relationships was contrary to earlier notions about babies, which fostered the notion of babies as relatively passive (Hrdy, 1999). Intrigued by the work of psychoanalysts (such as Freud and Klein) and the work of ethologists (such as Harlow), Bowlby proposed that infants, though vulnerable, came equipped with strategies to keep their caregiver nearby (Bowlby, 1953; Karen, 1994). As Hrdy (1999), an ethologist, notes, "these newborns emerge immobile, unable to forage or regulate their own temperatures, defenseless and exposed to diverse dangers" (p. 389). Their best strategy for survival is to have someone who is willing to protect and defend them nearby.

In London in 1950, Bowlby had been observing babies and children and writing about his ideas when Ainsworth arrived and went to work for him. In 1954, she went to Uganda and studied infants there (Ainsworth, 1962). In Uganda, Ainsworth saw the same attachment behaviors which Bowlby had been writing about in London. Through observation in the babies' homes, she noted the evolution of the attachment behaviours from the first effort of the newborn to keep his mother or caregiver nearby, to the toddlers' explorations using his mother as a secure base. She was particularly aware of the security the mother provided as instrumental in the development of the toddler's autonomy. This led to her next project (Karen, 1994).

In 1963, Ainsworth moved to the United States and began her Baltimore study of mothers and infants. Observing infants in their home environment, she found almost all the same attachment behaviors in the American babies as she did in the Ugandan infants. This was a further validation of the idea that attachment behaviors are biologically based and that there is a human drive to attach. Both Bowlby and Ainsworth argued that attachment will develop in the face of very little reward (Ainsworth, 1964; Ainsworth & Bell, 1972; Ainsworth, Bell & Stayton, 1972). Even abused children become attached to their parents. She wondered if there was a difference in the quality of attachment.

Ainsworth next studied the quality of the attachment. In Uganda and in the Baltimore study, she noticed that once mobile, a baby moved away from the mother, confident that the mother's presence was a base to return to when needed (Ainsworth, 1964). In Uganda in a natural setting, she had observed the babies reacting to an unfamiliar situation. These unfamiliar situations, usually relating to unknown people arriving, triggered the baby's system of attachment behaviours which usually meant that the infant retreated to the mother as a secure base. Differing from the African babies, babies in Baltimore typically experienced more people, known and unknown, coming and going from their houses. As predicted by Bowlby's theory, the African babies, who were less used to strangers in their home environments, responded to a stranger by using their mothers as a secure base; in contrast, the response of the American babies was more muted.

To look at the reactions of the babies when faced with an unknown, possibly threatening situation, Ainsworth designed the *Strange Situation*. She had already noted that in their homes, some babies were less secure than others. How would this manifest itself in the laboratory? She designed a study with eight situations that the infant experienced in the laboratory, comprised of different arrangements of the mother with, and without, the baby, (e.g., baby alone, mother and stranger with baby, stranger alone with baby) and the baby's responses were noted with each situation. Patterns began to emerge which she described in *Patterns of Attachment* (1978).

When Ainsworth did her Baltimore study of mothers and infants, she divided the children into two categories, *secure* and *insecure*. The *secure* children, exploring the environment while their mother was there, would react when their mother left and when she returned would be comforted by her presence. The *insecure* children she divided again into two categories: those demonstrating *avoidance* and those demonstrating *ambivalence. Ambivalent* children (also termed 'resistant') were distressed by the separations from their mother and wanted their mothers back, but resisted their mothers at the same time. Although they sought contact with the mother, when the mother attempted to comfort them they seemed to derive little warmth from it and often struggled to get away.

Avoidant toddlers often looked very independent and competent; they did not seek comfort when distressed in the laboratory setting. Ainsworth was surprised that while avoidant children seemed insecure at home and cried a lot, in the laboratory they appeared competent although they acted cut off from their feelings. Because she studied the same children in both settings, Ainsworth could compare her observations in the home with her observations in the laboratory. Ainsworth noted that although mothers of babies later termed "avoidant" held their infants as much as the mothers of the secure babies, they did not hold the babies when the babies wanted to be held.

Maternal responsiveness seemed to vary; mothers who responded appropriately to their babies, that is, with warmth and sensitivity, seemed to have children who were securely attached. The mothers of the insecure babies measured lower in scales of sensitivity, acceptance, cooperation, and emotional accessibility. The mothers of the ambivalent children were unpredictable, while the mothers of the avoidant children were more rejecting. Many of these mothers took delight in their children, but were unable to respond to them in consistent and sensitive ways.

The Strange Situation has been widely criticized for attempting to view children in a decontextualized setting (Cannella, 1998; Eyer, 1992; Eyer, 1996). A laboratory is not a natural or familiar setting for children or their mothers. The focus on the mother-child relationship is problematic in so much as it attempts to define in simple linear terms a relationship which has many layers and multiple meanings. Attachment to fathers or other caregivers is barely mentioned, although babies are attached to many people in their environment and their attachments to these individuals varies according to their experiences with each. Defining relationships with a word or two tends to reduce all the tones and nuances that constitute that relationship. As Karen (1994) notes, "the mysteries and special adaptations of any individual are unavoidably compromised by classification" (p. 439). Despite these criticisms, Ainsworth's work importantly drew attention to the quality of relationship that a child could have with a parent/caregiver, and formerly accepted notions of the passive infant were put to rest.

Early behaviourists, such as John Watson (1928), had argued that the more often a baby was picked up when crying, the more often the baby would cry (i.e., the picking up reinforced the crying). Mothers of the 1930's were urged never to pick up or feed their baby "just because he cries" (Smolak, 1986). Ainsworth and Bell (1972) found in their study of mothers and infants that infants cried less if they had been responded to conscientiously. Their findings contradicted the behaviourists' view that picking up a crying infant would reward the crying and result in a baby who cried more. On the contrary, warm and sensitive care did not promote dependency but rather encouraged autonomy.

Other research at the same time reinforced the importance of warm, consistent, and responsive caring for infants. Erikson (1950), for example, proposed that the first stages in a child's emotional development were trust versus mistrust, and autonomy versus doubt. A baby's first task was to develop a sense of trust in herself and the world around her. The child who learned to trust her environment would be secure in the knowledge that she would receive the care she needed. If she doubted or was insecure in that trust it was difficult to develop autonomy.

Subsequent researchers have added to and refined Bowlby's work. There has been some criticism that attachment theory does not take into account the other motivational systems or forces which shape the child. For example, Kagan (1984) wrote that people are more flexible than attachment theorists suggest while Chess (Thomas & Chess, 1977; Chess, Chess & Birch, 1965) argues that temperament plays a significant role in children's attachment styles. Lieberman (1993) adds to the attachment work by suggesting that a child's temperament can make the process of attachment more or less smooth, but caregiver sensitivity to a child's particular attachment style can lessen difficulties for both child and caregiver.

Lieberman (1993) calls temperament, "behavioral style". She has built on the work of Thomas and Chess as she looks closely at the styles of toddlers. Thomas and Chess (1977) identified nine dimensions of temperament which influence the responses of children to situations. These dimensions were activity

level, regularity of biological rhythms, approaching or withdrawing from a novel situation, adaptability to change, intensity of response, sensitivity to a stimulus, positive / negative mood, distractibility and perseverance in attaining a goal. In each dimension a child can rate as high or low or in between; many combinations are possible. These behavioural styles are modifiable and mutable over time and with circumstances. Lieberman says:

> Not only children have temperaments; parents do too. When the temperaments of parent and child are compatible, parents find it easier to work with the harder edges of the child's behavior....When the parent and child are well matched in their temperament styles, it is easier to establish a partnership because each of them feels comfortable with the other's pace and emotional tone. (pp. 68-69)

Perhaps it is too narrow to suggest the maternal-infant attachment is the primary bond and the best bond. Most of this research was done in a time when middle class women in North America, predominantly, were at home with their children. Economically, after World War II, when this research was gaining momentum, one income supported a family adequately. This focus does a disservice to mothers, increasing their guilt over their decision to work with the threat of perhaps compromising their attachment to their children (Eyer, 1992; Eyer, 1996). It can have the effect of making the other caregivers in a child's life seem unimportant. Thus the valuable work of caring for children is seen to rest squarely on the shoulders of mothers, and society has often ignored the contribution of other caregivers, such as fathers, grandparents, siblings, and daycare staff.

Bowlby called our attention to babies and their active needs for being cared about and cared for. While the emphasis on the mother-child attachment may be a reflection of his own time and place, and while the importance of attachment may be open for debate, attachment still is a useful concept to consider when caring for babies. Children can develop different attachment relationships with different people (Muir & Thorlaksdottir, 1992), developing, for example, a different attachment relationship with their father than with their mother, and different again with their caregiver (Zimmerman & McDonald, 1995). This variety of relationships gives infants a variety of patterns to choose from and

they are not limited to a single method of relating (Main & Weston, 1981). The problem of how to meet the attachment needs of infants has been of concern as infant daycare programs have emerged.

Care for Infants

What does the current research say about daycare for infants? We have seen that the care a baby receives is important for the development of a good foundation from which to move into childhood. At first, there was a certain amount of caution in recommending daycare for babies, but at the present time it is commonly agreed that daycare is a positive option **if** it is of high calibre (Cleveland & Krashinsky, 1998; Doherty, 1999a, 1999b). As Palacio-Quintin (2000) says, "the initial question, a simple and sometimes biased one, was whether attending daycare had a negative impact on children. We have moved on to a more objective and complex set of questions" (p. 17).

The first round of the debate was about whether infant care is good or bad for children (Belsky & Rovine, 1988; Belsky, Rovine & Taylor, 1984; Clarke-Stewart, 1992; Clarke-Stewart, 1993). Jay Belsky was at first a supporter of daycare, but then later warned of the risks (Belsky & Rovine, 1988). Believing that infants did better with fewer than twenty hours a week in non-maternal care, he did not say that daycare was negative for all children, but that it increased the risks of vulnerable babies for developing a poor attachment to their mothers. There was a consensus that poor care for infants was not conducive to their optimal development (Clarke-Stewart, 1993; Doherty, 1999a; Howes & Hamilton, 1993a). This was the stance of attachment theorists, more recently substantiated by brain research (Newberger, 1997). Abusive and neglectful parenting actually inhibits potential development. It is also clear that poverty and the context of poverty creates difficult situations for children and families (McClelland, 2001).

Howes (1992; 1993; 1995) has done significant work looking at children and their experiences in daycare; she is a strong proponent of regulating daycare to help ensure quality. Much of her research is aimed at defining the parameters which define quality care. She has looked at the child-teacher relationship to see

if the same patterns hold true for child-teacher attachments as for child-parent attachments. Howes, Phillips and Whitebrook (1992) found that children were the most secure with teachers who were sensitive and involved. Teacher sensitivity and involvement with children are related to the extent and quality of the teachers' education and training in child development (Whitebrook, Howes & Phillips, 1990).

Palacio-Quintin (2000) sums up the characteristics of quality daycare, in general as, "a qualified and stable staff, a good educational program, good teacher-child and parent-day-care relationships, groups that are not too big, a reasonable amount of safe space, and safe hygiene practices" (p. 20). Warm and sensitive care and quality interactions promote secure attachment. Howes, Phillips, and Whitebrook (1992) describe an engaged type of caregiving they call "involved teaching", which involves high levels of touching, hugging, talking and engagement between baby and caregiver.

Caregivers must respond sensitively to each baby, getting to know that particular baby's signals and cues (Elliot, 1995; Fein, Garibaldi & Boni, 1993; Howes & Hamilton, 1993a; Howes & Smith, 1995). Brazelton and Kagan (Brazelton & Cramer, 1990; Brazelton, Koslowski & Main, 1974; Kagan, 1978; Kagan, 1984), among other child psychologists and researchers, have drawn the public's awareness to the individual differences that can be seen in newborns. Lally (1995) cautions that infants are "evolving individual identity"(p. 67). He goes on to say that infant-toddler caregivers "participate either knowingly or unknowingly in the creation of a sense of self and that attention must be paid to that unique responsibility" (p. 67). It is within an infant's relationships with others that his sense of agency is developed. It takes great care and thought to respond to each child's style and family context so that the infant develops a secure sense of self.

Care for Resilience

In the early seventies, when I was helping Hector let go of the table leg, I was working in New York City at the Infant Care Unit of the Jewish Board of Guardians, a program begun by the psychiatrist Roy Lillesov (Resch, Lillesov,

Schur & Mihalov, 1977). Lillesov had been a psychiatrist for enough years to see a pattern among his patients, some of whom coped with life better than he would have predicted given their painful and difficult childhood. He began to realize those "successful" patients each had a warm and caring person to whom they had related in their early years. Lillesov's Infant Care Unit, situated in a low-cost housing project, was set up for infants and toddlers living in high-stress situations. The Unit provided psychiatrists and social workers to work with families, while a warm and supportive program was provided for the children.

While Lillesov had made his observations on a small personal scale, Emmy Werner (Werner, 1987; Werner & Smith, 1982) did research looking at some of the factors which seemed to protect people from difficult life circumstances. On Kauai, Hawaii, Werner began a longitudinal study of over 600 children born in 1955. Over the years, she monitored these children documenting health, education, and social status at ages 1, 2, 10, 18 years and then ages 30 to 32 years old. In the cohort, there were one in three children who were termed "at risk" because there was some perinatal stress; they were either born into poverty, had mothers with little formal education, or lived in a family situation which was unstable because of alcoholism, violence, and / or mental illness. In this group of "at risk" children there were many children who developed behavioural problems or learning problems, but one in four of these children developed into competent, caring adults. Looking more closely at these *resilient* children, Werner found that some of the buffering factors were a child's own sociability, a warm emotional support system with a parent, sibling, grandparent, neighbour, or teacher and informal support systems at school, work, or church that rewarded an individual's sense of competence and provided a sense of meaning. A warm and caring adult had supported such a child, and the first year of life was particularly important.

Reaching children in the early years has been one method used in North America to help support immigrant, poor and "at risk" children. In the 1880s, preschool programs, essentially programs of assimilation, were designed to help immigrant children adjust to life in United States and Canada (Mayfield, 2001). In the early days of day nurseries and preschools, quality of care focused on

ensuring the children's health and safety (Prochner, 1996). In Canada, there have been compensatory programs for children at risk, such as the Aboriginal Headstart program and the CAP-C (Community Action Program for Children), which offer preschool programs to specially designated groups of children (Beach, Bertrand & Cleveland, 1998). In British Columbia, programs were developed to provide infant care for young mothers in order for them to finish their education while attending a parenting program.

Good Practice

There has been a growing need and demand in North America for more daycare facilities. Many families need two incomes and women are increasingly working outside the home. The population is more mobile than in the early and middle part of the 20th century, and care for children is no longer typically the responsibility of an elder member of the family. Children are increasingly cared for outside the home, resulting in an increase in programs designed to enhance children's development (Hofferth, 1992; The Vanier Institute, 2000).

What we are learning about early development has added a sense of urgency to the work of those who design and implement programs for families and babies considered "at risk" (Lally & Keith, 1997; Mann, 1997). Newly emerging knowledge has added fuel to the concerns of the parents who want to enrich their children's environments to optimize their development. There are also specific developmental programs for children with special needs that begin in infancy (Dunst, Trivette & Deal, 1994).

There has been an ongoing discussion of the elements of good care for children (Doherty, 1999; Phillips, 1987). Palacio-Quintin (2000) looked at almost 200 studies that examine the issue of how daycare affects the development of children, 0-6 years old, and found that daycare centres appear to be more beneficial than family daycare facilities. She goes on to say that the quality of the daycare centre "plays a primary role in child development" (p. 21). She advocates for:

> teacher training and stability and, consequently, their working conditions must be top priorities, as well as high quality educational programs. The parents' relationship with the day care and

> communication between parents and teacher are other key factors in quality care. Maintaining good sanitary conditions and providing physical resources also contribute to the children's proper development. (p. 21)

The authors of the National Centre for Infants, Toddlers, and Families (Lally et al., 1995) state that quality care for infants in centres rests on the following components within the child care setting: promotion of health and safety, small group size, high staff-to- child ratio, primary caregiver for each child, continuity of care, responsive caregiving with individualized planning, cultural and linguistic sensitivity, and a stimulating physical environment.

Good care for infants and toddlers is not only defined by group size and ratios, but also by the experience and training of the teachers involved (Clarke-Stewart, 1992; Howes & Hamilton, 1993b). For example, staff with college degrees were more sensitive and appropriate in their responses to the children in their care than caregivers with less education. Caregivers with more years of experience were more likely to provide more responsive caregiving (Whitebrook, Howes & Phillips, 1990).

Another component critical to good practice is the way in which caregivers work with parents. Demonstrating respect and meeting parents' needs has been accepted as part of an infant/toddler teacher's job (Doherty, 1999b; Hamilton, 1994; Rowe, Early, & Loubier, 1994). Lally (1995) says, "patterns of care should give the child a sense of connection with the home and, more importantly, communicate that where she comes from is respected and appreciated" (p. 65). The hope is that when caregivers and parents are working together, the infant will feel the harmony and the resulting care may be more consistent between home and childcare setting.

Although the largest body of childcare research has been done in the United States, there have been Canadian studies. For example, Pence and Goelman (1987) have studied differing types of day care and the effects on children's language. In the National Child Care Study (Lero, Pence, Shields, Brockman & Goelman, 1992) the Canadian child care situation is discussed. Though the two countries are similar, Howe and Jacobs (1995) remind us there are national differences that must be considered: "The Canadian perspective is

more oriented towards social assistance than the American" (p. 138). They go on to say that overall the licensing standards are higher in Canada.

There has been criticism of the indicators used to define quality care for children. The idea that criteria developed within a North American culture or European culture can be generalized to encompass notions of quality in all cultural contexts is called into question (Benner, 1999; Penn, 1999). This is an important concern and sensitizes us to approach programs with appreciation for the context and culture of each setting. With this in mind, small groups and caring responsive practitioners are an essential bottom line for infant/toddler programs.

Primary Caregiving

The literature concerning primary caregiving is sparse. This is unfortunate, as there is an increasing popularity over the last fifteen years of this model of caring for infants (where an infant is attended to by one person rather than several). But primary caregiving is not a recent idea. Provence (1974), for example, mentions primary caregivers in her description of her day care program for children under the age of two at the Yale Child Study Center. She states:

> We gave each child a primary caregiver… because of the stability of our staff --there was very little turnover--it worked out that the children came to know all of the child care staff very well. Nevertheless, to have the person who knew him best available through most of the day was important for obvious reasons, making him more secure and comfortable. (p. 11)

More recently, others have associated primary caregiving with good practice (Lally et al., 1995; Lally & Keith, 1997). An advocate of primary caregiving, Lally (1995) says:

> when the separation-individuation process is considered as an important component of the child care experience, it makes great sense to limit the number of caregivers with whom a child must interact each day and to structure his experience so that it is easy for him to form an intimate relationship with a known and trusted adult. This is best done by assigning a primary caregiver to each child. (p. 64)

In a further description of primary caregiving, Bernhardt (2000) writes:

> In the primary caregiving model, each caregiver or teacher within a larger group is assigned primary responsibility for a specific group of children. For example, in an infant care room with a ratio of three to one that serves 12 babies, each caregiver is responsible for the care of the same three children every day. This does not mean the caregiver cares *exclusively* for the same three children; rather, that she has *principal* responsibility for the few children in her direct care. (p. 74)

Bernhardt's statement describes a system that meets the goals of providing responsive, consistent care. This system requires that staff work as a team and communicate closely about the working day. As Lee (2000) remarks, "the practical application of this philosophy into a centre does require thought and planning" (p. 14). Bernhardt discusses the importance of primary caregiving and says, "although primary caregiving has caught on across the country--and experts on quality care issues often imply a primary caregiving system or even mention it by name in their writing" (p. 74), not everyone understands the model.

The questions of how to best provide care for babies outside the home arose as the need for daycare rose. Primary caregiving became a practical model for offering consistency of care for infants, which fits their needs for an individual responsive, warm relationship with an individual caregiver. Gonzalez-Mena and Eyer (2001) in their fifth edition of *Infants, Toddlers, and Caregivers* state that "a primary caregiving system doesn't solve all attachment issues, but it makes a big step toward addressing them" (p. 45).

Many of the concepts inherent in primary caregiving originated in the 1930s with a Hungarian pediatrician, Emmi Pikler. Her ideas were popularized later in North America by Magda Gerber. Pikler, aware of the ideas of Bowlby and his colleagues and aware of the psychoanalytical trends of the time, began to develop her ideas of respecting infants and their innate abilities. In her work with parents and babies, she emphasized the autonomy of the infant, she believed young children to be competent, and believed infancy to be a stage of life with experiences as vital and meaningful as those of adults (Penn, 1999).

Pikler became the director of the Loczy Institute, an orphanage in Budapest. Concerned about the studies from observations of orphanages which pointed to poor development of the children living there, she believed she could devise a system which respected the needs of the babies. Pikler (1979b) wrote, "the infant still needs an intimate, stable, adult relationship, and that is the leading principle of infant care and education as practiced at Loczy" (p. 90). She also believed that "a satisfactory relationship between adult and child is formed primarily during the physical contacts, i.e., dressing bathing, feeding, etc. when the adult and child are in intimate personal contact" (pp. 90-91).

Magda Gerber trained with Pikler and brought her ideas to the United States when she fled Hungary after the revolution in 1956. Through her work with parents and infants, she set up a program called *Resources for Infant Educarers*. As Pikler, she had a philosophy of respecting babies and recognizing their many abilities, believing that having a consistent, or primary, caregiver promotes security in the child. Gerber says:

> A carer puts love into action. The way you care for your baby is how he experiences your love. Everyday caregiving routines, like feeding and diapering, can be educational and loving interactions…. Allowing infants to learn on their own rather than actively stimulating or teaching them is a basic RIE tenet. Children learn all the time, from the day they are born. If we refrain from teaching them, they learn from experience. (Gerber & Johnson, 1998, p. xiv)

In North America, the primary caregiver system has focused on the caregiver and infant rather than on the infant and environment or infant and peers. While Pikler did encourage caregivers to remain with their infants to maintain consistency, she felt the whole environment should be constant and predictable. Pikler (1979b) says that the babies must have "freedom for activity and adequate space. Their environment must be stable, varied and colorful" (p. 91). Children become attached not only to their caregiver but to the physical surroundings and the other children as well (Whaley & Rubenstein, (1994). Pikler (1979b) was also clear that the infants should be active participants in their relationships with the world and their caregivers.

Wright (2001) warns about the exclusivity of a primary caregiver model. Urging practitioners in the field to critically question their position on primary

caregiving, he says, “the exclusive use of the term ‘primary caregiver’ means that any alternative interpretation of that term becomes suspect. It becomes impossible to reframe, reconstruct or reinvent early childhood programs except in light of that exclusivity” (p. 18). This is an important reminder for caregivers, and it speaks of possible tensions in primary caregiving.

Caregiving: a Theoretical Framework

Defining the role of an infant / toddler caregiver includes far more than a list of correct behaviours. Picking up and holding the baby can be one important behavior, but holding a baby can be done in many different ways. How do we perceive and describe the type of holding each baby would like? It will differ with each individual baby, and a good caregiver must work this out with each baby. How a caregiver interprets the baby’s signals and does that holding is part of the skill of caregiving. She will respond as she holds a baby, and she will sense a response from the baby. Each caregiver will do this both from her own internalized history and from her sensitivity and responsiveness to each infant. Thus, with each baby and each caregiver, a unique relationship develops.

Gerber (1979) talks of paying attention to the babies we look after:

> It is full, unhurried attention. Under the right circumstances it is a peaceful, rewarding time for <u>both</u> parties because, ideally, it is a time of no ambivalence, one for open listening, taking in the other person, trying to fully understand the other’s point of view. (p. 21)

Within the last twenty years, the concept of an ethic of caring has been articulated by several authors (Benner & Gordon, 1996; Benner & Wrubel, 1989; Bowden, 1997; Calhoun, 1992; Cole & Coultrap-McQuin, 1992; Gilligan, 1982; Noddings, 1984; Ruddick, 1989). An ethic of care “is not a system of principles, rules or universalizable maxims; instead, it is a mode of human responsiveness that is manifest in particular situations and types of relationships” (Cole & Coultrap-McQuin, 1992, p. 4). As we look more closely at the work of caring and connecting with others, the complexity of the practice of caregiving becomes visible. As Bowden (1997) says, “understanding is directed towards consideration of the particularity of concrete situations, and their complex interconnections in the fabric of their unique participants’ lives” (pp. 3-4).

This discussion on caring continues with a look at Gilligan's (1982) work. Working with Lawrence Kohlberg (1971, 1981) on his research addressing children's moral judgments, Gilligan began to question the basis of some of his work. Kohlberg constructed a developmental theory with six stages of moral reasoning. He proposed that an individual experienced each stage on the way to the final stage of development. While not everyone could be expected to reach the final stage, all previous stages could be revisited throughout one's life in given circumstances. His stages proceeded from the stage one where a person would do what was right to avoid punishment, to stage six in which universal principles of justice—the equality of human rights and respect for the dignity of human beings as individual persons—would be followed by the "rational" person who believes in these principles and has a sense of personal commitment to them.

Noting from the interviews conducted while working with Kohlberg that girls approached the solutions to the moral dilemmas differently than did boys, Gilligan challenged Kohlberg's moral stage theory (Gilligan, 1982; Kohlberg, 1981). She proposed that a morality based on values (see Table 1) found in personal relationship was equally relevant. In this scheme of morality the concept of identity expands to include the experience of interconnection. Through interaction, one learns that we are all related and connected. Without the opportunity and ability to learn this, our morality may remain at the level of pure formality where we may care for something, but not really care about it. Gilligan (1983) says, "the ethic of care develops through relationships that give rise to an understanding of interdependence and is sustained by the ability to discern connection" (p. 46). The moral domain is similarly enlarged by the inclusion of responsibility and care in relationships. Gilligan (1982) says, "while an ethic of justice proceeds from the premise of equality--that everyone should be treated the same--an ethic of care rests on the premise of nonviolence--that no one should be hurt" (p. 173).

Margaret Walker (1992) writes that "there are alternatives to the abstract, authoritarian, impersonal, universalist view of moral consciousness" (p. 172). The ethic of justice has been the prevailing voice on theories of moral development:

the ethic of care modifies and expands that voice. The perspective of caring "reasons" in a relational framework. Waerness (1996) calls for a "rationality of caring" which draws on **both** reason and emotion to inform the practice. Caregivers need to be both conscious **and** feeling so that, for example, knowing about the nutritional needs of an infant must be coupled with an emotional responsiveness to feeding and caring for the baby.

Table 1

Conceptions of Self and Morality in Relation to Moral Choice

(adapted from Lyons, 1988, p. 35)

A MORALITY OF JUSTICE

Individuals defined as SEPARATE/ OBJECTIVE IN RELATION TO OTHERS: see others as one would like to be seen by them, in objectivity;	tend to use a morality of *justice as fairness* that rests on an understanding of RELATIONSHIPS AS RECIPROCITY between separate individuals, grounded in the duty and obligation of their roles.	Moral problems are generally construed as issues, especially decisions, of conflicting claims between self and others (including society); resolved by invoking impartial rules, principles, or standards,	considering: (1) one's role-related obligations, duty or commitments; or (2) standards, rules, or principles for self, others, or society; including reciprocity, that is, fairness-- how one should treat another considering how one would like to be treated if in their place;	and evaluated considering: (1) how decisions are thought about and justified, or (2) whether values, principles, or standards were/are maintained, especially fairness.

A MORALITY OF RESPONSE AND CARE

Individuals defined as CONNECTED IN RELATION TO OTHERS; see others in their own situations and contexts;	tend to use a morality of *care* that rests on an understanding of RELATIONSHIPS AS RESPONSE TO ANOTHER in their own terms.	Moral problems are generally construed as issues of relationships or of response, that is, how to respond to others in their particular terms; resolved through the activity of care,	considering: (1) maintaining relationships and response, that is, the connections of interdependent individuals to one another; or (2) promoting the welfare of others or preventing their harm; of relieving the burdens, hurt, or suffering (physical or psychological) of others;	and evaluated considering: (1) what happened/will happen, or how things worked out; or (2) whether relationships were/are maintained or restored.

Sarah Ruddick (1989) continues the discussion of caring with her look at maternal caring. She states:

> Rather than separating reason from feeling, mothering makes reflective feeling one of the most difficult attainments of reason. In protective work, feeling, thinking, and action are conceptually linked; feelings demand reflection, which is in turn tested by action, which is in turn tested by the feelings it provokes. Thoughtful feeling, passionate thought, and protective acts together test, even as they reveal, the effectiveness of preservative love. (p. 70)

Ruddick (1983) acknowledges the different energies that comprise the work of mothering. She says that maternal thinking requires "a unity of reflection, judgment, and emotion" (p. 214).

In the field of education, Nel Noddings (1984; 1996) picked up this theme. She maintains that it is within caring relationship that we learn, and that education itself is about relationship—with each other, with ideas, with the world, and with oneself. She writes that "While much of what goes on in caring is rational and carefully thought out, the basic relationship is not, and neither is the required awareness of relatedness" (1996, p. 23).

From the field of sociology, Arlie Hochschild (1983) asks about the price that is extracted from women who are paid for "emotional work". Her study of flight attendants asks questions about the commercialization of behaviours and emotions that were traditionally part of the private realm of experience. Her ideas about "emotional work" can be expanded and modified as we look at the work that infant caregivers do. Flight attendants, for example, do not form relationships with many passengers—infant / toddler caregivers do. There is a reciprocity in the caregiver-infant relationship that is lacking in flight attendant or hostess / host work. But as flight attendants are, so caregivers are paid, and must take responsibility for their emotions in their work.

Nelson (1990) also picked up on Hochschild's ideas in her discussion of family daycare providers. Family daycare providers do the work of mothers, and are paid to care for and about the children in their care. Unlike flight attendants who must manage their emotions, family daycare providers actually enter into relationship with the children and families for whom they work; their emotions are engaged.

Using Hochschild's term "emotional work," Cheshire Calhoun (1992) writes:

> 'Emotional work' names the management of *others'* emotions—soothing tempers, boosting confidence, fueling pride, preventing frictions, and mending ego wounds. Taking care of others, creating domestic harmony, and caring about how others fare morally calls for work on others' emotions. This emotional work eludes moral thinking. It falls outside our paradigms for moral activity. (p. 118)

This work, which involves empathic feeling and thinking, immediacy and reflection is complex.

These discussions of caring resonate in other fields. Nursing has expanded the discourse. Building on Dreyfus and Dreyfus' (1985) work, Benner and Wrubel (1989) say that caring "as a word for being connected and having things matter works well because it fuses thought, feeling and action—knowing and being" (p. 1). They feel that a mechanistic view of caring behaviour is inadequate for explaining expert practice. Caring, to them, is "specific and relational" and understood within context.

In a study examining nurses' perspectives of a quality work environment, Attridge and Callahan (1987) note that emotional support is an important requirement for nurses. The support "provides reward, value, respect and caring to professionals who, working in difficult and demanding work situations… badly require it" (p. 35).

Much of the work about an ethic of caring has come from feminist scholars. By drawing our attention to another dimension of the work of caregiving, the above mentioned scholars have brought the discussion into the open. Thompson (1998) urges us to be aware of the diversity and complexity of our world and urges us to initiate discussions that explore the differences in our relationships. She also adds that we cannot use any one social group as a model for care, as we are in danger of doing presently by valorizing middle-class, white women.

Philip Hallie (1997) spent many years looking at the phenomenon of helping. There is a connection between his work regarding people who have chosen to help strangers, even at risk to themselves, and the exploration of the

nature of caring. He calls it the "yes ethic"—the immediate, caring response to the needs of another human being. He is particularly interested in such a response to an unfamiliar person, for "strangers are different from beloved intimates. Helping is the nerve of intimacy, it is what intimacy is" (p. 5). When people engage in the professions of nursing, teaching, or caregiving, they are usually in contact with strangers, who may become familiar. In contact with strangers, we must recognize differences on both practical and emotional levels.

Our connectedness and caring for each other contrasts with the dominant ideal of the independent individual. As parents we are urged to encourage children to become independent, as teachers we encourage students to be independent thinkers, and the deeper emotional connections we have can be ignored. Children and adults alike need a secure base, a base of connectedness and caring, from which to operate. The knowledge a toddler has of an available mother allows the toddler to venture, with increasing independence, carefully, further afield. As we grow older we continue to need a sense of connection; it is vital to acknowledge the dependence we have on each other. Too often we take our connections, our unacknowledged secure base, for granted.

To not acknowledge our interdependence keeps the work of many caregivers unseen or unarticulated. Madeleine Grumet (1988) calls for us to make public the realm that has been considered private (i.e., the work of family, children, and caring). As we articulate and acknowledge this private realm and notice its systems of values and behaviours, we will begin to give it credit and make it visible. She writes:

> And because so many teachers are women working in the shadows cast by the institutions of the public world and the disciplines of knowledge, I read their narratives to draw our life worlds out of obscurity so we may bring our experiences to the patriarchal descriptions that constitute our sense of what it means to know, to nurture, to think, to succeed. (p. 61)

Lally (1995) states that the work of "infant/toddler care as a whole is not seen" (p. 59). The real work of caregivers is obscured by the public perception "that anyone can do it" (p. 59).

Historically the importance of women's work in general has been neglected. Ulrich (1990) points out that public records, such as bank records or

newspapers or reports of merchants, clearly show the contributions of men to the economics and politics in late eighteenth century America. The amount of flax seed sold and acres planted were recorded, but not the weeds the women pulled and the "combing, spinning, reeling, boiling, spooling, warping, quilling, weaving, bucking, and bleaching that transformed the ripe plant into finished cloth"(p. 29). In present times, the work of caring and connection continues to be extensively unnoticed and unacknowledged.

Putting Infant/Toddler Care into Words

Focusing on the work of caring for, and tending to, others helps put the inarticulate into words, and gives us the tools to listen to the experience of caregivers. Caregiving work needs to be made visible so that appreciation is elicited for the knowledge, skill, judgment, nurturance, and wisdom which goes into the job of caring for very young children. To illustrate how ingrained and pervasive is the invisibility of the work of caregiving, I have told the following story:

> I worked hard to finish my proposal for my doctoral studies in time to meet my father and sister in Paris. I managed it and arrived tired and relieved. During our first evening together over a long and leisurely French dinner I explained what I was working on. Over the years they had heard about the finer points of child care and working with babies. For my proposal I read and wrote about some of the feminist work done about the ethics of caring.
>
> Through history, the work which women have traditionally done to care and nurture children and families has been largely overlooked. Some feminists have written about the need to become conscious of the knowledge of this work and its contribution to society.
>
> Ideas and morality behind the work of caring have a different slant than the more public sense of justice. There is a sense of judging situations on the needs of the moment and the individuals involved. Universal ideas of justice do not apply here, but rather a sense of fair play. To nurture and protect often requires daily mundane tasks of feeding and clothing. Unsung and often invisible, life is unbearable without these chores being done.

With the enthusiasm of the new scholar with a loving audience, I had held forth on this topic probably longer than most people wanted to listen. After I had paused to breathe and to listen to their responses, my father, the son of a Presbyterian minister, said, “It is the story of Mary and Martha.”

My sister, who had probably not gone to Sunday School as often as I had, said, “Who?”

A few facts fell into place in my mind. “Mary and Martha. I remember. Mary sat at Christ’s feet, hanging on his every word. Martha was in the kitchen making peanut butter sandwiches for the crowds, who arrived to listen to Jesus. Martha came to the kitchen door to tell Mary that she needed her help making the sandwiches for the multitudes. Christ said that Mary was doing her part by hanging on his every word.”

I agreed. “You are right, Dad. It is time to celebrate Martha. Without her sandwiches, how many people would have come?”

This conversation rang bells. There were other unnamed women in the Bible. What about Pharaoh’s daughter? I decided that I needed to pursue that angle.

Home from the trip, I looked up Pharaoh and his daughter in the Bible. In my edition, there was no name for her, the woman who was the first foster parent going nameless into the ages. And take note of her foster child!

I decided to ask my son David, who was home from Brandeis University and had taken a Jewish Studies course. “What was Pharaoh’s daughter’s name? The one who saved Moses.”

He rattled off a name in Hebrew. Darn, I thought to myself; there goes my small theory. “What does the name mean?” I asked.

“What do you mean?”

“You know, Hebrew names often have a meaning, like Isaac means laughter, so I’m curious.”

“Oh”, he said, “it means Pharaoh’s daughter.”

Articulating the ethos of caring helps draw attention to the work of caregivers. Imagine actually understanding the perspective of Martha, or of the Pharaoh's daughter. If we truly could comprehend the complex work of raising a child who had been set adrift, or understood the warmth and welcome behind Martha's providing food for hungry crowds, there would perhaps be an appreciation of the thought, intention, care, and energy required. Listening to caregivers should enrich our understanding of their work.

Asking the Caregivers

The caregiver is key to the quality of the experience for the baby. As Howes and Hamilton (1993a) state, "Child care in whatever form is basically a system of relationships with others" (p. 327). The baby benefits from a caring person. Leavitt (1994, 1995) has made us painfully aware of the impact of uninvolved caregiving (see Chapter 1). The caregivers she observed seemed at best indifferent to children. In her 1994 article she cites her own unpublished research proposal, *Conversations with caregivers: An inquiry into the work of caregiving*. Beyond Leavitt's intention to speak with caregivers, there is little other research into the work of caring for babies from the perspective of the infant/toddler caregiver. Leavitt (1994) says that "sorely missing from the literature are investigations of caregivers' perspectives on their own caring experiences, and the particular problematics they face in these 'unnatural' contexts" (p. 97). In an attempt to understand the caregivers' experiences we will look at their stories of everyday practice to learn about the effects of environments. Philips (1987) says, "the role of child care as a work environment for adults remains virtually unstudied" (p. 122). While in the last fifteen years there has been research on the perspectives of early childhood educators working with children over three years old (Ayers, 1993; Hauser & Jipson, 1998; Schultz, 1994; Wien, 1995) there continues to be an absence of the infant/toddler caregiver's voice.

There has been some investigation of mothers providing care in their home and how they perceive their jobs (Nelson, 1990). Nelson reports that:

> family day-care providers become enormously attached to the children in their care and, in some respects, giving them good care means treating them like their own. Yet these feelings cannot be allowed to flourish because they lack the privileges of motherhood and because they must commodify caregiving. Their emotional labor involves dismantling, or reducing the intensity of these same feelings. (p. 588)

Hopkins (1990) studied the "nursery nurses" in a day nursery in London to inquire "why the care of infants in day nurseries often becomes impersonal rather than intimate" (p. 99). She had group discussions with the caregivers and found they avoided intimate relationships with the children because they believed it would make their jobs easier. Their training had emphasized the importance of the children's independence and they had gone through routine activities, such as feeding and changing of diapers in an impersonal manner, thinking it important to keep their own feelings at bay. With ongoing discussions and information about children's development, the caregivers began to develop deeper relationships with the babies. The result was that they were happier in their job and responded more positively to the infants' feelings. The children showed increases in language development and concentrated better on their play. "However," Hopkins states "the nurses' increased affection for the infants also made them more distressed about the inadequacy of the parenting which some of the infants received" (p. 106). Thus we see one of the tensions of a job which includes both rewards and dangers.

A preliminary exploration of such tensions is offered in a video done with Alicia Lieberman (Lally & Gilford, 1996), where Lieberman talks with caregivers and parents about their feelings around the care of their babies, and explores possible solutions to dealing with their challenging emotional dynamics. On the video, caregivers exhibit intense emotions demonstrating some of the tensions that they experience in their work. Parents are also shown exhibiting the intense emotions they experience about their children. Lieberman demonstrates that caregivers must deal with both their own intense emotions and the intense emotions of both the parents and the babies.

The *You Bet I Care!* study done Canada-wide looked at wages, working conditions, and practices in child care centres (Doherty, Lero, Goelman, LaGrange

& Tougas, 2000). In this study, the researchers found that caregivers valued the relationships they had with children and felt they made a difference in children's lives; staff also reported that they did not feel valued or respected by the general public. This may well be due to the lack of understanding of the unseen, complex nature of the job. This lack of recognition may be a factor in the increase from the 1992 Canadian Child Care Federation's *Caring for a Living* study of staff who said they would not choose childcare again as a career; the highest percentage was among the staff with the higher levels of education. Another of the findings of the *You Bet I Care!* study was that staff "engage in considerable amounts of multi-tasking, that is, caring for children while also interacting with parents, or supervising students, or doing a task such as activity preparation" (Doherty et al., 2000, p. xv). The skills needed for this multi-tasking go unrecognized and unacknowledged. Doherty et al. (2000) suggest that "the perception of not being valued or respected contributes to poor staff morale and turnover, and may impede recruitment of new workers into the field" (p. 179). They recommend that the value of the people who work in the childcare field be recognized, just as the importance of supporting the child's early years is being recognized.

Not many have specifically asked infant/toddler caregivers in depth about their practice. One researcher who did, Ayers (1991), says that "the secret of teaching after all is in the detail of everyday practice, the very stuff that is washed away in attempts to generalize about teaching" (p. 48). He looked at six preschool teachers (1991) and collected their stories of "the dailiness and the ordinariness of their lives with children"(p. 46). One of these teachers was a preschool teacher who returned to work with children after the birth of her daughter and chose to work in infant care.

Listening to caregivers discuss their practice offers insights into which educational resources were valuable for them and what supported them in a job that has both intellectual and emotional demands. "Thus, 'giving air time' to teachers is more than a sentimental or symbolic activity. It offers potential to change the nature of our conversation about important issues" (Schultz, 1994, p. 67).

Conclusion

Recent research into brain development has pinpointed the first year of life as a time of rapid brain growth. This research also indicates that consistent, responsive caregiving provides babies with security and with this secure base, babies, and their brains, can thrive. This research is compatible with Bowlby's early work on attachment.

Fifty years ago, Bowlby proposed that an infant attaches to her mother or other primary caregiver to ensure her survival. His colleague, Ainsworth, looked at the quality of attachment and the possible effects on the developing infant. Attachment is a relationship which goes in both directions, from infant to caregiver and caregiver to infant.

Many, in the field of infant daycare today, use a system of primary caregiving to provide consistent and responsive care for infants. In this setting, caregivers look after three to four infants while becoming familiar and connected with each child and family. This model is seen as a good system of caring for babies in general, and also can be beneficial to children coming from difficult family situations. Werner's (1985) work in Kauai suggests that a warm, caring person in a child's early years can make that child more resilient in the face of later adversity.

Infant and toddler caregivers have a voice to add to the discussion about caring. When working within an ethic of care commonly found in early childhood centres, caregivers consider each relationship with a child to be unique, each demanding a unique response. Feminist scholars have articulated the characteristics of a practice required by an ethic of caring.

Parents have written of their strong emotions for their babies. Caregivers also become emotionally attached to the infants for whom they care. When babies in daycare settings receive respectful and responsive caregiving they become attached to their caregivers. Responding and respecting babies caregivers, in turn, become attached to the babies in their care. However, these emotions must be recognized and balanced by the caregiver in order to provide the care the babies need. This attachment to the baby is at the heart of the infant/toddler caregiver's work, and promoting this attachment is the focus of

good care. The literature indicates that the complexity of caring for babies and toddlers is widely unrecognized and undefined. Bringing the perspectives of the caregivers forward can deepen our understanding of the work and what is required of it.

When as a young practitioner I tried to balance my feelings for Hector and the other children in my care with my own beliefs about good practice, and tried to deal with Hector's mother's feelings and beliefs, I was overwhelmed and speechless. I needed some structure with which to reflect on these thoughts and feelings. Theories of attachment and feminist theories of caring helped me begin to find words to the layers of emotions and thoughts which I experienced that day. Finding a methodology which honored the relationships involved in caring for the children of others and reflected the nature of the work was the next step.

Having been a practitioner, I recognized theoretical frameworks which resonated with my caregiving experience. The experience of being a researcher would be new for me, but I sought to find a method which would reflect my beliefs about caring for children.

CHAPTER 3: METHODS OF PROCEEDING

Introduction

The focus of this study has been to hear from the caregivers about their practice. Because telling stories is a natural and daily activity of Early Childhood Education and Care (ECEC) educators, it has been a natural way of beginning the discussion of caring for infants. Smith (1987) says:

> we have difficulty asserting authority for ourselves. We have difficulty grasping authority for women's voices and for what we have to say. We are thus deprived of the essential basis for developing among ourselves the forms of thought and images that express the situations we share and make it possible to begin to work together. (pp. 34-35)

Telling stories and relating personal experiences is one way to begin to understand how the caregivers conceptualize and navigate their experiences and what meanings they bring to and take from their experiences.

Belenky, Bond, and Weinstock (1997) worked with rural, impoverished women helping them to find their voices and to speak up for themselves and their children in a project called *Listening Partners*. They say, "gifted storytelling and gifted listening are the two capacities most needed for creating an ongoing dialogue that gives rise to powerful personal and collective statements that people who are just coming into voice can give to the world" (p. 298).

Caregivers have not often told their stories in the wider public arena. Tobin (1997) reflects this in his statement:

> The lives of young children and their caretakers are made up of a series of moments that are missing not necessarily because they are disturbing but because they are too quiet for us to hear, too small for us to see, so apparently uneventful that they fall beneath our threshold of attention. (p. 13)

Using the caregivers' voices and stories stays close to their experiences. Polkinghorne (1988) argues that narrative is one of "the most important forms for creating meaning" (p. 183).

The material for this dissertation comes from interviews with caregivers and observations of their caregiving practices. Using my skills as an ECEC

practitioner, I have brought an insider's perspective to the processes of interviewing and observing. As well, my own stories have become part of the research process.

As a practitioner, I had mixed feelings about research. How useful was it? Did it really make a difference? As a practitioner, the research I was drawn to told stories, the best of which provoked, inspired, or challenged me. As a researcher, I had some misgivings about my ability to find the most revealing stories to portray the experiences of caregivers and to uncover their meanings.

Focus of Study

Robertson's work filming children in hospital settings (see Chapter 1) draws our attention to the powerful feelings of children. Children have powerful feelings and children can activate powerful feelings in others. Caring for children, physically and emotionally, is work filled with complexity, multiplicity, and optimism. As Huebner (1999) has said, "Love and care provide not certainty, but hope" (p. 350). Care and love are terms often used casually; yet their meanings can vary given the speaker and the context. Love, care, and hope are qualities which cannot be easily measured; they speak of dimensions neither quantifiable nor verifiable. Benner and Gordon (1996) write, "The words 'caring' and 'to care' are some of the most heavily freighted in the English language. Like magnets, they attract the most noble images and concepts. Like veils, they conceal the most complex confusions and elisions" (p. 41).

Caregivers do not often get an opportunity to tell their stories of love and care, of struggles and tensions, except to each other. As reviewed in Chapter 2, the voice of the caregiver has been absent from research literature until recently (Hatch, 1995; Leavitt, 1994). In the last few years, there has been some call for the practitioners to enter the dialogue (Doherty, Lero, Goelman, LaGrange, & Tougas, 2000; Goffin & Day, 1994). Having worked with caregivers over time, I knew they had stories and insights to share that would lend texture and depth to the discussion of caring for babies. As a practitioner struggling with how to best prepare future practitioners, and as a researcher, I wondered what caregivers could tell me about their work and their solutions to the complex issues

involved. I imagined using their stories to augment, challenge, and counterpoint my own, as I looked more deeply at this phenomenon of caring.

Informally I had begun a dialogue ten years ago with the caregivers with whom I worked concerning issues of attachment (see Chapter 1). After those discussions, I was curious to explore more deeply the tensions they struggled with.

I have been a caregiver, have supervised caregivers, and have taught ECEC students. What is this experience of caring for babies and what can we learn from it? While I had my own experiences and thoughts to draw on, I believed it important to ask the caregivers themselves what they had learned from the work. I wanted their stories about their work to be heard.

I found that whenever I had the opportunity, I chose to have informal conversations with caregivers, with women who supervised caregivers, and with men and women who had worked in other capacities with children and families. Whenever I told them the story of Hector and his mother (see Chapter 1), and the variety of emotions that I had experienced in this work, most people responded with their own stories. Caregivers could relate to my story and shared experiences of similar conflicted emotional situations.

In the beginning, I thought the focus of my research would be centered on the emotional tensions inherent in caregiving. I remembered back to my early days of being with toddlers and thought of Hector as he hung on to the table leg, I remembered the range of emotions I felt. I sensed his determination and felt his anger at his mother; I also felt his mother's growing impatience and anger at this public defiance. I felt caught, overwhelmed, and sad. I wanted to support Hector, to calm down his mother, and to get out of there, all at the same time. A variety of emotions demanded my attention. In my experiences, I was aware of other unnamed layers, and as I talked with the caregivers, I more deeply realized that the complexity of the work was constituted by more than emotional tensions. There definitely were other layers to the work. From my own experiences and the corroborating stories I had begun to collect, I began to unveil the many layers of tensions and uncertainties that make the work complex.

It is time to begin a dialogue with reflective caregivers for insight and understanding. The stories I heard contained common threads, as well as threads of difference. Each story had a unique texture, but together they presented a much fuller picture of the work of caring.

Qualitative Research: Using Narrative

My investigation suggested a qualitative inquiry given that its focus has been gathering subjective material through shared narrative. Walsh, Tobin and Graue (1993) suggest that qualitative research will not only elucidate the actual experiences of practitioners, but also highlight issues in an accessible manner for other practitioners. I wanted not only to approach caregivers in a way that would best elicit their stories, but wanted this work to speak to other practitioners.

In the past twenty years, a strong stream of qualitative research in ECEC has emerged. I have found this to be a source of inspiration, as well as information. Books like The erosion of childhood (Suransky, 1983), Lubeck's (1985) work observing in two different preschool programs, Jones and Reynolds' (1992) look at play through the vignettes of their own and teachers' observations, and Paley's (1979, 1986, 1990) stories and reflections have all inspired and intrigued me. Tobin, Wu, and Davidson's (1989) work was also helpful, as they used interviews and the voices of teachers, administrators, children, and parents to explore what preschools in three different cultures "are meant to do and to be" (p. 4).

The meaningfulness of the above research and the responses to my own informal questions inspired me to look deeply at the caregivers' viewpoints. The work cited above was based on listening and observing closely. Listening carefully, observing closely, and reflecting deeply seemed to be respectful stances to take towards the world of caregiving, as well as echoing those stances used in caregiving. Ayers (1991) comments in his work on the teaching lives of six early childhood practitioners, "the talk was everyday teacher talk, and so it was also value-talk and feeling-talk. It was talk of the ordinary and the mundane, yet it was talk that was frequently eloquent, consistently thoughtful, and always

infused with a sense of care and connection" (p. 47). In my work, I hoped for a congruency of method and topic; I wanted to extend into research the skills which I already practiced as an early childhood educator.

Working with children and ECEC students over the years, I have deepened my learning through listening and observing. These are useful skills in caregiving and I used them also to reflect on my practice, "using the same sensibilities and sensitivities that make for good teachers, friends, lovers, parents, and people-listening, conversing, interpreting, reflecting, describing and narrating" (Walsh et al., 1993, p. 465).

Narrative in Early Childhood Education and Care

Often, in different settings, I have sat at round child-size tables and gone over the day by telling little stories of the day's happenings and connecting those stories to stories from other experiences, all the while trying to make meaning or sense of a particular child, parent, or situation. As a supervisor or teacher, I have used stories to illustrate a point, to help approach a situation creatively, or to illustrate another perspective. As Cuffaro, (1995) says, "early childhood teachers are storytellers. Each day we have at least two or three stories to share" (p. 14). Through stories, "experience and time work their way in inquiry" (Connelly & Clandinin, 1990, p. 12).

Ayers (1991) talked to preschool teachers about their work, in an attempt to make their voices "central". It is through talking, telling stories, and wondering, that caregivers and teachers make sense or meaning of what happens each day. The caregivers' stories are valuable ways of knowing, learning and sharing; much information is passed on through narrative. Discussing the value of conversation and sharing ideas in gaining understanding and knowledge, Young-Bruehl and Bethelard (2000) quote a traditional Chinese story from the *I Ching*:

> A lake evaporates upward and thus gradually dries up; but when two lakes are joined, they do not dry up so readily, for one replenishes the other. It is the same in the field of knowledge. Knowledge should be a refreshing and vitalizing force. It becomes so only through stimulating intercourse with congenial friends with whom one holds discussion and practices application of the truths

> of life. In this way, learning becomes many-sided and takes on a cheerful lightness, whereas there is always something ponderous and one-sided about the learning of the self-taught. (p. 18)

Narrative as Method

Casper (1996) says, "to be effective in working with very young children and their families, we need to understand their worlds. How do we usually go about learning what is really important to others? We observe and listen. We reflect" (p. 14). This is also true of strong research. As sharing stories is a comfortable, familiar mode of discussing work for caregivers, using a narrative approach was a natural and appropriate mode of research. Polkinghorne (1988) writes that discerning "narrative meaning is a cognitive process that organizes human experiences into temporally meaningful episodes" (p. 1). To understand the caregiving experience, I needed to listen to caregivers' stories.

Several years ago, I attended a conference where the speaker giving the keynote address said that, in his culture, it was bad manners to tell another's story; you have a right only to your own story. He went on to say that only when *all the stories are told, will we have the whole story*. I appreciated his concept; it leaves out no one, and suggests an endless array of stories. I hope that it will not be too unmannerly to allow the stories of others to be interwoven with my own story. The comedian Sandra Shamas (1997) said in an interview on CBC, "I tell my story so that you can remember yours". Using narrative opens up possibilities on many levels.

As stated above, the voices and stories of caregivers have not been heard, we do not see them in the research literature. As Hauser and Jipson (1998) write:

> Intuitively, the idea of storytelling seemed to provide an appropriate way to relate our explorations of the many differences we identified among the experiences of the women with whom we worked and studied. By telling stories, we could locate the diverse historical, cultural, and socioeconomic positions women have held as they have been excluded and then integrated into the public sphere of formal early childhood education, all the while continuing to be primarily relegated to the quasi-domestic work of caring for and socializing young children. (p. 4)

Stories, narratives, capture the complexity of the daily work of caregivers.

There is always a risk that through using narrative inquiry, research will be dismissed as sentimental or folksy. Ragack (1998) warns us to be aware of how stories will be used. While aware of the risks, I feel the narratives are strong enough to speak for themselves. These caregivers have reflected carefully and thoughtfully on their experiences and their lives. By using their voices and their words, I have sought to enrich and intensify the discussion about caring for babies. As well, I have hoped to, as Barone (1990) suggests, "lift the veils of objectivity to see the face of an author making choices about method, language, plot" (p. 320). As a result, I have woven my own stories as a caregiver and early childhood educator into this study.

Proposed Design

As the issues became clearer, gathering stories seemed an increasingly appropriate approach. The design began to emerge as I wrote a proposal, and outlined a research method. Only in hindsight can I be clear about the actual study's process. Though I continued in the basic direction my proposal outlined, the route took unexpected turns.

Initially I proposed a scheme of interviews and observations to study the experience of caregivers. My plan was to interview four women, each from a different centre. I developed a list of questions for semi-structured interviews. These questions were designed to begin the conversational interview and to act as a referential framework when the conversation lagged. Bronfenbrenner's (1977) ideas of viewing the individual as embedded in a set of systems was a beginning framework. I intended to ask the caregivers questions about their personal history and experience, their educational history, and their reflections on their history's importance. Ayers (1991) discussed some of the open-ended questions which he used when interviewing teachers. His discussion and examples of questions were an inspiration and model for providing the caregivers with as many openings for expansion as I could. Ayers (1991) grouped his questions into three categories: reflective practitioner, autobiographer, and whole person. I tried to pay attention to each of these categories, with questions about the personal histories of the participants as they

related to caregiving and their reflections on their practices while respecting each person as an individual. Table 2 presents these questions.

Table 2

Interview Questions for Caregivers

Caregiver's educational history

- What programs did you attend?
- How long ago did you do the course?
- Did you do the under-three course immediately after the basic ECE program or wait? If you waited, how long did you wait?
- Have you done other workshops or education?
- What impact have other programs had on you?
- What do you remember most from your course?

Caregiver's previous experience

- How long have you worked with infants?
- Have you worked with another age group? For how long?
- Have you worked in another infant program?
- Do you prefer this age group? Why?

Definition of good practice

- How do you define good practice for infants and toddlers?
- How did you develop your definition?
- Do you and your co-workers share the same definition?

Reflections on working with infants

- What do you like most about working with infants? What do you like least?
- What do you find most difficult about the work?
- Which babies are easiest to work with? Which most difficult?
- What role do you play in the parents' lives?
- What kind of person do you try to be for the babies in your care?
- What would you tell a new caregiver entering the field about working with infants?
- What have you learned in your work with infants that you did not learn in your educational program?
- What is the hardest part of the job, emotionally?

Other emotional issues

- Have you found there are other areas of strong emotion?
- Is it difficult to say 'good bye' to babies when they move to another centre or group?
- Are there babies for whom it is hard to develop a warm feeling?

Other personal reflections

- Why did you decide to become a caregiver?
- Would you still make the same decision?

These are the questions I had planned to share with the caregivers. I would not ask all of the questions at the first interview. I planned on interviewing the caregivers twice, building on the first interviews, and then sharing the transcripts with them after each interview. I hoped that by sharing my stories and listening to theirs, I would uncover some of the tensions they struggled with in their work. In this exchange of sharing stories, I anticipated that new narratives would emerge (Hauser & Jipson, 1998), deepening individual and shared meanings.

In the beginning, I referred to my list of questions and used them to begin our discussion. I was most interested in eliciting stories and reflections which would allow me to catch a glimpse of the practice of caring for babies through the eyes of the caregivers. I hoped that it would be my own attitude which would draw forth stories of caring. As Ayers (1991) says, I was attempting to "hear teachers' voices to attend to teachers' stories, with care and hope" (p. 52).

I also intended to collect data in the form of observations made in each centre, taking notes about organization, routines, and schedules. The purpose of these observations was to understand the context of each caregiver. In each centre, I would develop my own sense of the program and be able to note incidents about which I could ask. I would see how the centre handled the diapering and sleeping routines, how babies were fed; I would have examples of interactions about which I could ask caregivers in later conversations. Understanding the context of each caregiver was important to me, for as Polkinghorne (1988) says, "linguistic statements are context sensitive and lose much of their information content when treated in isolation" (p. 7).

This was the plan that I presented to the Human Research Ethics Committee. Receiving their permission, I began. A letter went out to the infant centres in town, followed up with a phone call asking if there was an infant/toddler caregiver on staff who would be interested in participating in my study. I assured each centre and caregiver of anonymity. I also made certain each caregiver understood that she could withdraw at any time. Each person who

agreed to participate signed an agreement, a copy of which is included in Appendix B.

I enlisted two peer reviewers (discussed further on in this chapter) who knew both the ECEC field and the job of caring for infants and toddlers. They would hear about the interviews and my reflections, and together we would think about their meanings. These two women would advise me and expand my thinking, providing another perspective on the material I had collected. (I discuss their role more fully further on in this chapter.)

Stage One: Four Caregivers

My cluster of questions in hand and my plan of action agreed to, I had decided to limit myself to certificated caregivers working in licensed programs. By using licensed centres and caregivers, I was conducting the research within the guidelines of what defined good care for infants (for a full discussion see Chapter 2). I sent letters to four of the licensed infant centres. Each of these centres had small adult-child ratios (within the guidelines for good care) and small group size (Palacio-Quintin, 2000), and each of the centres had at least one caregiver with specialized training in working with infants and toddlers which is associated in the research and literature with good caregiving (Whitebrook, Howes & Phillips, 1990).

There was not a wide range of centres from which to find people to interview. Infant centre care was relatively new in this small city. Many infants are looked after in informal settings, such as family daycare, by nannies in the child's home, or by relatives. The first centre in this city had been open for about ten years. Previously, the need for infant care had mostly been met by family daycare homes.

In 1999, at the time I was planning to do the interviews, there were six infant centres. My initial plan was to interview four infant/toddler caregivers, each one working in a different licensed infant daycare, all of which met the accepted criteria for quality care for infants. Each setting would have no more than twelve in the group, the ratio of caregiver to infant would be one to four and there would be a licensed BC Under Age Three Certificate infant/toddler

caregiver (Clarke-Stewart, 1993; Fein, 1995; Howes & Hamilton, 1993a; Howes & Smith, 1995).

I thought of the observations as an extension of the interviews. Each centre was different, served a different population and had a different organization. My observations of each participant's centre were not intended as an evaluation of the caregivers' performance; I would not use a checklist or have a particular agenda for my observations. I would take notes.

I was very familiar with infant/toddler care centres and my notes would focus on what I saw in each centre and the situation I saw a caregiver involved with at that moment. The context would undoubtedly influence each caregiver, but I was most interested in how they experienced the job within each of their settings, in their own words. I did not know exactly how the observations would be used and assumed that this would became clear in the process of the research.

Stage Two: More Caregivers

At one centre, all the caregivers agreed to be interviewed. I wondered how it would be if I had four caregivers from one centre. In this situation, perhaps I could go more deeply into the experience of caregiving. I could speak with four caregivers who worked together. Analyzing their practice together had possibilities. Together we could explore situations that would be familiar to each person. There would be the same number of caregivers I had planned to interview, but all within the same context. Because they all would work in the same physical and temporal space, I thought I could look more deeply at the meaning they found in their work and how they shared or did not share an understanding of what was occurring. The intimacy of working with the entire staff, generating meaning together and documenting the process, would be exciting.

At this particular centre, I knew all of the women to varying degrees. I hoped that the relationship we already had would allow us to go deeper in our discussions, reflecting Belenky, Bond and Weinstock's (1997) assertion that "Communication is tied to trust, and fostering another requires attending to the other" (p. 81).

I began the interviews, but soon felt that including three other centres in the interviews would give me more material and other contexts for contrast and support. Caregivers in differing infant daycare centres might share similar problems. I added three other caregivers, each from a different program. With this addition, I added two people I did not previously know.

Stage Three: Interview Decisions

In the end, I spoke with seven caregivers from the four different centres. These centres were all licensed, meeting the guidelines of good care as discussed in Chapter 2. Each caregiver had their infant/toddler certificate. These caregivers and centres are described fully in Chapter 4.

When I met with a prospective participant I explained that the interview was totally confidential and that they could withdraw at any time. I wrote a letter to the parents letting them know that I would be in their centre observing the caregivers. No concerns were expressed at any time.

I tape-recorded both conversational interviews with each caregiver, using a standard tape recorder. We all felt rather self-conscious about the tape-recorder and each interview situation at first, but after a few minutes each participant, and I, seemed to relax. I had a list of questions (see Table 2, p. 66) which I gave each participant at the beginning of her interview. We followed this list to varying extents. If the interview/conversation veered off in another direction, we followed its unfolding in keeping with the emergent nature of this work and the collecting of narrative material (Goodwin & Goodwin, 1996). I made sure that all the questions were asked of each participant by the end of the second interview. Answers often veered off into conversation and we chatted before and after. That is the reason I have used the phrase *conversational interviews*. and use conversation instead of interview at times. I conducted the interview, but because I knew several of these caregivers they often had the feel of conversation which had a purpose. I usually made a note of the informal pre- and post- taping chats in my journal. I did not detect any uncomfortableness with any of the questions.

Locations varied, but all were private and informal. The caregiver usually decided which setting would work best for her. I went to some centres to meet with caregivers at their break time. Some were given time from work to meet, and then we met at the centre as well. If we met during non-work time, I either went to the caregiver's house or she came to mine, depending on which was easiest or most comfortable for them at the time.

After each taping, the tapes were transcribed. I had most of the tapes transcribed by a woman who had experience with transcription, and who signed a form agreeing to maintain interview confidentiality. I did a couple of transcripts to have an idea of what it entailed. Each transcript was cleaned up and edited to remove the "ums" and "you knows" of everyday speech. I was the only person who had all the transcripts and the only person to read them all. Each caregiver was then given a copy of their transcript. During the second interview, I asked each caregiver how it had been to read her conversational interview, and often we spoke again about issues from the first interview. At first, it was uncomfortable for some of them to see their words on the page. After the first interview and after each had read her transcript, I followed up our discussion to look again at what she had said, and to continue the interview. For example, with Lynn[5], I picked up again on the issue of teamwork; I asked Jade more about "lessons" she had learned over the years.

The second interview was also taped, transcribed, and shared with the participant. Each had copies of her own interviews and could call me at any time to ask questions, change any errors, or delete pieces she felt should be removed. No one asked for any deletions. One person mentioned that the transcript seemed different from our interview and when I went back to the tape I realized that a part of the conversation had been missed in the transcription. At the completion of the two interviews, I met with each participant and we discussed what I had written and what I was using from her transcripts. I was clear that the participant could, at any time, disagree with what I was writing. Several times, during the second interview a participant brought forward thoughts generated by the first interview. Often, she had been thinking about some of the topics

[5] All names used in this study, including those of children, are pseudonyms.

discussed. At times, we puzzled together over an issue she had raised or a common tension that we each had experienced in work with babies.

In each centre, a supervisor was aware of my research. These supervisors ranged from the administrator of the program or, in a smaller program, one who was juggling administrative work with caregiving work. All the supervisors in the participating centres had been caregivers at some point, and were interested in the subject of my research. In some settings, I had long conversations with the supervisor and usually shared some of the general topics under discussion. Sometimes a supervisor wanted to share her ideas and stories. These informal conversations were recorded in my journal. Thus, I found a richness of dialogue, both through interview data and more informal conversations.

There were, of course, other informal conversations during my observations or when I returned the transcripts. I kept notes of these exchanges in a research journal, recording thoughts, ideas, and reflections. I referred to this journal at various times to remember comments and conversations which echoed the themes which came up in the interviews. Through the use of the journal, I kept attuned to themes which were emergent and recurrent. Once the interviews began I noted my own observations of what seemed to be emerging. I took notes after every interview as to my own impressions and thoughts. These were part of the process of analysis.

Finally, the narratives were woven together in this dissertation. While each participant read her contributions to my final written text, to maintain the caregivers' anonymity I did not share the complete text with them. During our final discussion of these findings, we addressed, particularly, points which had a specific resonance or needed revision, or which had not been fully covered. The final dissertation document will be available for the participants to read. Thus I have protected their anonymity and also exercised my prerogatives as a researcher to mold the final document.

The Observations

I observed each centre three times at different points in the day. Each visit lasted several hours to give time for a clear understanding of how each caregiver put her ideas into practice, and to have a clear understanding of how the entire program appeared in action. I attempted to blend in, to be a comfortable presence. I usually found a place to sit quietly where I was out of the way. Often, caregivers showed me where I would be the least intrusive. I usually sat on the floor or on a low block. After a short while, I was often approached by a curious baby interested in munching on the corner of my journal or looking at my bracelets. I interacted with that baby quietly, enjoying these moments with the child.

During my time observing, I might chat with caregivers or even help if I could; for example, I might clean a table or spend a few minutes holding a baby who was willing. Babies and toddlers are not usually enthusiastic about someone with whom they are unfamiliar changing their diapers or feeding them, so what I could do to help in any particular context was limited.

I tried to go "without any particular question in mind, but only a general question, 'What is going on here?'" (Spradley, 1980, p. 73). I took no specific observation tool or list of questions. I was not entirely sure how the observations would be used, but felt it was another way to connect to my participants and to their particular experience. My own experience was useful, as I knew what I was looking at most of the time, and when I did not, I knew to ask (e.g., each centre had different ways of tracking bottles or medicines). I tried to be attentive to what might happen in the space of time that I was there. At times, my attention was captured by watching a particular child or incident. When that happened, I usually followed my interest and watched that child or incident. At other times a memory was jostled. For the most part I enjoyed myself, and took many notes recording my reactions and jostled memories, or kept a running record of an interaction, or noted a conversation I had with a caregiver, a child, other staff, or the supervisor. All of this material became data to be considered with the interviews.

I hoped that the caregivers would be comfortable with my presence. All of them were competent and caring people. Each had frustrations that she was struggling with, but each of them had chosen this work and enjoyed the babies. In Chapter 4, I share with the reader a taste of my observations. The purpose of sharing these observations is to put the babies clearly in the picture for the reader and to add another dimension to the discussion of caregiving.

During the observations my focus was on the caregiver and trying to see the work through her eyes. Because of my own experience I could not help seeing the environments from the points of view of both an instructor and a supervisor aware of how environment can invite or discourage good practice. The environment encompasses the physical, the social, and the emotional aspects of the work place. All of these factors contribute to how a caregiver feels about her work and affect her consciously and unconsciously.

As I observed, I tried to look at the environment as if I were a caregiver there, imagining working in each setting. I tried to grasp the "complex interconnections in the fabric of their unique participants' lives" (Bowden, 1997, p. 4). It is never possible to grasp the complexities of another person and her experience completely, but the attempt is worth pursuing.

The Researcher

As a researcher, I was also an ECEC practitioner with a wealth of my own stories; I was an insider. My knowledge and experience of caregiving is part of this research. Some of the women I interviewed were my friends. For years, I had been talking with some of these caregivers, and we had a common language of anecdote and narrative to explain our work and our approaches.

Working in Turkey, in New York City, in Vancouver, and in Berkeley, and with a variety of children and families, I have become aware of the many realities and the many layers of perceptions of the world. Working in both rural and urban settings, working with young parents, and with some parents whose language I did not speak, working with children, who could read at two, and others who only first spoke at two and a half, I had struggled with "the complexity of the everyday life of the early childhood institution" (Dahlberg et

al., 1999, p. 95). Cannella (1997) suggests that "multiple human realities will require that we become comfortable with uncertainty, that we accept ambiguity" (p. 170). Through this research, I began to articulate some of the uncertainties.

As an insider, I bring an understanding of the work which is intellectual, emotional, and visceral. Over years of working with children, teaching ECEC students, and reflecting on related issues, I have developed a philosophical base grounded in my own learning and experience, what Polanyi (1958) calls *personal knowledge*. He notes, "our intelligence falls short of the ideal of precise formalization"(p. 53). *Personal knowledge* includes skills, which are both articulated and unspecifiable, and connoisseurship which is the ability to appraise the situation. As well, I agree with Clifford's (1986) position, that "insiders studying their own cultures offer new angles of vision and depths of understanding. Their accounts are empowered and restricted in unique ways" (p. 9). I used my own stories to make sense of, and to resonate with, my participants' stories. We exchanged stories as we gained understanding from each other. Stories clarified statements and signified that the other's point of view had been heard.

Using an idea from Behar (1996), Jayapal (2000) reminds us that "even the best objectivity is filled with subjectivity, that perhaps marking ourselves as 'vulnerable observers' is the only justice we can do to those people and places we write about, to our readers and to ourselves" (p. 7). By leaving behind the position of the "detached observer", I open myself to be present and thus I make myself vulnerable. I was writing about relationships and working within relationship. As Meloy (1994) states, "The complexity of the researcher as the human instrument has only begun to be explicated" (p. xiii). Just as the work of caring for babies involves many dimensions, so does the type of inquiry I embarked on. Munro (1998) reminds us that "all stories are partial, the teller always 'in flux'" (p. 6). I wove my own story among the narratives of my participants to, as Munro says, "acknowledge the intersubjective nature of knowledge" (p. 11). These stories speak to each other, and as a collection they strengthen each other, both echoing themes and presenting new perspectives while deepening the discussion of the issues. As Hauser and Jipson (1998) write,

"whenever two people share a story a new one emerges" (p. 5). Connelly and Clandinin (1990) state, "We also need to tell our own stories as we live our own collaborative researcher/teacher lives. Our own work then becomes one of learning to tell and live a new mutually constructed account of inquiry in teaching and learning" (p. 12).

We all have stories to explain ourselves. We have stories we try to live up to. We have meanings which guide our practice. Lagerway (1998) writes that:

> We hang the events of our lives upon narrative structures and turn them into stories. We select and arrange fragments into orderly sequences, telling our stories as if they had inherent beginnings, middles, and endings, as if cause and effect has been operative and visible. Thus our stories, and the ones we hear and read, achieve an authority as they resonate with our own desires for understanding and significance. (p. 38)

As I moved from the role of practitioner to that of researcher, I was aware of how influential my practitioner's viewpoint was on the research. Telling my own story seemed one way to pull my perspective into the research, as well as helping to fill out the picture of babycare. Through this process, I hoped to keep alive the tension which is inherent in research. I wanted the voices of the caregivers to speak and yet I, ultimately as a researcher, shaped the process. The stories and the conversations have helped me reflect on my own experiences, allowing me to think more deeply about issues that I had already struggled with and that needed further perspectives. Caregivers highlighted issues for me that I had previously ignored or neglected.

Vivian Paley (1979, 1986, 1990, 1992, 1995, 1997) uses stories of her teaching to explore larger questions which emerge from her young students. One year, she explored the uses of superheroes in her class. Another year, she wondered about a boy "who would be helicopter". She used her own experiences to explore her understanding of how to relate to the children in her class. The answers she came up with are not necessarily solutions for another's teaching, but the process of her reflection on her own knowledge, her own experiences and her own values, was important for me. It is this recognition of ourselves as part of the story which is important. As I worked with narratives, my own narrative became an essential part of the story.

Tobin and Davidson (1990) assert that "teachers participating in research are vulnerable" (p. 273). If I share my stories, I hope in some measure to share some of my participants' vulnerabilities. My awareness of their vulnerability and the knowledge that I could anticipate at what point a caregiver might feel uncomfortably exposed, are tensions I realized I must hold.

I listened to their stories "for resonance between the inner and the outer, an echo that brings the attention into focus" (Bateson, 1984, p. 163). I tried to understand what in their stories connected to my stories, and what these stories told me about the process of caring for babies. I was closely attentive to their stories, and my own, to find what I was learning about the processes of caring within a multitude of relationships— infant / toddler caregiver, researcher, early childhood instructor, doctoral student.

Working in Relationship: the Interviews / Conversations / Stories

I explored these questions from within a relationship with this group of women. Against a background of trust and empathy, I hoped the caregivers' stories would emerge. Because I was seen as a colleague by the study's participants, known as someone involved in the field, I knew we could have conversations leading to an exchange of narratives. Researcher was a new role for me. My list of questions helped me stay focused and gave a weight to the conversations I had with the participants.

As we listened to each other, our interview / conversation found its course. Within each conversation, I was attentive to the opportunities for enlightenment. Together we would generate meaning and insight. My questions would merely begin the conversation and together we would explore the experience of caring for babies, creating insights and understanding together.

The discussions were animated at times, voices rose and words spilled over each other. Since they had volunteered to participate in these discussions, I assumed that caregivers wanted to talk with me. Even the two women who had not met me before were ready to discuss their jobs at length. Through the stories and discussions with the caregivers, I found that insight which "refers to that depth of understanding that comes by setting experiences, yours and mine,

familiar and exotic, new and old, side by side, learning by letting them speak to one another" (Bateson, 1994, p. 14). We recognized each other's stories and feelings, even though they were often different.

In our conversations, there were places where we found reflected stories; there were common threads which wove in and out of the talk and there were places where we surprised each other and offered the other a new perspective. Someone would tell a story which reminded me of a story, which might be a story we knew in common or reminded me of a story that I shared with them. By sharing such a story, there was an opportunity to see if I had understood the caregiver or if it triggered other thoughts about the matters we were discussing. Within the narratives were common threads which I shared with the caregivers, e.g., everyone experienced sadness when a baby she felt close to left her program, and everyone found relating to parents difficult at times. There were similarities and differences in the ways people coped with each issue.

Trying to be responsive, I followed the flow of the talk. I asked questions at points to clarify the narrative, or to try and understand a caregiver's experience more fully. Just as I try to understand children and ECEC students, I wanted to understand the experiences of these women. Which issues did they all find difficult? How did they cope with, and negotiate the meaning of, these issues?

There was also an improvisational quality to the interviews, which is always necessary when interacting with people as genuinely as possible. I could not predict the course of the conversation, and tried to have no preconceived ideas about the specific concerns of each participant. For example, one participant was concerned by the lack of training of her co-workers and the lack of cohesion among the staff. I spent more time on this issue with her, and she gave me an understanding of the importance of co-workers that the women who had highly functional situations did not.

Multiplicity of Views

Within relationship, we begin to discover other ways of seeing and experiencing the world. We take the time to see what is important to the other person, we struggle to understand her choices, we try to hear what she is saying,

and sometimes we succeed. Working with a variety of families in different settings has taught me that there are many levels of meaning and many differing realities. My own understanding of a situation is usually enhanced when I consult with others. Working relationally, I also realized the variety of roles that one brings to a relationship. When I interviewed the women who knew me, we were friends and colleagues. For several of the caregivers I had been a teacher, which again shifts the relational dynamics. Each role has subtly different sets of rules.

Beyond the immediate relationships I had in terms of the interviews and research, I brought other relationships to the experience. I was not only an Early Childhood Educator, but I was a mother, step-mother, daughter, sister, wife, activist in my local community. Each of these roles impacted my thinking and my conversations. Women who knew me well asked about my children, or shared information about their children who were now mothers themselves. These stories were not an explicit part of the material to be analyzed, and yet they were in the background, influencing the conversations and the understandings which we brought forth.

The multiple roles cannot be untwined. Caregiving involves energy from physical, intellectual, spiritual, and emotional levels. It demands one's whole being. While inquiring about the nature of this practice, I worked to bring my whole being to the task.

Issues of Responsibility and Trust

As a researcher working within my collegial community there were issues of ethical relationship to consider, e.g., what were my responsibilities to my participants?

Responsiveness and Responsibility

As caregivers attempt to understand and connect with each baby and each family in manners that speak to each particular person, I wanted to be responsive to the caregivers as individuals. I wanted to regard both the participants and their unique stories with care.

Caregivers seldom voice the tensions and difficulties that they experience in their work, and seldom speak about how they resolve or live with those

tensions. Working with babies involves not only the mind, but the heart. Working on a predominantly nonverbal level forces us to pay attention to all of our senses and to communicate in many different ways. Parker Palmer (1983) writes "that knowing draws not only on our senses and our reason, but on our intuitions, our beliefs, our actions, our relationships, and on our bodies themselves" (p. xii). Being fully present is called for in this work.

Within the research relationship, I attended to being responsive to what the caregivers were telling me, remaining aware and present to each unique person and situation. Delpit (1995) suggests that this approach focuses on:

> learning to be part of the world rather than trying to dominate it—on learning to see rather than merely look, to feel rather than touch, to hear rather than listen: to learn, in short, about the world by being still and opening myself to experiencing it. If I realize that I am an organic part of all that is, and learn to adopt a receptive, connected stance, then I need not take an active, dominant role to understand; the universe will, in essence, include me in understanding. (p. 92)

While being responsive, I also intended to be responsible. While being responsive means making an answer or reply, the Oxford Dictionary (Fowler & Fowler, 1964) defines being responsible as answering to something, or fulfilling a trust. Being responsive is one aspect of the dynamic of a caring relationship, yet one is also responsible for one's reactions. Responsiveness is alluded to by Bateson (1994) when she writes that "the gift of personhood is potentially present in every human interaction, every time we touch or speak or call one another by name, yet denial can be very subtle too, inflicted in the failure to listen, to empathize, to attend" (p. 62). Within the relationship with the caregiver-participants, I sought to be responsive. I have been discerning and responsible for the use of information gathered in our interviews, and in my treatment of the relationships themselves. Belenky and her associates (1997) state that "communication is tied to trust, and fostering another requires attending to the other" (p. 81). Being responsive and responsible are necessarily intertwined.

Trust

Vanier (1998) defines this trust as "the intuitive knowledge that we are safe in the hands of another and that we can be open and vulnerable, one to another"

(p. 43). With the women I knew well, there existed a trust and understanding which Grumet (1988) says comes from “time and space and specificity” (p. 165). With these women, I could easily share stories of the joys and sorrows we had known working with babies and their families. A participant said after our first interview that she would not be able to tell me “these things” if she did not trust me.

Aware of the need for trust and the responsibility for not betraying that trust, I was concerned about establishing a sense of safety for all the participants. Donawa (1999) writes, “a trusting relationship requires ongoing judgment and observation; when we trust someone, we trust them to be attentive, observant, and discriminating in the expression of their trustworthiness toward us” (p. 25).

My relationship with these women would have its own course, but as well as creating a safe external interview space, I needed to clear the way within myself to create a place of safety for them. I needed to be aware of not only the words spoken in the interviews and of my perceptions of our interactions. I needed also to keep a heightened awareness of my inner reactions. I believed that if those who volunteered to speak with me could sense my openness and my freedom from judgmentalness, they would respond more freely.

The first time I interviewed Mary, whom I did not know well, I felt that she was not as engaged in our interview as were the other participants. Soon, I was not engaged either. A small, egocentric voice inside me was muttering, “Why isn’t she interested in my questions?”. I began to feel sleepy. Fortunately, I had another small voice curious about why this was happening. I was intrigued and I wondered what was actually occurring. I pushed through my first reactive thoughts, cleared my mental obstacles, paid attention, and heard a cue from her which led me to ask the right question. She had recently found out she was pregnant and was thrilled. At that point, few people knew and, of course, it was taking up her thoughts. She was less involved in the external world while her internal world was changing and evolving. My judgmental voice was not useful, but my curious voice was.

The root of the word ‘interview’ means “to see one another” (Fowler & Fowler, 1964). As I interviewed these women who looked after babies, I wanted

to understand them within their contexts; I wanted the interview to be a dialogue which we shared. My goal was to maintain an open and non-judgmental attitude because as Josselson (1995) says “If we listen well, we will unearth what we did not expect” (p. 30).

I needed to trust myself and I needed to be trustworthy. If I paid attention both to the small voice inside and to what was occurring contextually, I was most apt to be appropriately responsive and able to establish a space of trust.

Promises / troth

Trust is a complex concept; the demands of its implications— confidence, safety, security, hope—are difficult to fulfill. There is a tension inherent in trust, as it can easily and inexplicably be disrupted. While I write of trust and its importance, lurking behind trust is the danger of betrayal. The word *trust* is connected by ancient roots to the word *troth*. Troth is a linguistic root of both trust and truth; one of its meanings is ‘promise’ (Fowler & Fowler, 1964). Perhaps the most we can attain is the promise of trust and truth. Promise suggests that both trust and truth rest on the good will of the person making the promise.

I worked to embody Noddings’ (1986) idea of fidelity: “fidelity is not seen as faithfulness to duty or principle but as a direct response to individuals with whom one is in relation” (p. 497). A promise of fidelity called on my responsibility to each individual woman and to our relationship.

The caregivers have trusted me with their stories, and I have trusted their stories to be meaningful representations of their beliefs about practice. They have trusted I would understand and explicate the meanings of what they said and also what was behind their words. I have worked to stay aware of and honour that trust.

Research as a Caring Process

The caregivers whom I interviewed work and live within a belief system which honours individuals and the relationships between them. The emphasis in this practice of caring is on understanding rather than judging. I am an integral part of this community and thus have a relationship with both the individual

caregivers and the community itself. Aware of this, I agree with the sentiment in Noddings' (1994) statement about teaching that, "to betray a trust that lets us in, to rupture the possibility of developing a caring community, is to forget that we should be doing research for teaching" (p. 181).

A specific work circumstance can put a caregiver in a difficult moral, ethical, or emotional situation. It was difficult for me to see a caregiver in a situation which did not honour her efforts or support good care for children. I could frequently see this more clearly than the caregiver who was embedded in the situation. I felt it important to caringly and carefully uncover the difficulties that a caregiver faced when in a setting which did not support her abilities for good practice. Understanding context contributed to understanding particular and challenging situations and the compromises that had been made.

I attempted to comprehend the situation from both the caregiver's and the centre's point of view, but focused on achieving an understanding of the caregiver's perspective. I believe I have treated caregivers and their practice, and my practice, with care and respect. Both genuine care and respect have guided me in conducting the interviews, observing the programs, and analyzing the transcripts.

Analysis

The Oxford Dictionary (Fowler & Fowler, 1964) defines analysis as "resolution into simple elements." I had abundant material: the interviews and stories, the transcriptions of the interviews, data from informal conversations with the caregivers and their supervisors, observations, and the feedback received from the caregivers after they read their transcripts. Each piece of the material had triggered thoughts and questions in my mind.

The specific points of the analysis emerged from the data during the analytic phase. As ideas occurred to me I wrote about them and later discussed them with the participants of the study and others expert in the field. These discussions led to a deeper consideration of specific ideas.

Throughout the interviews, using the questions I had developed ahead of time and other questions which arose in the context of our discussion, I had

inquired about the emotional energies and tensions that the caregivers experienced in their work. Later, as I listened to the tapes and thought about the ideas generated, I became conscious of the delicate complexity of the work of caring for babies. What emerged from the process of collecting the interviews and speaking with others in the field was a sense of great dimensionality; the multiplicity of roles, relationships, and perspectives which caregivers have to hold in their minds and hearts.

As I spoke with caregivers during the process of data analysis, I discussed ideas distilled from our conversations. As I was the only one who listened to all the caregivers' stories, I heard the echoes of one caregiver's voice in another's story. At times, I shared recurring comments to find additional insights into the caregivers' thoughts. This was useful, as it deepened the discussion around particular issues. At times, we wondered together about certain occurrences, such as the role of intuition or the variety of ways that babies go to sleep.

We thought together about issues and worked to understand dilemmas we had all faced. What has emerged is the result of interaction between the caregivers, myself, and our reflections. Through our musings together we highlighted and explored concerns which are central to the work of daycare. I have written about our conversations, with participants' narratives merging with personal narrative. Grumet (1991) says, "the question and ultimately the answer both belong to the researcher, and the subject of the research is merely the medium through which the question finds the answer" (p. 71). The research story is ultimately my own story.

I tried to discern phrases in the data that were eloquent expressions of the tensions experienced in the infant/toddler centre. I also sought those thoughts rich with meaning which opened into discussion of the ideas central to the experience of working with young children. My conversations and reflections with these women have deepened my awareness of my own unique experiences with children and families. My hope is that all caregivers might recognize themselves in this analysis, and that through the words of the study's participants I highlight some of the tensions and dilemmas that are common to caregivers of infants and toddlers.

The study's caregivers might not have ordered the findings the way I have or given weight to specific issues that I have. When I shared with the caregivers the themes which I had discerned from the narratives no one disagreed with my analysis. No one has seen the complete work and perhaps that will stir some controversy. However I have tried to be carefully respectful of what they have entrusted to me.

Discerning the Structure

After conversing, observing and contemplating with the caregivers, I needed to discern the order and rhythms within the data. Through reading the transcripts, my journal notes, and my observations, I used what Polanyi (1958) calls "the exercise of skill and the practice of connoisseurship" (p. 64). Over time discernible categories emerged from the process of reading and deep reflection. These categories were consistent with the focus of the research question (Merriam, 1998). This emerging categorization helped me create a structure around which I would organize the material and study the caregiver responses. I shared this structural focus with the four participants working in the same centre and then with other participant-caregivers as well as with my peer review committee (for fuller discussion of peer reviewers see p. 90). I received positive responses.

The categories, and the pieces of text which I have chosen, are a reflection of my personal knowledge in the practice of ECEC. This knowledge commits me "passionately and far beyond [my] own comprehension to a vision of reality" (Polanyi, 1958, p. 64). By sharing my personal ideas of practice along with the caregivers' stories I lay bare my basis of personal knowledge and evidence a commitment familiar to my participants.

The first category which emerged was *relationship*. The literature addresses the importance of relationship in the work with babies and parents (Gonzalez-Mena & Eyer, 2001); the caregivers addressed the relationships they experienced with babies, parents, and each other. As a researcher, I had relationships with the women I interviewed. These relationship were broad, multi-faceted, and sources of personal delight, meaning, and tension for all participants. To elucidate this category, I re-read the caregivers' discussions of their relationships and then

reflected on their discussions as a whole. After several readings, I pulled out differing groups of relationships, creating four sub-categories: relationship with babies, relationship with parents, relationship with self, relationship with staff.

At first, I rejected the idea of coding my data, of cutting up the transcripts and arranging the bits and pieces into thematic groups. I agree with Goldstein (1997) who writes, "I did not code any of my data. Coding seemed a violent thing to do; and I did not feel that much would be gained from splintering my experience into tiny shards—it seemed that too much would be lost" (pp. 35-36). By coding data, I at first felt that I would be removing the quotes from their contexts and further depersonalizing and decontextualizing the text which had emerged with a particular person at a particular time. Yet as I struggled with my categories and worked with the challenge of regarding them more closely, I realized I could think about each category more precisely if I grouped caregivers' discussions of similar topics together. Thus, I cut up the transcripts and placed the text in thematic groups.

The second emergent category was *time*. Wien's (1995) interviews and observations of ECE teachers see as problematic the role time plays in planning programs for children. Time is a constant factor in infant/toddler care. Relationships take time, and the infant concept of time differs from the adult version. Caregivers referred to time in the data, though we had not addressed this issue directly; images of time occurred throughout the transcripts. Looking at the factor of time highlighted an issue often overlooked in childcare. Caregivers had limited control over time, and yet the way time was utilized had tremendous impact on their work. It became evident that time generated tensions as well as providing a guiding structure.

Tensions had been one of my initial interests and emerged as another category to examine more deeply. The caregivers and I thought about, and spoke about numerous and layered tensions. They had shared with me ways that they handled such tensions. Looking closely at the conversations concerned with the tensions of the work furthered my reflections on how these tensions are lived with or resolved.

The fourth emergent category revolved around *what wasn't said*. What were these women unable or unwilling to share and why? This was a difficult category as it felt presumptuous to discuss what people did not talk about or bring up. Eventually I decided to look at this and then ask caregivers about some of the issues I noted.

After deeply studying the transcripts, I realized that besides the dimensions of caregiving I was looking at, there were four of the seven women, the most experienced of the caregivers, who illustrated four distinct strategies for framing practice. Each represented a different aspect of caring, intellectual, sensual, practical, and spiritual. Each was a thoughtful, careful caregiver who had responded to the challenge of caregiving in her own unique style. The other three caregivers also illustrated aspects of caring, less dramatic, but no less important.

The Ring of Truth

The stories, and the themes teased out from them, created a picture of the complexities of caring for infants and revealed many hidden aspects of the caregivers' realities. As these stories have helped me in my reflections around the multiple tensions and perspectives in caring for infants and toddlers, I hoped that the stories (the caregivers', mine, and the interplay between them) would offer inspiration or a "sense of possibility" (K. Watson, personal communication, 1995) to others in the field. Thus, I have used the stories to initiate many discussions (Elliot, 2001).

Polkinghorne (1988) comments that research using narrative "does not produce certainty; it produces likelihood" (p. 175). As he suggests, the results "remain open-ended" (p. 176). Because they are open-ended, they offer space for others to tell their stories and explore their own meanings in their work. On-going dialogue and sharing of ideas keeps both practitioners and researcher conscious and aware of the many dimensions inherent in caring for babies. I was looking for what Meloy (1994) calls "a ring of truth"(p. 44). I also noted when caregivers responded to the "ring of truth" in an idea or concept.

Peer Review Committee

Throughout the research process I had a peer review committee (Lincoln & Guba, 1985) of two people who were knowledgeable in the field, but no longer worked directly with babies and their families (both names below are pseudonyms). I had known both of these women for several years and respected the knowledge and caring each brought to the field. Audra had worked with babies and then had moved to teaching ECEC courses. Emma (a pseudonym) had established an infant program and worked with babies until becoming a licensing officer. Each had intimate knowledge of working in the field while also having some distance and slightly different perspectives. I met with them at various points to inform them of my progress and current thinking, and to hear their feedback. They both gave me ideas and reinforced my thinking with regard to the complexity of infant/toddler work, assuring me of the material's "ring of truth" (Meloy, 1994, p. 44).

Both of them agreed to be available to discuss any ethical issues which might arise. Working in a small community I wanted to be careful and responsible regarding any material which might be harmful to any participant. I was aware at the outset that this danger existed. No major difficulties presented themselves. I did on a couple of occasions call either Emma or Audra for feedback or follow up to a discussion point.

I met with my peer review committee at the beginning of the research to discuss the purpose of the interviews and the questions. We discussed issues of responsibility and trust in relation to the participants and the centres. After the interviews were completed, we discussed the issues that I perceived emerging from my conversations with caregivers. Both peer reviewers responded to the caregivers' thoughts, and had their own stories and feelings about working with babies. Once the findings were written up, I asked each of them to respond. We met, and they were supportive of the meanings I had made of the caregivers' narratives. I taped our meetings or wrote copious notes. The tapes were not transcribed, but I listened to them to back up my memory of what had been said.

Audra said that the narratives had "captured so many aspects of the care of babies." Emma echoed a similar feeling that there "were wonderful pieces of insight gleaned." As someone who teaches ECEC, Audra felt that there were implications for practice, "the whole reflection aspect (see Chapter 4) is so critical in terms of evaluating what you do, what you believe, how you change—skills that are so critical." Emma also liked the concept of thoughtful practice: "You are constantly thinking all the time… making decisions. It seems to be one after the other, whether it is to do with team members or individual children. There are multi-needs."

Audra and Emma were also able to have a perspective on the uniqueness of each program and the power of the environment of the program to modify behaviour. Audra, from my peer review committee, confirmed how difficult it can be for practitioners embedded in the culture of their particular work place. She found that when students came back to school to work on their Special Needs and Under Age Three certificates, they began to hear from their peers about the practices at different centres. Some of them realized that there were better programs and places to work than the program in which they worked. She said that unfortunately they often leave the centre they are in, rather than struggle with changing entrenched methods.

Speaking not only with my peer reviewers, but informally with caregivers in the field, served to reassure me that I was tackling issues of interest to individuals working in Early Childhood Education and Care. Caregivers frequently responded with stories of their own when I described the research I was doing. The questions I asked seemed to resonate with others in the field.

Also of importance to me during this process was a group of doctoral students with whom I met. Through this group, I kept my focus on how my methodology emerged and took form. The discussions and suggested readings of this group of scholars helped me find my way through the process of the research. Though they were not in the field of Early Childhood Education and Care, they could comment on the coherence of the research and the issues. They listened for the ring of truth between my questions and my methods.

Reconceptualizing Early Childhood Education Conference

At a conference, *Reconceptualizing Early Childhood Education*, in 2000 in Australia, I shared a part of one of my transcripts[6] with Joe Tobin (personal communication, September, 2000) of the University of Hawaii, who used the transcript as an illustration of a possible research "toolkit of analytic / interpretive techniques". While the experience was illuminating, I felt very protective of my participants and was anxious that they not be misunderstood.

There were both formal and informal responses to the transcript at the conference. Caregivers attending the conference related to what Jade was saying and made a point of telling me so. Other educators / researchers responded to the transcript as well, and I found that they noted categories similar to my own. Their responses to the transcript, and to my analysis, confirmed my feelings about its "ring of truth".

Joe Tobin generously shared with the conference participants his understanding of the transcript using the various techniques of textual analysis he has found useful. It was extremely thought provoking. Upon returning to Canada, I shared Tobin's analysis with Jade. Jade and I used a close reading of her words and at first she was dismayed with the intense scrutiny of her words. She read it several more times before she became more comfortable. Together, we debriefed her reaction to his analysis. At the time, she realized that she read the transcript as words she said in the past and that she might have something different to say in the present. In a sense, the transcript had become a text separate from the person and Tobin's analysis heightened the process of separation.

Transcripts remain static while participants move on from those discussions. Through analysis, the locus of interest moved from the transcript to the act of discussing the transcript, and in the thinking that occurs with those who read or interpret the words. The process of sharing the transcript with Joe Tobin, and the resulting discussions with Jade, took our conversations to another level.

[6] Jade gave her permission for me to share her transcript with Tobin, and for the resultant analysis to be distributed.

The discussions made me realize how much Jade's work with babies was an extension of her own philosophy of life. After her first dismay, Jade approached the transcripts, the analysis, and our discussions as a chance to learn more about herself, to learn how to articulate her beliefs more clearly. This reflected her approach to her relationships with babies and their families; she saw these as offering her lessons for growth and understanding.

For the purposes of this study, Tobin's style of analysis seemed unwieldy and time-consuming. As well, I felt that this process of analysis required a distance I did not feel as an insider. Though Tobin's comments were respectful and reflected familiarity with the field, the magnified look at grammar and syntax was at a level of analysis that left Jade with a feeling of exposure. I felt the participants' words and stories were able to stand on their own, and to read too deeply might be to mis-read. In choosing the passages that I use from the interviews, I have tried to be faithful to the spirit of the interview, yet I have carefully imposed my order on them. My goal has been to present the stories which emerged from our conversations, while allowing room for the reader's stories to emerge as she reads the passages and reflections of the seven caregivers.

The responses to the transcript and to Jade's words, assured me that there had been a "ring of truth" in her interview. Jade's words had sparked discussion of the areas about which she had spoken. Jade discussed at one point the urgency she felt to make a connection with a baby and a family (see Chapter 4). This generated a heated discussion of attachment and what it meant. The discussion centred on whether attachment can be hurried and when that might be desirable. While I did not use Tobin's method of analysis in the end, both Tobin's interest and the discussion at the conference provided a reassurance that there was veracity to and interest in the words of the caregivers.

The validity and veracity of this study lies not in its correspondence to one or another illusion of overarching truth for the entire field of infant/toddler caregiving. Its validity is in its faithfulness to my own quest to uncover some of the unspoken complexities in the work of caring for babies. I have challenged my ideas in various ways along the way; the caregivers and others in the field

have been instrumental in this process of challenging both my preoccupations and my emerging ideas. Allowing the caregivers' voices to come through as wholly as possible has been part of my own *troth*, or truth.

Limitations of this Study

Reading the words of caregivers gives the reader rich glimpses into the complex world of caring for very young children, but cannot offer a complete guide for caregiving. The group of caregivers represents only a small segment of the caregiving population, and is not meant to be entirely representative of that population. Each caregiver and each centre is unique. The words of each caregiver are meant to give us food for thought, raise questions regarding the nature of the work, and point to themes whose dimensions have relevance for the larger field of caregiving.

I have woven my story throughout to remind readers that they may join the discussion. I have asked the questions that stand out for me and heard the stories which captured my interest. The readers will keep the discussion going as they add their own stories.

Not only am I an insider, but I have been the instructor of some of the participants at some point over the past twenty years. These participants would be aware of my opinions and stance regarding good care for babies. I was aware that they would perhaps feel a pressure to present their best side. This may well have happened. My hope was that with the observations and the two interviews we would find common ground as practitioners. While I was not there to judge the caregivers, they may well have felt that pressure to put forward a positive view.

This study is limited to these participants and this researcher. As Reissman (1993) states, "Any methodological standpoint is, by definition, partial, incomplete, and historically contingent" (p. 70). Other stories and reflections would be a welcome addition to this discussion with caregivers.

Summary

Wanting to hear the caregivers' reflections on their practice, I decided to approach my data collection narratively. Caregivers are familiar with stories as a

mode of reflection. What began as an interview with the caregivers usually became a conversation with a sharing of stories and views. As a practitioner myself, I was accustomed to paying attention to the process of sharing stories.

I taped our conversations, and then had the conversations with the seven caregivers transcribed. I also observed them in their centres, within their work-context. After the transcripts were created, I discussed emergent themes with each caregiver. Gradually, their individual perspectives gained a focus and the overlapping themes of the conversations emerged. Their stories triggered my own, a few of which I have included to disclose my own presence in the text and in the analysis. While I had some distance to the work, I still had my own unique relationship with it. Finding that the research mirrored the work of infant/toddler caregivers with its web of relationships, my goal was to balance my relationships with the caregivers, the research, the babies and the work of caring. This meant respecting each relationship and being as responsive as possible. Staying in relationship with the caregivers would mean that the design and the conversations would evolve and change over time.

Though these stories are each unique, as a group of stories they can provide openings for discussion and points for consideration. The work of caring for babies is challenging and complex. The stories of infant/toddler caregivers will begin to articulate the practice and its underlying tensions and concerns.

The reader brings her story to the experience of connecting with this work. Paley (1997) says, “Ultimately,… it is the reader who interprets the writer” (p. 42). As we listen to each other, tell our own stories and reflect on the process, we can deepen our practices as caregivers, and as ECEC instructors. And as researchers, we can explore “the tensions and passions of caring” (Greene, 1990).

CHAPTER 4: “WE’RE NOT ROBOTS”: THE VOICES OF THE CAREGIVERS

In this chapter the seven caregivers are introduced. Looking closely at the narratives of the participants, the complexities of caring for infants and toddlers are examined and discussed. While each story was unique, similar threads of meaning run through the stories. Listening to the voices and narratives of these caregivers, the thoughtfulness and caring which is part of good care for babies becomes apparent.

The Job

Working with babies and toddlers is exhausting, exhilarating and complex. A busy job, it requires both physical and mental stamina A variety of rituals and routines structure the day, though surprises are frequent and guaranteed to disrupt any routine.

I spent approximately seven to ten hours observing in each centre in order to understand the context in which each caregiver worked. These observations gave me an opportunity to remember my experiences with babies and toddlers and my experience in an infant-toddler centre. For reflection, I recaptured previous thoughts and feelings. At each centre I glimpsed being a caregiver in that particular setting, and tried to imagine working there.

The following observations were made at one of the participating centres. I chose these observations as examples of the work in which these women engage. In each centre my observations differed, as they were dependent on what was occurring at the time, what was of most interest to me at the moment and whether I was engaged in conversation with a caregiver or a baby which left me little time to make notes. These vignettes illustrate qualities of the work which are familiar to me. While writing of women who work with babies it is crucial to not forget the baby. Though each setting and therefore each observation is unique, I have picked this example to illustrate some aspects of the work. These observations are merely glimpses into the world of nurturing babies and toddlers.

The Babies

Observation 1, October, 1999, 9:30 in the morning

The centre was very peaceful when I walked into the room. The noise level was low; the overhead lights were off, so the light was subdued and peaceful. I always wonder why more centres don't keep their lights low, as it is so effective in lowering the energy of a room.

I took off my shoes, and put on my slippers, a ritual marking that I am entering another space, a space intended for babies. I hung up my jacket and went to the sink to wash my hands. There was a faint odor of diapers in the air and it reminded me that Isaac, my six year old son, had warned me to be careful to wash my hands "because babies can get smelly".

I walked into the room which opens into the toddler side and stood for awhile to watch the toddlers in action. They eyed me curiously and went about their business. I moved to the baby side and opened the half door which separates the babies from the young ones who are walking.

The baby area is not big: ten feet by ten feet. There is a space off to the side where one caregiver can feed a baby at a table or on her lap. The nap room is just off this room.

When I walked in Ra (eleven months) was eating, sitting at the little table with Jade sitting beside him. I said "hi" to Jade, and Ra swiveled to look at me. He was finger feeding himself bananas, toast, and pancakes cut into pieces. Quite a bit of food was going to his mouth, but how much he really ate was not clear.

I turned and said "hello" to Sheryl and sat on a pillow. Dina (two and a half months) was lying on the quilt and Sal and Gage were investigating the stairs. Sal was crawling. I discovered she is 8 months old and Gage is a year.

Ra was finished with breakfast and was put on the floor. He fussed a bit as he pulled himself forward with his hands. He headed to me. He ran into a small brightly colored truck and stopped to look at this. He continued to come closer to me. He saw a plastic bottle which was filled with sparkles and stopped to investigate. Meanwhile, Gage was standing at the window saying "AHHHHH" in a loud voice to the toddlers outside. (He used to be with the toddler group of children,

> but this year he is the oldest on the baby side. He misses his friends and his caregiver.) He did not seem unhappy, just intent on communicating with the group outside.
>
> On his tummy Ra pulled up to eye my note-taking and was patting my journal. He turned to watch Gage at the window. Jade was holding Dina and the baby looked very cozy on her lap. Sal was trying to get to the window alongside Gage. She couldn't pull herself up to stand and look out as he was doing. She was in his vicinity, attracted by the energy he was focusing outside. She strains to stand up beside him.
>
> Ra was at my knee trying to stand and he was drooling.
>
> Ra went to Jade fussing. Jade explained she would put Dina down and then would get his blanket for him. She put Dina down and went to get Ra's blanket and bottle. "Ra, here's your blanket. I have your bottle. You know what that means."

Looking after three babies, feeding and caring for them, takes time and energy. A caregiver uses sensitive observational skills to learn a baby's signals of hunger or fatigue. Recognizing the cue indicating that a baby wants her bottle or her blanket takes careful attention, and knowledge of, and experience with the specific baby. A baby and her caregiver are interacting with an intimate trust and knowledge of the other outside of the home environment. The baby develops a sense of trust, relaxing as a caregiver responds appropriately to her messages.

This knowledge of another is discovered over time. Knowing how closely to hold someone, recognizing a tone of voice, anticipating what someone's next move might be is a process that evolves over time, for both baby and caregiver. This type of knowledge of another person is expected or hoped for in personal relationships, but successful caring for infants and toddlers demands this type of knowledge from paid workers.

While infants require their own rhythms and responsiveness, the next observation illustrates that work with toddlers requires different rhythms and responsiveness.

The Toddlers

Observation 3, October, 1999 mid-morning:

All of these toddlers are approximately 18 months. It is difficult to capture the activity that swirls around me. There is an ebb and flow of emotions, activities, and energies. It is challenging to observe, as my attention is like the toddlers themselves, and moves and shifts as they do. Perhaps I am picking up on their energy. I like being here and I like their energy.

They are eyeing me with stand-offish curiosity, but most are mainly interested in each other and their caregivers. As they eye me they glance at their caregivers.

Some cry as their caregiver leaves with another child.

They notice details with joy and intensity.

They are moving, running, climbing, pushing someone for the sheer joy of it.

The caregivers, calmly and quietly, are describing movement, texture, surface—"It's slippery, wet, rough."

The children watch each other with concern, curiosity, familiarity.

"Ah! Oh! Oh! EEEEE! Hi!" are their sounds— communicating with sound and conviction.

Now and then someone glances at me, approaches me carefully.

They taste the world, and the shed, and each other.

Their emotions are immediate, while caregivers respond quietly, "You, OK?" "Austin needs to be changed." " You're upset when I go in." "Look at your hand, finger!"

Touching, bumping, cuddling, pointing, colliding, the movement seems continuous.

Noses running, tears flowing, "Come sit on my lap" standing still, crying, desolate, Mel, a caregiver, puts out her arms, Elisha lifts hers and Mel picks her up.

> Others run and smile and laugh, aware of Elisha's unhappiness and yet enjoying the sun, the warmth of late October.
>
> This morning Elisha is feeling fretful. Mel tends to Elisha and gives her her attention.
>
> But others are teasing, taking Elisha's soother and running, "Let's go get it" says Mel to Elisha.
>
> Dawn, playing guitar, knees bending, bodies bouncing, everyone at the guitar, dancing with feet and bodies, someone is going in circles. Another rubs her hands on the bench, licks it, dreamily listening to the music.
>
> Another one walks down the slide and hides her face in Dawn's skirt "peek a boo".
>
> Up the stairs, down the slide on your bottom, on your feet, sideways, casually, confidently.
>
> Three lined up at the top of the slide, Al slides down, Cathy slides on her back, Dawn tries to climb up, caregiver moves over to help children be careful.
>
> Elisha bursts into tears, today she seems to be overwhelmed by any difficulty. Cathy runs away with Elisha's soother, Mel asks if she is going to give it to Elisha, Cathy chants "Lisha! Lisha!"---others continue to climb and slide. Elisha cries, Cathy approaches, Mel suggests she ask Cathy. Mel says "Let's ask Cathy." Elisha puts out her hand and Cathy gives it back and Elisha dissolves in tears. Her crying is an unhappy thread in the morning motions.

To take observation notes while watching the toddlers, I had to work quickly; my attention darted from here to there. Writing quickly, I caught only part of the action.

The Centres

The B. C. Child Care Licensing Regulations clearly state the guidelines for the group care of children under thirty months. They state that for a group of nine to twelve children there must be one infant/toddler educator, one early childhood educator, and one assistant. There must be no more than twelve in

one group. A separate sleeping room must be provided that is “not located in an activity area”. The Act outlines the minimum space requirements for inside and outside, and also covers health and safety regulations (see Appendix C). All of the participating centres conformed to the regulations and were licensed.

Though all the programs were non-profit and licensed, each one had its own unique character. Programs involving the care of children generally operate to suit the needs of the families they are serving. Each of these programs had developed to serve a particular community. The history of each program differs, since they began at different times in response to specific community needs.

From my observations and discussions, I learned that each place had its particular rituals and routines. Rituals and routines have unique and historical ways of growing. These are what Wien (1995) calls “scripts for action”. These scripts, or routines, are what make the day more predictable. Scripts can free people up as they provide known solutions to problems and known formats for activities. Each centre relied on scripts for action in different ways. Scripts can be set in place and not questioned, or evolving, they can be used as long as they are useful and questioned at intervals as to their continued usefulness.

Each centre had been influenced by Magda Gerber’s (1979) philosophy of primary caregiving (see Chapter 2). Three of the four centres were able to assign one caregiver to three babies for most of the day, while the fourth centre had a looser interpretation of the concept. The effect of this is discussed later in this chapter. Each centre served a different population, and the role of caregiver was modified by the needs of the parents. For example, the *school-based centre* worked with young parents and the staff were very involved in the young mothers’ lives. The *work-site infant centre,* used primarily by professional families needed staff who could not only articulate clearly the centre’s philosophy and expertise, but also could speak to the issues raised by these parents.

The *school-based centre* served twelve young mothers and their babies. It was developed in response to a need identified by the school, which is an alternative school serving young women. These young mothers were under the age of nineteen with very few resources as they took on the parenting role. Babies’ ages ranged from a few weeks to three years old. The day ran from 8

a.m. to 4 p.m., with a half day on Friday. Staff worked the same schedule, which allowed them to share the day from beginning to end with each other. As the mothers were going to school in the same building, there was frequent contact with them. This program had four caregivers and a supervisor. The supervisor did the administrative work, and supported and worked with staff. She usually relieved staff for lunch.

The focus of this program was on building relationships with both mothers and babies and through these relationships offered support to both parent and child. A primary caregiver system was in place in this program with each caregiver assuming primary care (feeding, diapering, and sleeping) for three babies and maintaining contact with three mothers and any other family members involved. Two caregivers worked in a team; their six babies became a group. This system offered flexibility to the caregivers so they were free to spend one on one time with a baby when necessary, and to have another adult with whom to share the work. Caregivers sometimes stayed with their babies for two years moving with them from the infant side of the room to the toddler side.

The caregivers here were Jade, Dawn, Mel, and Sheryl. All of these women participated in my interviews. Jade had been there ten years, Dawn had been in the program seven years, Sheryl had been at the program for one year and Mel had just begun.

The staff met regularly once a week to discuss issues and concerns. They also met regularly with the school staff to discuss common concerns and strategies. Other informal meetings might occur at the beginning of the year when new families were starting or at other times as necessary.

The *institution-based centre* was part of an agency which delivered several different programs and this institution had been helping children for many years. A wide range of childcare options were offered. The daycare centre provided care for preschool-aged children. Other programs were available for children needing out-of-school care, and infant care became available when the Board became aware of the community's need. The daycare met the needs of working families, and was open from 7:30 a.m. to 5:30 p.m. There was space for

twelve children under eighteen months, though only eleven spots were filled when I observed. There were usually three caregivers working with the babies, with a qualified supervisor who sometimes helped out when a caregiver was away or sick. Of the three caregivers, one was an infant-toddler educator and the other two were early childhood educators without their infant-toddler specialty. Lynn, one of my participants, was the infant-toddler educator and has been with the program for a year and a half.

In this program staff met once a month after work hours. These meetings were 1.5 hours. Caregivers worked an eight and a half hour day with a half hour off for lunch.

When children were eighteen months they moved to the toddler program. The caregiver remained with her program and did not move programs with the children.

Primary caregiving was done a bit differently in this setting. Each caregiver had four families with which they communicated[7]. They had evolved a system where all the diapers of twelve babies were to be changed at set intervals in the day; this task was rotated among the caregivers. Meal time was also a task that was rotated among the staff.

The *college-based infant centre* was part of the child care services for staff and students. The program was established to meet the needs of students and staff who had a difficult time finding childcare. The centre with three to five year old children was established first. The age limits were extended to include toddlers and infants when the demand grew. When I observed, they had six babies under eighteen months, with two caregivers and a regular part-time person who came in at lunch. As this centre was a component of a larger childcare complex, the administration was done by a director.

Each staff person cared for three babies, and was very conscious of feeding and diapering the babies for whom she was responsible. They are very concerned about maintaining a primary caregiving system here. Both caregivers

[7] The BC Child Care regulations call for a 4:1 ratio, and this centre was in compliance with this ratio. The other centres had decided to have a lower ratio of 3:1, which is suggested by the BC regulations (see Appendix C).

are infant-toddler educators. Rachel who spoke with me has been with the program for five years, either full time or part-time.

The staff met once a month or more often, at closing time for an hour. Staff were not paid for this meeting time, but they took an hour off in lieu of pay. The centre was open from 8 a.m. to 5 p.m., with staff working a seven hour day including an hour's unpaid lunch break and two paid coffee breaks. The centre closed for eight weeks in the summer.

There was a separate program for toddlers and as this program had its own staff, the babies had to make a transition to new staff and surroundings. Their primary caregiver would take them to the new room for visits before the actual move in an effort to make the transition gradual.

The *work-site infant centre* in the downtown core cared for twelve babies under eighteen months. The staff was comprised of four caregivers, and one of the caregivers was also the supervisor. There was a regular substitute to free the supervisor to do her administration work. Several parents worked close by and could drop by at lunch or coffee break to visit their babies.

This program served babies up to eighteen months old. After that, parents found a new program for their children. This program wanted to keep the children longer, but had found that its space can only accommodate the twelve babies. Staff were paid for a seven hour day and worked a seven hour and twenty-two minute day so that they could each have a day off each month. They had a regular substitute who came in to provide consistent care. The hours of the centre were 8 a.m. to 5 p.m.

The staff were infant-toddler educators, and Mary had been with the program for ten years. The staff met every other week for two hours. They were paid for this meeting, as it was after work hours.

Although the variations in the centres' contexts were not initially my primary concern, during the interviews it became clear that the contexts themselves created conditions that affected the caregivers and their caregiving. The working environment clearly influenced the caregiver's experience and stories thus I have addressed it more fully.

Personnel in each centre structured and organized time differently. The institution-based program had the longest hours as the parents needed that time, while the school based program operated the shortest number of hours as they followed the school day. In each centre, there was time for meeting and debriefing as a staff. The school-based infant centre, where the babies had left by 3:30 p.m., was unique in having ample time to debrief problems or issues as they arose. While each program did have some meeting time set aside for staff, commitments to meeting and discussion differed.

The Caregivers

The infant-toddler educators who participated in this study—Mary, Lynn, Rachel, Dawn, Jade, Mel, and Sheryl—were a varied group in terms of age, education, and experience. Yet all were licensed infant-toddler educators and committed to the work that they did. As there were no male caregivers working with infants, I was unable to include a male perspective. This is consistent with the national statistics, which find 98% of the teaching staff in day care centres are women (Doherty et al., 2000). It would have been valuable to include the voice of a male caregiver, but males who do work in the field almost always work with preschoolers or older children.

Gender aside, this group was not particularly representative of infant-toddler caregivers. The national picture of caregivers as reported in the Canada-wide study on wages, working conditions and practices in child care centres, *You bet I care!* (Doherty et al., 2000) indicates that 71% of all staff are holders of a one, two, or three year ECCE certificate. An ECCE-related B.A. or higher degree was reported by 11% of the staff. Three of the seven (43%) in my study's group had an ECCE-related B.A., and all seven (100%) had at least a two year certificate.

I enjoyed talking with the caregivers; everyone was willing and seemed eager to talk with me. Because I was an insider, and known to the caregivers, they knew that I understood and valued their work. Because the work of looking after infants and toddlers is often ignored or dismissed in the wider community, there are not many opportunities beyond the work setting to discuss the work of caring for babies.

Each caregiver had many thoughtful comments about her work. During each discussion our conversation covered many aspects of caring for children. I also found that, on dwelling with the data, each caregiver had emphasized a particular aspect of caregiving.

Each of the four most experienced caregivers has more than five years experience with babies, and has at least ten years experience in early childhood education overall. These women were articulate and thoughtful about their jobs. As I observed them in their settings, I found each had her own style of being present and responsive to the infants in her care. Each of their narratives represents a different style of reflection, perspective, and framing of practice. Bowman (1994) says, "I suspect we need to investigate further the different styles by which teachers profitably reflect on their work" (p. 213).

Mary: Knowing Self

Mary had worked with babies for ten years, but her experience with other age groups and settings was limited. She worked in the work-site centre which had been her practicum placement as a student. The program had supported her as she matured into a thoughtful caregiver.

During these years, she learned about herself and her own rhythms. While this might appear obvious, not everyone develops this self awareness. Self knowledge is crucial in relationships. Knowing herself, she was better able to have a balanced and consistent relationship with babies and families while maintaining her own balance (Yelland, 2000).

To be in a healthy relationship with other people requires having a healthy relationship with one's self. Self awareness means having "an inner representation of a self that is doing this in relation to other selves" (Jordan, Kaplan, Miller, Stiver & Surrey, 1991, p. 17). When I asked Mary what she had learned from her work over the years that she had not learned in school, she answered:

> Wow, I guess it is learning to deal with yourself. I guess there is a little bit of that in the [ECE] program, but certainly over the years working here I have learned how much better to deal with my own stress and be a lot more relaxed. I know they talk about that a bit. That has been a big one for me. My first few years I would need every

> sick day that I had and I would be tired all the time and I guess now I can just be more objective and not get caught up in every thing. I have a lot more energy.

Some of what Mary had learned may sound simple, but this learning is usually difficult to enact. She paid attention to taking care of herself physically:

> You need support systems and you do need breaks. You need lots of rest, you need to keep yourself healthy and you need to eat well. That is where your stamina comes from. You need lots of exercise and fresh air. You need all these things. It is such a demanding job. It is very enjoyable as well, but you know the main thing is you need to have the energy for these children because if you don't have that you are not being fair to them. They need that from you, they deserve that.

Mary talked in terms of physical well-being, but her reasoning spoke of her commitment to children. Children deserve good care; they deserve a caregiver who is at her best. She set high standards for herself. When she was relaxed, so were the babies. She said "they certainly read our reactions and emotions very well."

At first Mary found the work difficult and "would get stressed out pretty easily". She was nineteen when she began, and worked with women who were older. She observed the other staff who helped her and gave her support. Now she conducts herself with a sense of confidence which helps to put parents at ease. She empathizes with parents' difficulty as they begin daycare with their baby, saying:

> I try to be there, you know, open and flexible. If they have any questions I always say when they start, you know, "Any time you want to talk about anything give me a call, or we can arrange a meeting". At first they are not too sure about how I am going to be, because I look so young and inexperienced. Now that I have been here for this many years, a lot of them are feeling, "It's okay, she'll be all right. My baby will be all right." We usually have pretty good relationships. I try to make them feel comfortable. I have a certain way of introducing them to the centre and we talk about how I am going to make their baby feel much more comfortable with doing routines the same way they do. When they first start they know what comes next and that puts them at ease, and I think knowing that they can phone or come by any time really helps them too.

Mary discussed self-care as critical to her understanding of and coping with her job. Focusing on herself and her emotional and physical needs, she has learned to understand and trust herself. Other caregivers with whom I spoke have echoed her thoughts about self-care.

Understanding of self and how to care for one's self is essential in being able to form and maintain good relationships. Mahoney (1996) says, "presence with others both requires and deepens a presence with self" (p. 134). Caregivers who use this opportunity to deepen their sense of themselves gain a sureness in relating to families and babies; they have a self to share with others rather than being dependent on others to define them (Kegan, 1982).

Being self aware and knowing how to keep working at one's best requires experience and a mindful attitude. Awareness of physical needs extends to knowledge of what one needs on the mental, emotional, and spiritual levels as well.

Rachel: Always Learning

Echoing a number of Mary's thoughts, Rachel (another caregiver with experience) said, "I remember when I first started I had this feeling in my stomach, you know, I don't know what to do, I don't know what to do! And then eventually you learn to trust yourself and you learn to read your own cues."

Rachel had spent the last few years substituting and working in different settings, as she balanced work with going to school. She worked at the *college-based program* which supported her return to get her BA in Child and Youth Care. She had done several Resources for Infant Educarers training courses and had spoken locally to caregivers about Magda Gerber's (1979) philosophy and work. In the field for seventeen years, she had worked with infants and toddlers for ten years with a variety of experiences working in infant centres. Despite her different field experiences, she says "the core of how I react to children is still the same."

During our discussions Rachel commented on the length of time (over ten years) she has worked with children, "It is really hard for me to think it was that long. For me, it's not that long, because each time I learned something new it

was like a completely new experience for me." Each new job offered her new information and new knowledge. At different points, she took another course or workshop which would give her even more on which to reflect. "I think that what really transformed me was the second year of my early childhood education [training], my special needs and under-threes courses. That really shifted the focus for me; under-threes really shifted."

It was with the infant-toddler course that Rachel found the work that truly called her. While taking her infant-toddler course she began to work in a toddler program where "I was able to take theory and just apply it right into practice and I had good modeling… so that was good." She had enjoyed working with preschool children, but with the toddlers she found there was "a spark". With this age group she felt comfortable and she loved "their energy and wonder." She went on to take her Resources for Infant Educarers' training and found "the spark was even brighter for me with infants."

She continued with a focus on under-threes, taking workshops in RIE with Magda Gerber and working in the field with this age group. Eventually she felt she needed to attend university: "I felt something was missing for me. And I needed to go back and do more theory."

Going back to university, Rachel was exposed to further theories and ideas. Because she had been in the field and had years of practice, she could examine these theories in light of her experiences. She began to see "how theory fits in with practice". Before she "never took the time" and now she had the time to read and think. She was developing a critical stance; she could see theories in a more critical light. She alternated between theory and practice, saying it was important for her to "go back and forth between them [theory and practice]. You really have to have the two to get the whole picture. For me, I do."

Her experience in university had given her a wider perspective and she felt that she "is coming from a different base now. Now I'm observing more and I'm seeing different things. I'm just really enjoying the knowledge and being able to apply the knowledge. Beyond application now to critiquing, saying 'I don't know if I really buy that whole thing' or 'Oh, my gosh, it's really true!'." She said she

could now discuss issues on an "extended level" and had had a chance to examine the research in her field.

Rachel had an opportunity in her program to look more deeply at the theories and skills of child care, such as issues of attachment, cultural influences, interpersonal communication. She had had an opportunity to question and reflect on herself and her own beliefs. Discussing attachment and the importance of acknowledging a child's leave taking she looked at her own practice and had found an area for scrutiny,

> Yes, there are rituals to say good bye [to children leaving the program]. We always give them a little book and give the mom a little gift. We always get to choose the book because you know what the child and parent would appreciate and that type of thing. And I realize I always schedule an early day for that day or like I'll make lunches or do something like that so that I don't have to deal with the actual good-byes. Like when the parents come in in the morning, I'll say my good-byes to them then… So now I'm thinking, "So what's behind that?" … Now I have the opportunity to deeply reflect on it and...[she found]...in our family, it was always encouraged to never look back.

Rachel went on to discuss her understanding of patterns which worked at one point in her life and her growing awareness of the limitations they placed on her in providing good care for the babies in her care. Self knowledge grew with her integration of theoretical knowledge.

When she went back to university, she was wondering if she should try another type of work since she had been caregiving for so long. However, she commented,

> Now I've finished and I've realized that that's my total heart and passion (working with babies and toddlers). I can see myself not necessarily working in daycare until I'm sixty-five, I mean physically, I don't think I could do it. But, mentally and in my heart, I know that I will always be with babies or with toddlers.

Education had been a way for her to keep focused on her passion. It had kept alive her relationship with her practice. Within this relationship, Rachel had continued to grow and learn; mind and heart informed each other and theory and practice were intertwined. She is a reflective practitioner in the sense of Schon (1991), as she was "reflect[ing] on the understandings already built into

the skillful actions of everyday practice" (p. 5). Viewing new experiences and education as a way to keep learning and reflecting on her practice, Rachel has kept her love of the work alive and dynamic.

Dawn: Dealing with the Sensual

Dawn had been at the school-based program for seven years, bringing with her experiences with other age groups and in other settings. Speaking with her hands and her face alight, Dawn described the softness and the physicality of infants.

Though other caregivers mentioned the physical dimension of the work, Dawn stressed it. Babies must be touched to be changed and fed. To feel loved and cared for, they need to be touched. As Reite (1990) has written, "Touch appears to be an important part of the initial establishment of attachment bonds, especially in young organisms" (p. 218). As Ashley Montagu (1971) tells us, the skin covers us like a "cloak" and is "the first medium of communication". While touch is important to all of us, we often ignore it. The nonverbal and intuitive information which we receive from our sense of touch arrives constantly. Greenough (1990) notes "we can deprive an animal of most sound and all vision, but how do you deprive an animal of touch" (p. 119)?

Touch and the sensuous aspects of the practice seemed to frame much of Dawn's thinking about her work. She said, "The tactile carries so much emotion and experience through our fingers and our bodies. We carry so much energy through our bodies to touch other people; it's amazing what you can heal and soften." This is similar to Jean Vanier's (1998) comment "When we begin to listen to our bodies, we begin to listen to reality through our own experiences, we begin to trust our intuition, our hearts" (p. 25).

Dawn liked the softness of the babies, not only their physical softness, but their openness to the world, as contrasted with older children, "where the older kids get so manipulated by society, school and that sort of stuff." Images of softness and contact abounded in my discussions with her: she used the word "softness" often and words like "intimacy", "mothering", "heal and soften", and "feel right".

Babies need touch and we need to touch them. The fear of the accusation of child abuse has silenced us regarding the pleasures and power of touch (Farquhar, 2000; Tobin, 1997). Touch is the only directly reciprocal sense we have, the sense that when we touch someone, we know they feel it and we feel it. Abram (1996) reminds us that "to touch is also to feel oneself being touched, that to see is also to feel oneself seen"(p. 69).

Dawn learned she needed to "go slow"; in a sense, she needed to gentle her tempo in response to babies. She said she would tell someone entering the field "you learn as you go along and trust in yourself and slow down." She spoke of the dance of caring for the baby and the parents. Throughout our discussion Dawn used words like "dance" or "a little dance". She spoke of infants learning "by the feel, by their instincts" and of the "push-pull" of the work. Physical metaphors abounded in Dawn's conversation: "I love the movements, the eye contacts, the growing. Wow, I can have a hand in helping to develop caring and love. I think it starts so early and that's what I really love about it."

Dawn's own awareness of her sensual perceptions heightened her awareness of the sensuality of the infants. Her own emphasis on touch and movement was echoed in the babies and their explorations of the world. She said, "The infants are learning social skills, like touching and feeling, and doing the instinctual stuff. The younger ones are just learning by the feel, by their instincts, they don't get impressions from society yet, saying how to do things, it's more inner." She felt she resonated with and understood a baby's approach to the world.

Her own sensitivity to emotions was expressed physically. She felt her emotions intensely and bodily. Talking openly of the sadness she experienced watching children leave, she said, "It's very hard to say good-bye. I'm always bawling." Tension was something to be felt and transferred. She said about the babies: "They feel so much that if there is a tension between the mother and the caregiver the baby feels that. It will transfer from the mother as well as from me."

Dawn was aware of her own sensuality, and she trusted the information that she received through touch and her other senses. She acknowledged

listening to both her body and mind in her work. When I asked if she preferred infants or toddlers she said, “I think at different times I prefer one group or the other. It depends on where my body is at or my mind is at.” She connected with both parents and babies with touch. Working with young mothers she has found that she can communicate more fully with a mom when there is a physical connection, e. g., a hand on her arm or a hug when needed. She explained that:

> It is hard to let your mind wander and go somewhere else when you’re connected at the physical level. So for me, that is the place I know I’m touching them, because you’ve got that body connection, as well as, the mind connection. Someone’s mind can’t be wandering, because they’re connected to you. It’s the same with children. Touch their feet, or anywhere.

Silin (1991) argues that ”the road to combating moral panics… begins with knowing about the importance of touch in early care settings” (p. 231). The world of the senses is important to Dawn. Aware of connecting with others through the metaphors of touch, she used touch as well to make literal connections. Dawn felt that touch for young children sets boundaries, “our world, our space is so big that kind of closeness brings it together, it’s safe. It brings safety into it.” Aware of the importance of boundaries, she found that the team helped her to define her boundaries: “the team makes it safe for me”.

When work was too overwhelming, “I talk about it with the staff. I do a lot of talking about it. And I’ve learned to let it go where I work. There is a little ritual I do in the car and I kind of let it all go and I release my body. I still think about it, but I let the heavy stuff go.”

Through her senses, Dawn had experienced and enjoyed the children. Her sensual appreciation had attuned her to the needs of the children. She expressed the meaning she found in the work through a physical metaphor:

> I really like the bonds that you build. That’s incredible. It’s so amazing, especially if you are able to work with a child for two years; the attachment that happens is just amazing that you build with the child and the family. It’s just amazing. It’s incredible. It’s very strong. It’s sad to see them go. That whole feeling of unconditional caring and love and knowing that, you know, if I can give him a really neat touch during the day at some point they’ll remember that one touch and maybe teach them that life is really cool…or something….Even if

> I gave them that feeling of a special place, a feeling of warmth. That's neat."

Touch is a difficult topic to bring forward, with the fear of the abuse of touch very close to the surface in North American culture. Oxenhandler (2001) has written about this dilemma in the *Eros of Parenthood,* as has Tobin (1997) in *Making a Place for Pleasure in Early Childhood*. Dawn, along with these two authors, challenges us to openly acknowledge the pleasure of physical contact with children.

All the caregivers agreed that the physical closeness of working with infants was enjoyable. Jade says, "the favourite part of my job is cuddling with the babies." Rachel describes the touching of babies as being about hands. "Hands. Everything is about that. I'm going to pick you up, I'm going to feed you, I'm going to give you a bottle, I'm going to diaper you, I'm going to sit with you, I'm going to hold you. It's hands."

Jade: Philosophy and Intuition

In her tenth year at a school-based infant centre, Jade had worked the longest of all the caregivers with both babies and older children. She had evolved a particularly philosophical and spiritual approach to her work. Her philosophy of life permeated her discussion of babies. Believing that each child had something to teach her, Jade worked hard to connect with each one.

We spoke of how she had felt when she first worked with babies and how she was feeling at the beginning of her tenth year. She commented:

> I find it quite different now than when I first started. When I first started it was a discovery: not knowing and trying to figure it out. But I think with not having had a lot of experience it was really hard to figure out sometimes what it was I wasn't getting; whereas now I feel much more confident. There's a variety of things you can go for and you can usually find it pretty easily. If it's being wrapped up tight in a blanket or it's not being wrapped up tight in a blanket. Different temperatures in a bottle, the distraction of other people or there's certain things now that are really clear like there's this baby I have now that it's obvious that he's so sensitive. The texture of the rug, if he rolls off the blanket, bothers him. Other babies' cries bother him, so he's just real sensitive. I think in the past it would have taken me a long time, they all look the same. I wouldn't have known which was which, but now I

> think I am getting it and it has only been a week ***[since she has had this very sensitive baby].***

I had observed her with the baby she is describing. I have included it here, as it illustrates so well what Jade was saying. Comparison was not the purpose of the observations, but I had especially noted this baby and had asked Jade about him

> From my journal October 6, 1999. (Ra is eight months old).
>
> Ra goes to Jade fussing. Jade explains she will put Sal down and get his blanket for him. She puts Sal down and goes to get Ra's blanket and bottle. "Ra, here's your blanket. I have your bottle. You know what that means."
>
> She wraps him up in the blanket and then drapes a cloth around his face as she rocks in the rocker and feeds him a bottle. He is quiet and peaceful.
>
> ASIDE: Jade explained to me that she had noticed that Ra liked to feel things. He rubbed his face, hands, head on many different textures; he loved to roll up in the sheepskin. When he went to sleep he liked to have a cloth in his hand and rub it on his face. One time he had a terry cloth bib on and she went to get a baby who had woken up and so she said, "I will get so-and-so and be back to feed you." She came back to see he had fallen asleep with the bib pulled over his face. Now she wraps him as he likes to feel snug, and then she drapes a cloth around the side of his face. She likes to see his face as he falls asleep. She had observed all of this in the first two weeks.

As all the other caregivers did, Jade focuses on the relationships: "You want to make this connection, make it work…I think it's easier to do over the years." She went on to say that the connection "goes both ways. Once you have that connection you are getting all this stuff. It's definitely not one-sided." In a similar vein, the philosopher and theologian Jean Vanier (1998) says that "the process of teaching and learning, of communication, involves movement, back and forth: the one who is healed and the one who is healing constantly change places" (p. 25).

Speaking with her regarding children with whom it is difficult to connect, she says,

> I think it is your personality, their personality, the child and the whole bigger picture. But difficult is a funny word. It is difficult only in that you have to find a way that takes more energy than another child for you, because this is something you need to work with. But I wouldn't take one child and say, "This is an extremely difficult child for anyone." That is not necessarily the case. It might be a difficult one for you and quite easy for someone else. Think of a high-pitched scream that might bounce off the walls and may not bother someone else at all. And that may be the one thing that is hard for you to deal with. Maybe some other little thing that a child does drives them crazy doesn't bother you at all. So difficulty is according to the person, I think.

Counting on experience to help her connect, Jade also pays more attention to her intuition and her sense of the dimensions beyond the verbal. She is open to hearing what a child or family tell her beyond the words of conversation. Regarding intuition, she says:

> I think the more you know yourself and the more open you are the more open the channel is for that to come through. I'm not really sure of the source of it, but I think the more cluttered you are with your own stuff, the less able you are to use it. I think everyone has it. But not everyone can utilize it or believe in it or trust it. Years ago, I think that was where I was at. Now it's like, it has worked for me enough times that I am quite confident I don't have to figure it out. When it comes, I'll go with it, because it usually is right, if it is a flow.

She feels that accumulated experience strengthens intuition, "it sits there and I can probably tap into more of my intuition based on accumulated experience than I could have done at one time." Looking more closely at the notion of intuition Jade says, "Where does it come from? Philosophically, I don't know if it's from a greater source and you are just more open to let it through. Does that make sense?" Jade trusts a process which is based on knowing herself, her experience, and her emotional memory (Goleman, 1998); she has transcended the "rational" for a process she has difficulty naming.

Jade has not thought in terms of generalities and judgments, but rather in terms of deeper, broader, more philosophical meanings. She has wondered how what she does fits into a greater scheme, and what meanings particular

difficulties have in her life. Working to connect with her babies and her parents, she has remained aware that her efforts may not always succeed. For example, she said,

> There is always something there that you can connect to… there is always something. So to me, if you can't find that something then maybe you shouldn't be in the realm of that person's reality. Because there is always something. The challenge is to find it. It's kind of sad when you don't, but then it's okay, but you think, okay, maybe it's not for you to be the key to open the door… there are lots of people in the world, maybe someone else is the key. You've got to believe that or it will be too sad.

At times, Jade has realized that she must assume roles that did not fit comfortably to accomplish her goals. She has preferred to let relationships unfold, but one year she was faced with a rapid succession of babies and mothers:

> One of the things, for me, that I have learned, because every year has brought its own lessons, and, I think, there was a year or two that there was a lot of turnover for me in moms and children and staff. It just kept on and I kept thinking, "What is this about?" To attach and have to let go each day was really hard. But I finally came to the conclusion that it's about life is too short to take too long to make the attachment. And I realized I might only have a short time and I want to be as effective as I can. So I learned to move the attachment much faster, so that if they're only here a month, at least, there's something there, like I'm not going to take my time and sit back and wait because I might not be able to.

Each situation and relationship has offered a lesson and its own opportunity to develop wisdom, to which Jade has tried to remain open. Being open means to remove the "clutter" of "your own stuff". This is similar to Palmer (1983) and Nouwen's (1975) notions of hospitality and welcoming other people with openness; each child, student, client comes with a gift and a promise that can be missed if not attended to (Palmer, 1983). Jade remained open and receptive to each encounter and the lessons embedded therein. She would agree that the babies and families are "like guests who honor the house with their visit and will not leave it without having made their own contribution" (Nouwen, 1975, p. 89).

Jade's belief that she is there to "make a difference" has guided her. It has been a tricky balance, "because it is the whole big picture and the immediate moment to moment. And I think the balance of that takes a long time to get." How one feels at the end of the day can alert one to being in or out of balance. Jade supports Nouwen's observation that "to help, to serve, to care, to guide, to heal, these words were all used to express a reaching out toward our neighbor whereby we perceive life as a gift not to possess but to share" (Nouwen, 1975, p. 109) when she says:

> Do you feel like you're frustrated or do you feel like you have put in a good day that you have accomplished something—not in a task way—but has the day been a bit better along the way for someone because of who you are and what you've put into the day? So if you've had a lot of days where that isn't happening, then I'd really have to look at "Hey, I think I'm missing the big picture." When you get the big picture, I think, you do get that…that you did what you could. Every time I say that it sounds like I'm task oriented and it's not that. Like, if you could give out in the day, and feel okay for yourself at the end of the day for what you've given out of yourself; where if it has all been full of negativity or anger or judgment then you're not going to feel good at the end of the day. And sometimes you do need the debriefing with the staff to get rid of all that stuff so you can start the next day feeling good. That's the now. The bigger picture is that it makes a difference in the long run, that you make a difference in this world, somehow. That's the real big picture. That your life makes a difference to the world. But that's so big.

Over the years from her experience, Jade has developed a philosophy of work that fits in with a philosophy of life. Mary, Dawn, and Rachel have all reflected over time and developed their own unique understandings of their work. The other three were as articulate and thoughtful, but with less experience with babies, were more tentative in their thoughts and actions.

Sheryl: "Staying Calm"

Sheryl has her B.A. in Child and Youth Care, and at the time of this study had recently finished her practicum for her under-three certificate. She had a wide variety of experiences with children, and recently, had been working with children with diverse abilities. Although at her present job for less than a year, she had had experience with babies in other settings.

Her first experience with primary caregiving had been distressing, and she was not an advocate of the RIE philosophy (Gerber & Johnson, 1998) until her present job. She had worked in a centre that had followed the RIE philosophy and had concerns and questions of what they did. She explained that:

> I was just asking and questioning, like "why do you believe that?" They wouldn't give an answer that would really fit with what I had in mind. For instance, I know when I worked there they would put the babies to sleep. If they cried you weren't supposed to pick them up, because you knew they were tired. So you would have babies in the sleep room with other babies that were already sleeping, wailing away and they didn't want you to pick up this child. And to me, this was just heartbreaking. So I would ask and ask and I guess they got tired of that. And then they would say, we don't do things to babies they can't get out of themselves, like highchairs, or the strollers or whatever, but they would wrap the babies up to hold them in their blankets. I said, well, aren't you going against what you believe in, because you're wrapping them up, they can't get out of the blanket. They couldn't explain that.

When Sheryl left that job they told her she wasn't suited to the work, which was "heartbreaking, because I really enjoyed working with the babies". Fortunately, she found that not all centres were the same. She found places where she was comfortable and says, "I felt I could be myself and I wasn't walking on eggshells. I could just do it. I would still watch the other people caregiving, but I felt so much more comfortable, so much more okay, I'm caregiving!"

Sheryl did think about the interactions she saw and the discussions she had, and did ask questions. She also asked me questions, and I always looked forward to them. When I went to her centre, the school-based program, to observe, she would share the thoughts she had had since our previous discussion. On November 17, I noted that Sheryl had been thinking, about the nature of the attachment that a caregiver has with an infant. She wondered if we could call it "professional attachment". We discussed ideas concerning attachment and wondered how one might differentiate between the attachment a parent has and the attachment a caregiver has. Eventually, she dismissed the discussion with "it all becomes word play". Sheryl was interested in what appeared to work. At university she had found that "there was so much theory, what you see on

paper and what you actually do may be two different things." She found she could not work from a chosen theory, what has guided her has been "what works for you and that is what you go for."

As Mary has, Sheryl has taken a pragmatic approach to care for babies. She mentioned several times, "I try to be calm with the kids" or "I stay calm by knowing that I'm doing the best that I can". This, of course, is not easy at times when two babies simultaneously needed attention. She has known that staying calm is ultimately calming for the babies, stating "I have to be more realistic of what I can do. Not do everything at once and take one step at a time."

Echoing Mary, Sheryl has been defining and discovering her own needs to maintain balance. As Dawn has found, Sheryl knew she had to slow down and relax. She said, "I think that sometimes if you're not conscious of it, if you do try to meet everyone's needs at the same time; you're so anxious about meeting everyone's needs that they become anxious; so why not relax, so they can relax?"

Lynn: "Stepping Out of the Schedule"

Lynn reiterated Sheryl's comment in mentioning: "the calmer you are, it tends to bring the room down." Lynn had been at the institution-based centre for a little over a year when I spoke with her. Of all the caregivers, she was the most recent graduate from an ECE program. In her work setting, she was the only one (apart from the supervisor) with an under-three certificate. Lynn had also done the first level of RIE training and was very impressed with Magda Gerber (1979) and her ideas. However, in her job setting she had not yet been able to implement Gerber's philosophy as she might have wished.

Lynn reminded me of the importance of the team. She has been working with two very different caregivers, neither of whom have an infant/toddler certificate. As a staff, they have had little time to meet and discuss their beliefs and the program's philosophy. This has been challenging for Lynn, as she is enthusiastic about her work with babies and feels a commitment to doing an excellent job. As a new worker in the field, she has wanted to connect with others who share her enthusiasm: "Sometimes I just want to scream, because nobody seems to know where I'm coming from."

Not finding connections at work, Lynn has turned to the local professional association, but has been frustrated by its focus on preschool children. She has wanted to meet "other infant/toddler caregivers working in the area I am working in now, to connect." She has felt the frustrations of this work and has sought a forum to "find out how they cope and things like that."

In her setting, routines and policies have become directives for the work. This has created frustration:

> We have a case where the dad is going to school and the mom is working. So who comes when the child is sick? Do you miss school or do you take the time off work? And in most cases it is the parent who is attending school and then they get behind in their classes and they get frustrated with the doctors and staff, but what can we do? We have policies and they have to be met for the safety of all the children and the staff can't afford to be sick. It's frustrating, but that is part of the job.

Lynn knows they need to have "the flexibility of stepping out of the schedule in order to calm things down", but in the setting where she works it is difficult.

Mel: Just Beginning

Mel had been working at the school-based infant program for about a month when we talked. Previously, she had worked for seven years in a daycare centre with three to five year olds, but this was her first job in an infant program. As Mary, she had learned to take care of herself: "eat right and well, sleep well, keep fit, it's really a lot. You don't think of it being difficult, either, but it is." She acknowledged that it is a big change working with the infants and toddlers, "a big change." She also stated, "You have to be really flexible and you have to really be good at reading what's going on, really good at observing where they're at and what they need."

Mel eases into the job by using her powers of observation: "I sit back and watch and I wait for them to feel okay, wait for them to be familiar with me." She has enjoyed watching the children: "I like watching them figure things out. That's what I like to watch. I like all sorts of stuff. It's how they interact with each

other, how they build little friendships with each other. I like watching them interact, I think it's great."

Mel has used observation to gain understanding of the children and to discover how the centre operated. She commented, "You get that (understanding) through observing, to see how they work as a team and how to fit into the team." Mel watched her co-workers carefully to be able to participate in a helpful, attuned manner. In taking the time to observe the flow of the day, rather than immediately rushing in, Mel felt the acceptance of her co-workers.

Tapping My Own Experience

I was informed by my own experiences and perceptions of the work of daycare as I listened to the caregivers. Their stories and reflections triggered my own memories of working with babies and their families, and at times I believed I could read between the lines. I knew how much easier it was to hold a crying baby when I was rested and peaceful myself. I understood the physical connection with the work, and the connection needed with co-workers. My own memories may also have limited me as I listened to their stories. The philosopher Michael Polanyi (1958) wrote, "For, as human beings, we must inevitably see the universe from a centre lying within ourselves and speak about it in terms of a human language shaped by the exigencies of human discourse" (p. 3). However, I believe the trust and rapport created by my comprehension of the work outweighed the possible limitations of my listening as an insider.

Each woman was multi-faceted and multi-dimensional in her understandings of her work. Each caregiver had been thoughtful about daycare, and highlighted the meanings she took from her work and its difficulties and rewards, while arriving at her own understanding of the complexities of the work. For example, Lynn had difficulty with the women she worked with because they did not share her philosophy and this dissonance was one of the focuses of my conversations with her. I had known similar situations so I could go between my experience and hers. My experience gave me clues as to how she might be feeling and some of the issues she might be dealing with. I had to be

careful to not impose my reactions on hers, rather to use my experience to connect with her experience.

Caregivers who had less dissonant work environments had other concerns. I did ask everyone about teamwork and its function in their settings, but as a concept it had become background for those in settings where good teamwork was a given. I explored the physical, sensual nature of the work as this dimension emerged with Dawn more pervasively than with others who focused on some other aspect of the job. I understood her perspective as I had experienced the pleasure of holding an infant and watched the pleasure toddlers experienced as they moved and climbed. Each of my conversations flowed in the direction of a caregiver's interest or concern as I perceived it.

My experience allowed me access to an understanding of the situations of the caregivers and my reading and theoretical understanding gave me a place to reflect on that understanding. I tried to go back and forth between the narratives of the caregivers, my own experience, and the theoretical work I found of interest (see Chapter 2).

Extracting Broader Meanings

After conversations with these seven women, I began to see emerging patterns among them while also appreciating the differences among them. While the focus was most often on the babies' need for responsive relationship, I began to see a web of interconnections. The caregiver is in the centre of the web, watching the movement of the strands as she determines where to shift her focus and actions.

Relationship was a central issue for the caregivers. They all became animated and excited talking about the babies in their care. Their genuine care for babies was evident, and these relationships were bi-directional. As well, there were more relationships other than those with the infants. Studying more closely, I followed the threads of connected knowing and understanding which each caregiver considered, and their definitions of the connections with their work, families, each other, and themselves.

Relationship was a central issue for me as a researcher, as it had been when I was a caregiver myself. I previously knew five of the women I interviewed. My connection with these women was important to me, and I listened and responded carefully and respectfully. Having worked with children and beside caregivers, I understand the interrelated world, where lives overlap and intersect daily and intimately. At times I recognized my feelings. At other times, I was surprised by an insight which gave me another perspective on the work of caring for infants and toddlers. Jipson, Munro, Victor, Jones, and Freed-Rowland (1995) have written that "The knowledge I generate is not from findings or interpretation, but from recognition and understanding" (p.117). I have paid close attention to letting the words of the caregivers speak directly.

Relationship

"A baby cannot exist alone, but is essentially part of a relationship," according to Winnicott (1987). Babies are designed to interact with their caregivers, to enlist their help to survive. There has been much focus on how a responsive relationship contributes to healthy infant development (Ainsworth & Bell, 1977; Ainsworth et al., 1978; Howes et al., 1992, Howes & Smith, 1995). *From Neurons to Neighborhoods* (Shonkoff & Phillips, 2000), a recent study of the current developments in the field of early development, states that the "quality of care ultimately boils down to the quality of relationship between the child care provider or teacher and the child" (p. 314).

A relationship assumes the engagement of at least two people, and to be successful both people must be involved and committed. This encourages what Pikler (1979a) calls "a sound, reciprocal, close human relationship" (p. 100). The women I interviewed were both involved and committed.

A picture emerged of the layers of relationship involved in caregiving. The term "infant/toddler caregiver" suggests that this work is only about relationship with the baby. Yet babies have parents and other family members, and caregivers must also relate to these people. In addition, staff members working closely with each other during the day ideally must develop safe and supportive relationships among themselves. These interwoven layers of

connections often have competing pulls, and the strong relationship to one's self offers a balancing perspective to other relationships. Caregivers spoke about the various facets of these relationships and the possible tensions within them.

Being self aware, responding sensitively to the baby and parent, working harmoniously together with staff, all require skill and thoughtfulness, requiring trust in one's self and in one's co-workers. Responding consistently and appropriately to the baby will build the infant's trust in the caregiver. While one of the origins of the word trust is "faithfulness" (Fowler & Fowler, 1964), one could ask in whom to put one's faith? The caregiver is in a critical position and must be reliable, attuned, and responsive to children, parents, and her work place. She must be able to rely on both her co-workers and herself.

Juggling different relationships includes remaining open to others' points of view while establishing trust, and this can create tensions. Staying open and alive to these tensions is part of the job for many of these women, and there are no *a priori* solutions. Manning (1992) reminds us, "We shouldn't forget that our primary responsibility is to care for. If this means that we are often unsure about just what to do, then we must live with this uncertainty. Discovering what to do requires that we listen carefully to the ones cared for" (p. 53).

It takes skill to develop a baby's trust and to build a foundation of trust with staff and parents. With empathy, caregivers try to see the perspective of the people with whom they work and to appreciate other points of view. This takes openness, vulnerability, thought, and experience.

Building trust also requires time: time for reflection, time to connect with infants, and time to meet with other staff members. The model of primary caregiving includes the time necessary for building relationships. A caregiver's attention is focused upon the babies and parents within her care: while this does not address the entire picture, it is a move towards generating deeper relationships.

Primary Caregiving: Focusing on Relationship

In the first interviews, I asked the caregivers about the contrasts between working with preschoolers and infants. All but one of the caregivers had

previously worked with preschoolers (ages three years to five years), as well as with children under three years of age. All said they preferred the intimate way of working with the infants because it encouraged deeper relationships. In a recent Canada-wide study on day care the authors commented that, "Ninety-five percent of teachers and nearly as many directors told us that working with children is what keeps them in the job" (Doherty et al., 2000, p. 172).

Lynn preferred the youngest age group to the older group. Lynn said she had done some work in preschools, but:

> I definitely prefer infants, then toddlers, then pre-school. Preschoolers are just too chatty. They are just too talkative. I like to see them learn the language, learn all those milestones of a one year old and then up to a toddler. They are still learning to talk, they are still sweet. I prefer the young ones, the babies.

Lynn focused on their "baby-ness" as the important factor in her choice of infants over preschoolers.

Others noted the intimacy of working closely with the same three infants as appealing. Each of these caregivers worked with three babies and their families. Mary said:

> Well, I did have a chance to work with the older ones. I guess I really prefer looking after the same three, the primary caregiving, rather than a large group, and you get to know them better, you get to work with the families more personally. It's just more personal; I like that aspect of it.

Others echoed this thought, for example, "But the three, that's who you are making connections with, the parents and the child. And three is much easier than a group daycare of twenty-five." Another person said, "but you're usually dealing with a bigger group, so you can't be as tuned in as you get to be as a primary caregiver." This focus on the same three babies allows an intimacy to develop between caregiver and child.

Mel had just begun working with babies and toddlers and contrasted this with her work with preschool children:

> You just have to take their cues and I'm just figuring that out. I kind of knew that before, but it's constant all day long. And everything is so much more flexible with the younger ones. I could find, like where I

> worked, everything was really school-like, everything was on a schedule and this happened at this time and you actually noticed lots of kids didn't really work that way either; who wants to stop when they're playing? Or they don't sit well or they're just a different type of child. That's what I mostly notice. It's really flexible. You have to be really flexible and you have to really be good at reading what's going on, really good at observing where they're at and what they need.

Rachel, who worked with preschoolers, was "so focused on the program. So when I got to work with under-threes, I was like, 'Wow, finally, I can just let them be who they want to be.'"

Recently I had a conversation with a practicum student I was teaching who echoed these thoughts. She had begun as a public school teacher. According to her, the curriculum is the main focus when you are working with school-age children. When she worked with preschool age children, she said she was relieved that the curriculum was less important, though the "tradition of school continues with this age group". With babies, she learned about, and enjoyed, following their leads. She felt she was being responsive, truly responsive, to each of their needs.

Working closely with three or four infants and their families allows for an intimacy which is challenging to develop within a larger group. The relationship has a depth which develops over time and proximity. Jade said, "For me without the depth, it is shallow, and it doesn't do it for me. It doesn't seem to serve a purpose for me. I need that depth."

These women enjoy and nurture the relationships they have; they find satisfaction in being involved with the lives of babies and families. These connections are the reward and the motivation for their work. Perhaps, as feminist psychologists from the Stone Center, Jordan et al. (1991), suggest, "feeling connected and in contact with another often allows us our most profound sense of personal meaning and reality" (p. 289). Jordan's colleague, Surrey, emphasizes that for women it "becomes as important to understand as to be understood or 'recognized' by others. It is equally paramount, but not yet emphasized, that women all through their lives feel the need to 'understand' the other—indeed, desire this as an essential part of their own motivating force" (p. 38). Intimate, close relationships bring the caregivers satisfaction and meaning.

The Relationship with the Baby

In relating to infants, good practice includes responsive caregiving (see Chapter 2 for an in-depth discussion). According to Rachel, the caregiving relationship is:

> a very reciprocal engagement. They know you are there; you know they are there and yet, they feel they know that they are able to do what their agenda is and when you want something of them, or if they want something of you, you connect.

Later she said,

> So much care is non-verbal, referring back to that attachment, I think people miss the subtleties of the attachment. It is maybe not demonstrated through language all the time. You know, they are not saying "I love you", but it is about a baby who maybe rolls over to the other side of the room and then quickly glances back at you. And you have in that glance, you are completely connected to them and they are completely connected to you. Then they move on and they go somewhere else. Or, just a glance, or a smile or a quick touch, that's all the attachment thing. It may not be a huge moment. It is a huge moment, but it is not a demonstrated overt moment.

Mel talked of "trust lines" connecting the babies with her:

> When you say there is that connection, I have always had that; you know where they are and what they are doing. I visualize an imaginary line connecting you from each one. It sounds weird. It is like a trust line. You can see it. Everyone knows where everyone is, eyes behind your head, that is the feeling.

Relationship is about connection and communication. Connection can elude the visible, and a great deal of communication may be nonverbal. While these qualities are not often quantifiable, they have a deeply felt veracity. To illustrate, Sheryl spoke of each baby's distinct cry:

> Each child has a different cry and different cries for different reasons. For instance, Guy, sometimes his cries are very intense, but the facial expression says something else than a hurt cry; they might be a frustrated cry. You have to know the child. That is what is hard when they first come. You don't know them. But once you get to know them, I think, I can gather what he needs when he is upset. Sometimes it is just a cry from a toy that is not working for them. And they cry and look at you. You can say, "I see that you are pretty frustrated" and they are

> still frustrated, but they keep doing what they are doing. Then there are other cries where they are just learning how to stand up and then all of a sudden it looks as though she wants to sit down and she's been standing for awhile and she's stuck. That might be another cry. I'll go, "Are you stuck?" She might want an offer of help or she may want you to know that she's stuck, but she doesn't want you to help her. Or it could be that she wants you to help her. So I'll offer it to her and see what they do. All cries are different.

Understanding an infant is complex. His/her personality, style of communicating, and intentions are contributing factors in building relationship. Empathy is necessary. Jade said, "I find it fascinating with the toddlers, some of them and their language is so.... I can just hear….she knows what she is saying, it's not her problem with communication; it is our problem. Because she's got it. I think, how long until we catch up?" Understanding the child's intense desire to communicate, Jade felt it was her responsibility to uncover what was already clear in the child's mind.

It can be frustrating when a caregiver is unable to understand what an infant's signals are trying to say. Caregivers react differently in these situations. Lynn knew that she needed to find out "what works for each one. There are some things which just don't work. It's all just getting to know the children and what's important to them." Her frustration was palpable when she said:

> Okay, I've diapered you, I've fed you, you don't want a drink so what can I give you? What do I do? One child, in particular, all those needs are met, or to the best we can meet them and they'll sit in your lap and scream. And then they'll start to kick. And you go, well, I don't need to be kicked by you. So I will set you down beside me and you can scream there if you want to. Then they'll just lay down there and kick and scream. Then all of a sudden after five to ten minutes, they have calmed down and we can carry on with what we were doing, which is usually "I'm going to sleep now because I'm exhausted."

On the other hand, Jade said of those moments of frustration:

> I try to be quiet and observant, allowing them to explore the world but being there if they need me. I try to follow their agenda. That's what I try to do. I value being mellow, quiet, observant, communicative, but at their need. I would find it really frustrating if I couldn't read their signals. Because they are trying to communicate and I am not getting

> it. That would feel as though I was not doing it. Like something wasn't right, I'm not getting it.

Lynn's frustration was understandable and many of us who have worked with children can relate to her feelings. Jade had taken another approach, and she felt it her responsibility to understand the baby's communication; if she did not "get it", she continued to puzzle over the failed communication without faulting the baby.

Successfully connecting with the children was a reward for each woman I talked with in this study. Mary said that "bonding with them and getting to know them well, I'd have to say that was the most and the best part of it—having the close relationship with them and their parents. It's just more personal." Dawn exclaimed, "I really like the bond that you build. It's incredible!" Jade said the reward is "a feeling. You feel connected and in that connection you can hear each other." Rachel spoke of her special attraction to working with babies, "It's the wonder for me; it's the hope of complete possibilities, like the unknown, the dream and the stars, the relationship, the whole attachment cycle is just so intense."

In its wholeness, a deep relationship with a baby can be both frustrating and rewarding. Lynn said, "There are a lot of frustrating moments, but overall there is the happiness, the joy, the opportunity to watch them grow, to teach them."

While at first glance, caregiving might appear to focus on the relationship with the babies, when looking deeper a web of connection is seen. Sheryl says, "They're not your family. They're not your children. But in the same sense, you are offering them care. There is no fine line, it's sort of like a weaving. There is no straight rule." Obviously, the web of professional caregiving is intricate. There are strands of connecting from caregiver to the baby and to the other caregivers and the other people in the baby's life.

The work of relationship asks caregivers to stay alive to complex and intricate demands. These caregivers must balance the pulls of three babies which may at times be equally strong. Ayers (1993) warns that when we accept theory as doctrine, we become "immunized against complexity" (p. 34). Schon (1987)

says of the practitioner's world, "in the swampy lowland, messy, confusing problems defy technical solutions" (p. 3). This weaving of relationships creates difficulties at times which defy simple or evident solutions.

Caring for the baby means developing a relationship with the parents, and caring for the baby requires the support of co-workers. Rachel said that "one of the difficulties is that parental relationship. But the other flip side about it is a real joy for me. I've worked with parents where it hasn't been a good start, it hasn't been great, and you have moved past that."

Relationships with Parents

All of the caregivers acknowledged that the connection with parents can be difficult to navigate. Jade said, "You welcome them all [babies and parents], but they [the parents] are more difficult. Not difficult, but finding the way to get to it. Parents can be a little bit more difficult only in that you've got to utilize everything. You've got to make it work."

Several years ago, Rachel brought primary caregiving into the toddler setting where she was the supervisor. Her staff was not convinced that this was a good idea. Over time they found that not only was it easier for the caregivers to relate more intimately with just four families, but the families themselves began to interact with each other in a more engaged manner. She observed that "Those parents immediately connected with the other parents [within their family grouping], because they knew the other children. It was easier as they only had to get to know four children." With just four families to relate to, caregivers had the opportunity to work through difficulties, leading to deeper relationships with the parents than they had experienced previously. Rachel explained that:

> Before primary caregiving you had a little tiff with Mrs. Jones and you could just avoid her for a week. You got someone else to talk to her. But here you can't. You go to her and she can't avoid you. The bottom line is that eventually you are going to have to connect with them. You're caring for their child.

Sheryl commented on the ease of talking with just three families "rather than having twenty per day." Enjoying the potential for deeper contact with each family, she was also clear that "you connect with them, but you are still

only, not only, but you are still the caregiver, not the parent." She worked with young parents and expressed a desire to find out more about the experience of being a young parent. She wanted to more clearly understand "the trials and tribulations of being a young parent."

Caregivers varied in their approaches to understanding the parental perspectives. Jade saw them as only somewhat challenging. Dawn sought to be, she says:

> respectful to the people I work with and to the children and the moms and caring, offering the things I can give, offer the intimacy of myself, my experiences, not that they are right, but just being able to offer that to them and just in some ways mother them in some ways, mother the whole idea, mother that you really care for them, and offer education.

Working in a young mothers' program, Dawn embraced the inherent difficulties by creating an image of mothering and nurturing. She saw herself as offering support and advice, but tried to maintain an awareness that it might not always be the correct advice.

In caring for babies, the caregivers often cared for the parents. They worked to bring feeling, empathy, and reflection to their relations with parents. They found it important to bring to the task of caring for parents what Ruddick (1989) describes as maternal thinking:

> feeling, thinking, and action are conceptually linked; feelings demand reflection, which is in turn tested by action, which is in turn tested by the feelings it provokes. Thoughtful feeling, passionate thought, and protective acts together test, even as they reveal, the effectiveness of preservative love. (p. 70)

With regard to the family, Mary simplified issues which might have escalated into a problem:

> I haven't really had any major problems with a family. Sometimes you may have a little issue you may not agree on, like sleep patterns and things like that, maybe the child's going to bed too late at night and they want to cut the sleep down to an hour a day and I feel, like hey, that's not enough. We talk it out and compromise.

Mary tried to not make issues complicated nor to make judgments of the parents; she accepted things as they were and did not take an overly critical

view. Such openness welcomed parents since Mary saw issues as sources of discussion towards solution.

Lynn seemed to approach parents carefully, even warily:

> Sometimes it can be tough, you've got your primary caregiving groups and you don't know the parents when they start and they are divided into groups and you don't click so well with the ones that you might be primary caregiving with. And that can be a challenge. But you have to slowly get to know these parents. You know the ones you can joke with and the ones you don't dare try to. It just doesn't work.

Feeling uncertain of the parents, Lynn was more comfortable when she was getting positive feedback from the parents. She noted, "We have an excellent group of parents right now. They are so grateful." When parents did not respond to her overtures, she was hurt and uncertain. For example, Lynn did not know how to deal with a mother who had just come out of the hospital with a difficult miscarriage. She said, "I just thought anything I say to her just doesn't go over well. What can you do?" Parents can bring awkward and emotionally fraught situations into the daycare, and caregivers may not have the experience or expertise to deal with their own emotional responses. Co-workers could be a support in these situations. For example, Lynn's teammate said to her, "It was nothing that you said. Don't feel bad. It was just the way she took it. It was her inside feeling just terrible. And she is just coming in to get her daughter and going home."

Relationships with Co-workers

When co-workers were supportive, all other relationships seemed to feel easier. There was tremendous potential for co-workers to create a supportive and nurturing environment for one another. Sheryl said of her teammate, Jade, "We are dancing. We know what we need. Like if I'm working with one child and one of hers comes over, I say, 'Do you want me to give her a snack?' and they come over and we have a snack together. Whereas a new staff person comes over, they might not know that."

Moving from preschool-age children to working with babies, Dawn spoke of how the support of the staff had helped her as she began her job:

> I was really nervous, insecure, I felt really uncomfortable. Because I had some tough moms too, and it was hard. And I thought, "Have I taken on more than I can chew?" But I had a lot of confidence in the staff and I thought I can do a great job and it's okay. I'll get through this. And people had confidence in me that I didn't have yet. I could build that confidence through working with people who had that confidence in me and gave me the guidance and skills.

She valued learning from her peers "over the last few years, sharing information." She viewed the staff's strengths as complementary:

> I think we all share the same philosophy, but all display it in different ways. And then we all are very respectful of people and that comes out in different ways. And we can all bring our experience in different ways, but it all comes out that we respect and care for children and families, that's the biggest picture, the big goal in all of us.

Jade felt it was essential to work together, "because when you're all working together towards the same goal that can become the background and you can really work with what you're working with. But when that doesn't, what should be the easy part becomes the hard part." Jade also talked about the support she received from other members of her team, "It is just getting another perspective or just a reminder that you have done your best. If you are frustrated then you can share that and it's hard, then you can let go of it. Without that I don't know if I could let go of things."

Lynn appeared to miss this staff cohesiveness. In her job, staff relationships have become the difficult part. She spoke urgently and clearly of the differences she had with her co-workers:

> I'm working with two totally different people. One fresh out of high school and just finished the basic ECE, so you know, just barely twenty. And I'm working with a lady who is a grandma and has raised four children of her own and has two grandchildren. So you have two totally different spectrums and I'm flat centre in the middle. So the common goal is that you want the children to be happy and content and have their basic needs met. So yes, we can all see that but how we go about doing that may be different.

Neither of her co-workers had her under-three certificate, so they did not share that common language. Their centre had very little time for meetings or communication. Lynn said, "Actually I was thinking just recently about

communication and how important it really is when you are working with your fellow staff and sometimes I think, 'oh gees, we're not communicating at all.' That's when things go all hairy and you are ready to go berserk." In any centre, having sufficient time to meet and communicate is important (Culkin, 2000).

The school-based program, with staff hours of 8:30 a.m. to 4:00 p.m., meant everyone worked the same shift, and thus there was time for staff to meet, to debrief, to connect with each other, and to reflect on the day. When I asked about how staff worked together, Jade acknowledged that everyone was different and that they had different styles, "we come from different places." Keeping the connection between people who have different styles and approaches means "you just keep conversing. There will always be differences but, I think, it can be real exciting to have all differences pooled together to make the greater picture. So when the central goal is similar, differences are good, because it just makes it even bigger."

Mary's program had time to meet, but because the staff worked staggered hours they are unable to meet as often as the school-based program. She said that they all had their own styles of caregiving "and I know that we don't always agree with each other. We're four different personalities working together, but we have our basic same philosophy towards the children." Despite different personalities, staff members helped each other and Mary worked to understand the other staff members' perspectives. She reflects on how she negotiates her difficulties with another caregiver's practice:

> When a caregiver puts their baby into the nap room and wakes up your baby, and your baby won't go back to sleep. Maybe they've only had a twenty minute nap and they're mad and they want to come out. Eventually, you bring them out, because they're not going back to sleep and then they have a miserable afternoon because they are tired and grumpy and they're clingy. And that can be hard too. You know they need more rest and it didn't work out that time, but it's not the caregiver's fault, so you just deal with it. That happens every now and then. If it happens a lot you try and talk about it. "Maybe you could wait another five minutes till my baby is really settled." That sort of thing could help.

Working together requires cohesion and willing communication; it requires "trust lines" among the staff. Communication demands time, and also people who know and are willing to share themselves (Jorde-Bloom, 1988).

Relationship with Self

Working with families and staff, a caregiver needs to have significant self-knowledge. She must understand her needs at many levels, and also how to keep herself rested and energized. It takes abundant energy to handle the complexity of this caregiving work. Rachel said, "who the caregiver is defines the care, the core of who the caregiver is." Jade, too, said: "the more balanced you are emotionally and the more you know yourself, the easier it is going to be for you."

On a practical level, the caregivers said that being rested and calm helps with the job of responding to the babies. Both Mel and Mary mentioned eating well as important in maintaining equanimity and energy. Doing *tai chi* and meditating were also mentioned as useful strategies. All seven women stated that a calm peaceful atmosphere is necessary. As Mel said, "you don't get all wound up and they won't either."

Jade and Rachel spoke of the importance of understanding yourself at a deeper level. Jade said that "you need to be really flexible. If you have a rigidity, this would not be a job for you, because it changes. It is more than just a job, it is with you all the time. More than just the time you put into work." This is not a job which these caregivers did automatically, rather they were involved with people about and for whom they cared. Rachel said:

> An awareness, you really have to be self-aware. And maybe it's just to say, "I know what this trigger is. I know what this feeling is and I'll sit with it. I'm not going to do anything about it." I know that certain parents trigger me off; I know what triggers me and I react in a way that probably isn't appropriate necessarily. But it's emotion that drives it.

Sheryl stated, "You are always thinking about other ways you could have done it that would be more positive. You continue to think, you always have to be

improving yourself." Jade summed it up with "I just do the best with who I am and with who they are."

Tensions

As the caregivers spoke about the necessary balancing that these levels of relationship require, I had my own memories of the tensions embedded in the work. As Hector clung to the table leg while his mother screamed and pulled at him, I remember having a sense of his anxiety as well as what seemed to be his mother's anxiety, the other children's anxiety, and my own anxiety. The tension of that moment seemed resolved when they left the room, but on a closer look, it had remained with me. I had an awareness of the strife between Hector and his mother, and with that awareness I knew I still needed to maintain relationships with both.

F. Scott Fitzgerald (1963) said in his short story, "The Crack-up", that "the test of a first rate intelligence is the ability to hold two opposing ideas in the mind at the same time and still retain the ability to function"(p. 405). Balancing relationships and the differing points of view of parents, staff, and one's self is not easy. Holding the tensions, balancing the pulls, in one's mind is demanding. Dawn acknowledged, "It is really hard to balance three children, really hard. I mean, you have them when they are sick and staff are away and you want to meet all of their needs." Lynn makes a similar statement, "So you are not always sure. You can only take one child at a time. That can be frustrating too." Sheryl commented, "I want to be able to meet all the needs, but that's not always possible, so you just do your best for one child, and then the next one, and the next one. And try to give each child what they need at the time, and it's hard sometimes. " Being stretched between the demands of three babies is difficult, but there are other pulls.

Parents have their own ways of handling their babies which can add another tension to the work. As Mary said of some of the babies she cares for:

> Some babies are used to being propped up [in a sitting position] and we don't do that here. We don't prop them up if they're not sitting up on their own. That's tough. What we do is we try and find a balance. Of course, they don't want to lie down, because that's not what they

> get at home, so that's very hard. You can't leave them sitting, because it is not safe, they'll fall over. So that's very hard. There is a lot to deal with.

Caught between her desire to put babies in positions they can move in and out of themselves, and the need to respect what is done at home, Mary tried to negotiate a compromise, to "find a balance", for the baby, the centre, and the parents. The challenge is to not become immobilized by the tension of being in-between or by being pulled in different directions. This hard work requires constant attention and thought. Sheryl said:

> I stay calm by knowing that I'm doing the best I can. When I am feeding a baby, sometimes I just move close to another baby that's having a hard time, and say I've got so-and-so in my arms right now, but you're next! Just to convey that when I'm done with this child, the next one's coming up and then I'll look after you. I know you are hungry or maybe kind of verbalize what they might be needing at the time.

Sheryl acknowledges the tension, two babies needing her at one time. She stays calm and focused on what she is doing at the moment. Another strategy was to ask for help. Co-workers can absorb some of the tension for you. Dawn said:

> And, you know, personally, I'll speak for myself, but we all have those days when we are really tired and you say "okay, I don't want you to scream at me any more." That is when you say "can someone come and deal with this child? I just can't cope anymore." That is hard. I struggle with that, even though I love this and I care, I still have those moments when, "Please take this child from me , because I can't handle it right now". So that's my personal struggle.

Having the energy to deal with an unhappy baby when one's own resources are low can be challenging, Calling on co-workers is one strategy for coping. A caregiver can be disappointed in herself that she is unable to deal with the crying or needs to ask for help. Knowing when to ask for help is part of the balancing required when tensions mount.

At times caregivers were overwhelmed with decisions to be made, and found that working in a team could spread out such decisions. But teamwork is not simple. It takes thought, trust, communication and a willingness to give and get help. In an attempt to streamline the work, and to simplify the decisions and

tensions of the work, some programs try to put caregiving on a schedule. Working to a predetermined schedule does not often support responsive caregiving. Being on "diapers at ten" means changing twelve babies in a row, rather than the personal constancy of changing a particular baby. Lynn, who worked in such a scheduled setting, said, "What we do is—the first person who is in in the morning will do the morning set of diapers. The person who is in second will do the lunch bulk."

Despite the attempts of the centre to routinize and simplify the caregiving, Lynn did not feel that she could count on her co-workers as Dawn could. She felt it was due to the other staff's lack of the necessary training, "I've never worked in a centre where I haven't been surrounded by other infant/toddler workers. So it makes a huge difference." This might have been the reason. The set routine took away staff choice about how routines would be handled. An effective level of trust was absent among the caregivers in Lynn's centre and she was uncertain what she could expect from the others. She said "Well, you are not always sure. Because sometimes I'll think so-and-so is quite tired and you'd like to think that they will be the next one to go to bed and you come back [from lunch] and they haven't even gone in [to the nap room] yet. And you think, 'Well, why not?'" The tensions can be too much to balance. Because she did not work together with the others the decisions were too much at times. Lynn sometimes seemed to feel overwhelmed with the different tensions and the pulls on her attention:

> It is not written in the book and I don't know if I heard any of my instructors say how physically exhausting and how many decisions are made in a day. Constant decisions over the smallest of things and throughout the day, so many. You know, do I put this guy down for a nap now or later? Or do I send him out in the fresh air? And it is not one child, it is eleven children.

The situation in which she worked gave Lynn and her co-workers little time to focus, to find the "rhythm of the dance", or to help each other.

Sheryl had also experienced disagreement with co-workers. She had experience in a previous work situation where she questioned the philosophy of the centre and the practice; the situation produced a great deal of tension for her:

> I worked in one centre where they believed in self-calming. It's like they would say, "Let them cry." But, you know, when they reach that point where it's like, they're not even crying because they are trying to self calm, they're crying because they just want someone to pick them up. They just want to interact with somebody, to be touched. And that was really hard for me, because they believed in the self-calming thing. But okay it's not working for that child, that child needs to be, or I think, it needs to be picked up. Maybe that's what they need. That's hard for me. You have to know what you want and how you want to work with the children. Because if you work in a centre with a philosophy that you don't quite believe in or you don't believe in everything in the philosophy, it's too hard to work there because it's going against what you believe.

Finding a way to balance the tensions helps to diminish them. When tensions are in balance they cease to claim you. When all is working well and in balance, it is, as Dawn says, a "little dance knowing that it is going to be okay." Caregivers found it challenging to prioritize the calls for their attention if they were unable to count on a co-worker, and needed to know they could depend on co-workers as necessary. At times, a caregiver would use the strengths of another staff member to resolve an issue with a family or a child. Dawn said, "So it is about some issues you can't take on, it is about passing it on to someone else, using your other team members or Hetty (the supervisor)."

Separateness and Separating

A critical tension-causing issue involves the maintaining of separateness within relationship. Within any relationship there is a risk of loss of self, of empathizing so closely that one loses perspective and a sense of self. Caring for another also means being vulnerable to grief at the loss of that person. There can be great tension in knowing farewell must be said to someone about whom you care. Psychologist Robert Kegan (1982) says, "we can never protect ourselves from the risks of caring.… In running these risks we preserve the connections between us. We enhance the life we share, or perhaps better put, we enhance the life that shares us" (p. 20).

Maintaining separateness within a web of relationships was difficult for caregivers. Maintaining her own values while accepting parents' values could

stretch a caregiver's empathy. Dawn has decided she has "an ear [for parents], to support and not judge."

Lynne seemed to feel torn with the group of eleven children, in trying to respond to each appropriately. She had little time for parents, and her judgments of the parents appeared to create tension for her. She became frustrated when faced with a sick child and parents who keep sending the child into the centre:

> Something that most of us at work get really frustrated about is when children are sick. You've called and talked to the parents to come pick them up and then the next day they are back again and you are thinking, why? You choose to have your children, you choose to raise your children but sometimes it seems that the work is more important and they can't take that time to nurse their child back to health.

Her frustration was understandable. A sick child needs extra attention. Parents working in jobs with little room for sick time often are caught between their child and the job. Part of the problem is a system which does not give parents sufficient options and does not seem to value the work which caregivers do.

Mary was able to encompass both points of view here and felt the difficulty of each. Her sympathies were with the child, yet she also understood the parental dilemma:

> Sometimes they would send their children in and I don't think they were healthy enough to be here. The child will need one on one and will be upset and you can tell they are obviously not feeling well. I'll phone the parent and if the baby doesn't have a temperature they need a few symptoms first. Then they will say, well, you know, I can't leave work, but, you know, if they have a temperature I'll come and get them. We can't force a temperature, but I know the child shouldn't be here. Sometimes, I wonder if they have been given Tylenol at home and things like that. And that is not okay, the tough part is you feel bad for the child and you know the parent is needing to be at work and they have their own pressures.

Caregivers must constantly address feelings which arise from the commitment and caring they feel for the child, yet these feelings must be addressed so that their impact in other relationships is minimized. Caregivers spoke of learning from these places of uneasiness. Jade admitted, "I don't even

like to say good bye. I would rather not go to work. I thought, yes, this is something I need to work on." Of her education for under-threes, Dawn said:

> I didn't learn any of the stuff I'm learning now. You learn all the lingo and all the developmental stuff, but you don't learn the attachment, the caring, the love, the emotional connections, the relationship building. You don't learn any of that stuff. So you have to learn that stuff as you go. There is so much that you don't learn, so I'm really glad I did it the way I did it. Because I learned a lot through the moms and the babies I work with. I really feel like I didn't learn the most important stuff about how to work with the families, how to love them. It is all textbook stuff. I think you have to learn a lot when you are working with infants and children through modeling and watching and seeing. And working with other people. I've gotten a lot from the staff that I've worked with, so much. That is the biggest thing, the emotional side of it.

About saying good bye to some of the children in her care, Dawn said:

> I'm always bawling. I'm the one in the centre who is always crying. That's just the way it is. I think because of the person I am, I really, really care. It's hard. It's really hard. I mean some are harder than others. You know, because, you know,....you have not your favorites, but you have children whom you are really connected with. And this year I actually have three whom I have been with for two years. It is the first group that I have had all of them-- being with them and working with them all the time. It's going to be a hard year, because the moms are already talking about it. So they are feeling it too which is incredible.

Jade said it is important to feel the sadness of saying good bye, because "it actually hurts more to shut it down, because it is incomplete, it is unresolved." To leave the emotions and connections unacknowledged had the potential to do more harm than good. Mary spoke about how painful it is to turn from saying good bye to a baby who had been in her care, and to welcome a new baby immediately. "And then, you know, you may have a new baby the next day and it is like, 'I don't want my new baby yet, I want my old one back'. This one you don't know yet. It's tough, you've got to put them in the old baby's bed and it is very hard. Often the next day it happens." It might be important to acknowledge the feelings of loss and sadness, but there is no time to grieve, given the practical realities of having to fill the empty space.

Acknowledging the emotion and facing it took not only time, but self-awareness. Faced with the sadness of saying good-bye a caregiver may be tempted to shut down her emotions. Rachel needed to look closely at herself and her own background to understand her responses to closure, and saying "good bye" to families in her care. Unlike Dawn, the catalyst for Rachel's introspection had been a return to school where she was working on a B.A. in Child and Youth Care.

> I get really attached to the baby and really attached to the parents. And actually it is interesting, because right now in my class we are doing a lot of counseling things and about closure. I never really thought about closure for myself. About how do I close. Like how do I say good bye to infants and how do I separate. One good thing about where I work is that we often see the children for a very long time because they move from our centre to the toddler centre to the three to five centre. So there is a good chance their children could stay in the centre for five years, technically. So we have that ability to see them move through. But how do I deal with it? Well, you know, it's interesting, I never would have been able to articulate this until I had to. I just ignore it is even happening. And I was never even aware that it was even happening. I'm the kind of person who would leave a party without saying good bye. That type of thing. And I never realized I did that. But that's how I deal with it. but now I'm aware of it and I'm thinking, "Oh, my goodness, that's how I deal with it!" So now I think, let's go to a different place with this now. I'm ready to move to a different place with it. Really experience it. For me, I think it was about that loss of relationship. The bond of the child.

Allowing herself to experience the loss of her relationship with a child deepens her practice and connects her to the loss the child is experiencing. Staying emotionally present to the tensions created by the losses keeps the caregiver involved in her work.

Engaging with the emotions and difficulties which arose in their work required reflection and understanding of one's self and others. Sheryl said:

> You go home, at least I do, you think about what happened that day and the things weren't quite the way you would want them to be. Because you want to provide the best care that you can . You are always thinking about other ways you could have done it. You continue to think. I don't think anyone could be perfect at a job or perfect in what they do, so you always have to be improving yourself.

Naming the emotions they struggled with, the losses they were experiencing and "looking at it from all angles", caregivers grew and learned about themselves and their practice, both within and through relationships. Benner and Wrubel ((1989) suggest that "the person who learns to 'manage' (ward off, distance) emotions effectively eliminates the guidance and direction provided by those emotions" (p. 60). Sheryl found the theory different from practice, and she relied more on her hands-on experience to find strategies for coping with her practice:

> I found at University there was so much theory, so much theory. What was real was when you got into your practicum. That is when you learned the most. Because what you see on paper and what you actually do are maybe two different things. I know at University you do this theory you have to know these differences and you know this theory and who did it and their principles and then they go which one are you? Are you a behaviorist? Or are you a—? It is like, I can't choose, you just pick what works for you and that's what you go for.

Wien (1995) says, "At the points of conflict lie the routes to change" (p. 131). Places of sadness, places of discomfort, can encourage reflection and discussion. At these points if caregivers can stop to look within and find "what works for them" they can bring an understanding to issues of separation, saying good-bye to a child to whom they feel close. Some centres have made space or time for reflection, for the articulation of difficulties. Making space or time for reflection or discussion honors this process.

Empathy, Trust, and Reflection

The caregiver has the responsibility of establishing the relational ground. She is at the centre of an enormous, complex web of connections. She must monitor and manage her own emotions. She must understand and respond to the emotions of babies, parents, and fellow staff. Negotiating this emotional landscape with empathic sensitivity and thought, she uses what Goleman (1998) calls "emotional intelligence", "the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships"(p. 317).

As Erikson (1950) posits, babies develop a sense of trust in their world through their caregivers and the provision of a predictable and responsive world, a world on which they can depend (Erikson, 1950; Lieberman, 1993). Adults as well need trustworthy environments wherein they can be emotionally vulnerable (Kegan, 1982). Working with staff members whom a caregiver trusts can free her to do a better job; her co-workers contribute to the stable ground from which she works. Parents are more relaxed if they are able to depend on their child's caregiver. Here are the "trust lines" that Mel spoke of and they go not only from the caregiver to the baby, but from baby to caregiver, among the caregivers, between parents and caregiver. Thus they weave a complicated yet delicate web.

Trust develops over time. Repeated and consistent interactions lead a baby to conclude that the caregiver will be there to respond to her or his distress or delights. Over time, staff learn they can count on one another. Through daily contact, parents come to know and understand that the caregiver will be there to support them. Working closely with babies involves a caregiver in an intimate relationship with the children and, hopefully, their families. The time spent in feeding, dressing, and diapering the same baby allows for caregiver and baby to know each other on a familiar level. When the feeding, dressing, and diapering are done with care and attention, the baby comes to trust her caregiver. Rachel explains why inconsistency in caregiving can disrupt a trustworthy environment:

> You [the baby] are used to the warm cloth and the little rituals that come with being changed by that person and suddenly you have this other person who you have no idea what they're going to do. You have no control, no predictability, so why would you be emotionally connected to that person? They don't know your cues.

To be responsive and to build trust, caregivers speak of understanding the perspectives of the baby, of the other caregivers, and of the parents. The Webster Collegiate Dictionary (1965) defines *empathy* as the "capacity for participating in another's feelings or ideas". Trying to uncover the parents' feelings and thoughts and trying to find the baby's perspective are of concern to the caregiver. Goleman (1998) points to empathy as one of the ways people

monitor their own and others' emotions, and asserts that empathy can help guide thought and action.

Looking after babies can be thought of as a series of tasks to be accomplished although this suggests caregiving to be a series of tasks where the focus is on task completion rather than on the baby. In responding to a baby, a caregiver must act empathetically, trying to feel into the baby's perspective, and emotions. The caregiver thus has not only a list of tasks to complete, but the meta-task of monitoring both the baby's emotions and her own. The renowned pediatrician and child psychiatrist, D. W. Winnicott is quoted in Shepherd, Jones, and Robinson (1996):

> When I myself started, I was conscious of an inability in myself to carry my natural capacity for empathy with children back to include empathy with babies. I was fully aware of this as a deficiency, and it was a great relief to me when gradually I became able to feel myself into the infant-mother or infant-parent relationship. I think that many who are trained in the physical side must do the same sort of work in themselves in order to become able to stand in a baby's shoes. (p. 40)

Jade, who believes empathetic reflection to be essential, says:

> You get a perspective on yourself, on who you are working with. You get so many facets that you can, you get the whole picture. If it was just you and your reaction, you have a limited picture. It's about you and the mood you are in that day, or the mood they are in that day. It is pretty limiting. But if you can clear out that part and see the whole thing, and you can let that go and start again the next day.

Both Dawn and Sheryl echoed Jade. It was important to look at things from "a wholly different aspect", said Dawn, while Sheryl said one must see another's point of view so that "work or life becomes easier".

Mel describes how she connected with a fifteen month old who was new to her program:

> I sit back and watch and I wait for them to feel okay; I wait for them to be familiar with me. Then you kind of establish a connection with them. You are both aware of each other. This week one of the children I cared for had no connection in the daycare at all. She had never been in daycare before and she was very attached to her mom and her dad. It is heartbreaking to watch when her mom leaves. She wants to be all by herself and cry and cry and cry. I know I don't want

> to go over there and invade her space, because obviously she doesn't want to have anything to do with anything and [so] last week I would sit by her and be close to her. I wouldn't touch, I would let her know I was there and gradually, ohhh, every day it was like....There is nothing I could do to make her okay with anything; then, gradually, she came to me one day and ever since then she has an awareness of where I am and where she is. That is basically what I did; I basically observed.

The Dalai Lama (Dalai Lama & Cutler, 1998) speaks of empathy as a route to compassion, saying, "One can attempt to increase compassion by trying to empathize with another's feeling or experience" (p. 89). Empathizing and developing compassion can be arduous journeys with observation a beginning towards understanding. Children learn by watching the world around them and caregivers learn about an individual child by observing closely. An infant may be nonverbal, but she is communicating; an observant caregiver learns about an infant by being fully present to her. Paying attention to a baby's signals or cues and learning to understand the messages takes time, careful observation, and being fully focused in the present moment. Agreeing with Mel, Rachel felt strongly that observing is the key to knowing the infant. She stated, "Observing! Being fully present for the infant. They know you are there. Being fully present to me means that I'm there and completely allowing them to do what they are capable of doing in that environment."

The Catholic theologian Henri Nouwen (1975) writes of the healing that is possible with "the full and real presence of people to each other" (p. 95). Echoing Rachel's acceptance of the infants in the moment, he writes, "Really honest receptivity means inviting the stranger into our world on his or her terms, not on ours." The practice of being fully present opens up possibilities of reciprocal connection for both people. Sensing acceptance and openness, the baby will likely respond by trusting that she will be heard.

Gerber (1979) also describes being present for a baby through what she refers to as "wants nothing" quality time. Here, the caregiver "has no plans other than wanting simply to be with the child… being there with all the senses awakened to the child." She believes that too often in our culture children feel they must produce something to keep an adult's attention. Instead being present

"thinking only of the child" is a "peaceful presence--a quiet assurance in this beingness" (p. 21).

A colleague of Nouwen's, Parker Palmer (1983), speaks of receptivity to another: "I will try to respond to your feelings with an understanding that comes from knowing my own" (p. 85). An awareness of one's own feelings is involved in coming to understand another's feelings. Though understanding a child's point of view, a caregiver can carry awareness into action.

Mary spoke of her own response to understanding the perspective of one of her young toddlers:

> Right now I have a little girl [fifteen months], she's a very sensitive girl and she doesn't like me to disappear into the kitchen because she can't see me or I'm going to the bathroom with another child. She always wants me right there in the same room and then she has the confidence to get up and play, as long as I don't go too far. What I've started doing with her is when it's time to go into the kitchen and make her snack—that seems to be a time of anxiety for her. So now I'll just say to her that you can come along with me, and I sit her in the chair in the kitchen and give her her juice and she will watch me make snack. Then I will bring her out and the snack together and it seems to be working. But often I'll just have to get the other staff to prepare something for me in the kitchen.

Not only did Mary understand what the child was feeling, she acted on her knowledge and reassured the girl by not leaving her behind. She varied her responses to each child depending on their signals and needs. She explained, "I know which ones can go off and run and play and I know which ones need to sit on my lap for ten minutes and feel comfortable enough, that I'm not going to leave them."

Over time, as caregivers combine experience with observation, they are able to respond appropriately in a shorter time. Jade said, "You can get more quickly to what your response might be, because after eleven years there is only so many things it could be with a baby. So you kind of get a repertoire." Experience makes it easier to tune into what might be happening for an infant.

Learning to listen to other people helps caregivers discern and sort through their own feeling and thoughts. Caregivers develop a broader view as they incorporate others' viewpoints. Dawn says, "It's a struggle all the time. Because I

think we all care about children and stuff, it's all our own values, my personal values are always triggered, but my values are not somebody else's values and that is the biggest thing I try to remember."

The approach of these caregivers is typical of connected knowers; "connected knowers learn through empathy" (Belenky, Clinchy, Goldberger & Tarule, 1986, p. 115). They "enter into the perspectives of others through empathic role-taking processes that draw on feelings, narratives, and the particulars of personal experience" (Belenky et al., 1997, p. 61). Many of the caregivers talk of trying to understand the parents to whom they relate and the babies for whom they care. Jade said she tried to know "where they are at and follow their leads." Understanding the point of view requires both feeling and thought. As Belenky et al. say, "Connected knowing involves feeling, because it is rooted in relationship: but it also involves thought" (p. 121).

An empathic relationship is dynamic. It requires "time and energy and thought" (Kaplan, 1995). One must approach the other person actively and take on his/her set of beliefs and values, while not necessarily adopting them. Josselson (1995) says that "empathy is premised on continuity, recognizing that kinship between self and other offers an opportunity for a deeper and more articulated understanding" (p. 31). Dawn said, of the young mothers she works with, "I have some skills that I can offer them and they are in a different place in their life than I am. But I am also not going to be their parent and tell them this is how you have to do it. I have to respect where they are at and follow their leads."

Gilligan and Wiggins (1988) speak of "the affective imagination" as drawing on the "ability to enter into and understand through taking on and experiencing the feelings of others" (p. 120). Jordan, Kaplan, Miller, Stiver and Surrey (1991) claim that empathy involves both affective and cognitive functioning and is a "complex, developmentally advanced and interactive process" (p. 120). Empathy fosters growth and it is in connection that deeper knowledge of another is gained. Jordan et al. affirm Ruddick's (1989) claim that "feelings demand reflection, which is in turn tested by action, which is in turn tested by the feelings it provokes" (p. 70). This is the hermeneutic circle of thought, feeling, and action.

Dahlberg, Moss, & Pence (1999) suggest that a discourse of meaning-making is central in a postmodern world of diverse understandings. I suggest that empathy and reflection are an integral aspect of this discourse of meaning-making cultivating "the ability to see the Other as equal but different and the capacity to reverse perspectives" (p. 109). Mature empathy recognizes that the other person in her wholeness has another perspective. Sheryl showed interest in going to a conference about young parents because "I haven't lived their experience and I think I would like to understand more the trials and tribulations of being a young parent."

Taking on another's perspective does not indicate the surrender of one's own. As Clinchy (1996) writes, "Without self-knowledge we cannot exploit genuine similarities between self and other, using 'templates' in the self to guide us to 'matches' in the other" (p. 230). Awareness of feelings moves from within, yet is directed outwards. Mary was aware of her centrality in the emotional transactions which occurred each day. She knew to keep herself focused and rested:

> I have my energy and my rest and I am relaxed and then I feel I can do anything. The hard part is if I haven't had a good sleep I am talking to myself all day getting myself through every little caregiving routine, making sure they are okay. Also dealing with parents and making sure they are okay.

Sheryl spoke of saying good-bye to a child in her care. She was aware of her feelings and responsible for them. She was able to speak of her feelings within the larger context of a "natural progression" as well as acknowledging the feelings of the child and parent: "But eventually he will move over to the toddler side, I might not go with him, but that is the natural progression. I'll feel sad about it, but I'll let the mom know and I'll let Sam know, but it is not something that will ruin my life or their life. It's just sadness."

Time and Routines

While looking at places of tension I noticed that time, in different manifestations, was an issue for the caregivers and so time became a separate category for my investigation. Finding time, managing time, flexibility of time,

pace of time, all were categories which seemed to create places of unease. Sensing that there is never enough time, or that routines depend on a strict schedule when time is short, caused tensions for caregivers (Wien, 1996). During the interviews the concept of time came up directly or indirectly in different ways. Caregivers told me that it takes time to establish relationships and to maintain them, it takes time to work out a rhythm with co-workers, it takes time to reflect on one's work, and that it was critical to remain in the present for the babies. Yonemura (1994) says, "paying attention is not done on the fly, but is a consequence of time given to reflection and to interactions" (p. 180).

Relationships take time to develop, to reach a level of trust and familiarity. When we spoke, Mel had just begun working with her group of toddlers and said "different ones take different amounts of time. Cathy [a toddler] is actually quite easy, because she is pretty accepting, she is okay with everything." Yet, some children are slow to feel comfortable in a new place and they need time to relax and explore. Caregivers have their own rhythms that they often must modify. Dawn said that she had learned to slow herself down and focus on one baby at a time: "Just move slowly, that's my biggest thing. You learn as you go along and trust in yourself and slow down."

Babies and toddlers are not aware of time in the way adults are. Magda Gerber (1979) speaks of slowing to *baby time*. Anyone who has spent time with children knows that their passage through the day has a completely different tempo from that of an adult. "Hurry up" makes little sense to a two year old, let alone a six month old. Young children are fully present in space and time. When hungry, they are hungry and want to eat in that immediate moment. They *will* learn to understand that a meal is in the offing, but this takes time. Simplifying adult agendas and focusing on children's pace helps caregivers stay present to the children. As Rachel said:

> I guess good practice is just allowing infants to be who they are. You know, another part of good practice for me is to use developmentally appropriate practices, that says, "I am going to respect you for the things you can do, not what you can't do." You know, just enjoy the moment that you are there and be able to be there. I'll be there, I'll be in the here and now with you.

Lynn echoed this thought, “Good practice for infants and toddlers is allowing them to develop at their own pace.” Children need time.

The adults also needed time. Time had to be managed. Babies needed the time and attention of the caregivers to appreciate them fully, and caregivers needed time to get tasks done. Babies needed to be fed and diapered. How routines were managed gave some insights into how a program honored the different dimensions of time. In Lynn’s program, time was marked by the tasks to be done: diapers at ten and lunch at twelve. Diapers were done altogether, rather than as an individual response to a particular child. Time was governed by routines:

> Well, I just think of a routine time when we are bringing the children in from outside and they are tired, they’re hungry and you know you have to get them undressed, you have to get them diapered and go in for lunch. You try to focus on the child whose need is the most important. You know, if there is someone who is just screaming and you know that if they were sat in the chair ready for lunch right away then that would bring them down, calm them down quicker, then go to the next child who might then need to be diapered or if diapering can’t be done right away. The flexibility of stepping out of the schedule in order to bring things down. If you have twelve kids and they are all screaming, well, can so and so go to bed? Can you diaper and get them to bed and get these two into the lunch area and then take the time to sit with two or three others and be able to get that done quickly and calmly. It’s sometimes hairy.

Focusing attention on the tasks at hand can seem to simplify the work, but it can make it difficult to respond individually to children. The focus on the tasks and managing the time to get tasks done shifts the work from children to tasks. One outcome can be that it was difficult for a caregiver to see why a particular individual was crying or fussing, so the sounds all became “screaming” and added to the sense of urgency to complete the routine. In other centres, caregivers were able to focus on individual babies and to help each other. In other centres, routines were not done by the clock. Mary said:

> I like being responsible for three children’s schedules, instead of having a set schedule and now it’s time to do this, time to do that. Whereas, I can decide what they’re going to do, it’s really neat, a challenge to get it all worked out so that you have time for each one

> and get everything done. It's a real challenge. There are times when they are all wanting things. I look at who is the hungriest, I look at who is the neediest and they get helped first. The other ones learn that they have to wait a little bit and you tell them. Sometimes it is hard for them, but they do learn that there are others and it's not just them. You just try and juggle them the best you can.

Tasks seemed easier to manage when the schedule was loose and caregivers could adapt the schedule to the situation. Staying calm was a goal everyone mentioned, as children perceive the adults' sense of rush. Mel said, "It is slow paced. They're busy, but we are not always running around. It would be really crazy if we were. Because even if we're getting lunches organized and we're running around you can really sense the change in the kids. They are just not focused, they are watching what you are doing." Sheryl who worked in the program with Mel, said "we try to be flexible, there is no routine. I used to say, 'Is this sort of a typical day?' And she'd [her co-worker] always go, 'there are no typical days here.' Now I know there is no typical day. I don't ask that question any more."

Caregivers must be aware of time even as they try to create the sense of a leisurely pace. Caregivers had to develop their own sense of timing. One centre developed a method for handling routines and within that, caregivers developed their own pace. For example, babies might be crying while a caregiver is preparing their food. As Mary said:

> You are preparing it as fast as you can and they're just crying and crying and waiting and finally you get there and then it's okay. That's a hard time. They don't understand that you're coming, they don't know that they have to wait a few more minutes. And then it gets the other children upset, because then they start feeling more frantic, like maybe I should just keep crying like this and they'll come quickly.

Mary must stay focused on her task while being aware of the babies whose anxiety is mounting. Time seems to lengthen as the baby cried and other babies became distressed. In this tense moment, the caregiver must keep a calm and steady pace.

To keep time and routines manageable it was important for caregivers to meet and plan. They also benefited from time to talk about handling the tensions

they experience (Culkin, 2000). In those moments they can support each other. Lynn expressed the dilemma:

> Well, you'd like to think that you could go somewhere and share your frustrations or what not or how to make things work better and I don't find that at all. I'm not saying that negatively, but you don't have time during the day to discuss problems or things that come up because there is just not time. So where do you go? We don't have anywhere to go.

Lynn went on to say that "It takes time working with people in order to figure out the way they do things and what matters to them. It takes time." Finding such time in some programs is extremely challenging. Lynn was frustrated with the lack of time to meet and plan.

If caregivers were to do their work most effectively, they must have time to debrief with their co-workers, to know them, and to feel that they will regularly have time together to reflect on the complexities of their jobs. This debriefing was part of building their work relationships. Working in the school-based program Mel said:

> It is really great to have that hour or half hour at the end of the day to talk. To talk about anything at all or not to talk at all. It does make the rest of the day kind of mellow. You don't feel as rushed as you do when you have to do that and do that and do that at the end of work and now go home. You can take a breather. You can think about what you are doing or think about next day.

Working in a centre where the day was short, where the caregivers all worked the same shift and there was sufficient time at the end of the day to debrief, was "a bonus." While most of the caregivers spoke of taking time to connect with the children and families in their care, they all needed time to converse and connect with each other and to reflect on their work and relationships.

While the common understanding was that relationships took time, Jade challenged that idea when faced with a series of babies and mothers who did not stay in the program a long time. Jade, with her long years of experience, referred to having to speed up the attachment process one year. "One year I think I went through eleven children and moms. And it was like this was too hard, but on

another level I am sure there is a reason for this, and I decided I must need to move in a lot quicker and a lot faster and do what I can as fast as I can with connecting." Working with young mothers, Jade was concerned that she connected with them as well as with their children:

> If someone was only here a month, a month and a half, and I was taking my time to build a relationship. This happens more with the moms than the babies, but still with the children too. They might come and go. It was like a missed boat. I better make the most of the short time that might be.

Caregivers might take time to establish relationships, letting children and/or parents warm up to them, but Jade was suggesting there might be times when the process should be escalated. Jade continued, "It looks different in different cases. It depends on the relationship."

Jade was aware that there was only the present to work in and with. She stated:

> I just take each day as it comes and trust that what I am doing is okay. And then watch afterwards and see if it is effective, but trust that it fit for whatever reason. As long as I am clear on that, that it is not cluttered up with my own stuff and my own personal life then I have to look at that. But if I come with a clear mind and not make a judgment that I know what is best or I know where it is going or I know why, because I don't. I just do the best with who I am and with who they are. That is quite a combination, parent, child, your other staff, school. There are so many factors.

Time was a fluid and complex issue in our discussions. Occasionally, it was important to slow time down while at other times it had to be hurried up; it had to be managed and organized in some fashion so routines could be accomplished. Time was necessary for reflection and for de-briefing. For the caregivers, finding time depended on their work context and on the experience and knowledge they brought to that setting. In the work setting, it was usually the supervisor who helped to find time for staff, or to focus the schedule in terms of the babies' needs. The caregivers made it clear that it was important to recognize time as a complex element in the planning of quality care.

Context

I had been to the centres to observe the caregivers in context, thus I know what each person was discussing and how she put her words into practice. Familiar with each of the settings, I knew each setting was different from every other setting. I was in a position to see all the centres, but the caregivers embedded in their own work sites saw only their own settings. I did not ask people to be critical of their work places or to compare work situations. Yet a picture clearly emerged regarding the influence of setting on practice. Doherty (1999a) refers to the context as the "organizational climate", and says, "it has been described as the distinct atmosphere or personality that permeates a child care program, whether it be warm, supportive and enthusiastic or harsh, mistrustful and tense" (p. 23). The atmosphere permeates all levels from the children's program to the administration's attitude to the staff. All levels are interconnected.

Environment plays a crucial role in our lives. Our surroundings give us many messages on conscious and unconscious levels. A given space can convey a message of safety and relaxation, or of risk and tension. There are many factors which contribute to the messages we receive and each of us has a different way of reading and interpreting a space. We have differing tolerances for temperature, noise, and light and have differing needs for stimulation and calm.

I have seen babies become attached to physical context, to the environment that they see, hear, feel. Some babies are particularly in tune with their physical surroundings. At one year old, Kate was such a child. One afternoon, the caregivers in her program decided to change the set-up to meet the needs of the growing infants in her cohort. Many of the children were asleep and the caregivers moved a shelf and some mats to allow the infants, who were beginning to walk, more space. When Kate awoke to a new environment she started to cry, much to the puzzlement of the caregivers. Eventually the caregivers figured out the problem and placed the shelves and mats in their original places. They later made changes gradually, moving the furniture when Kate was awake and watching.

Context includes far more than physical surroundings. Caregivers may have some control over aspects of the physical setting. Depending on design, caregivers can moderate the setting to affect the tone within the space (e.g., lights can be regulated and surfaces can be softened or hardened). Yet control of the larger context can be elusive and the setting's locus of control can be difficult to determine. The word "context" means "a weaving together" (Fowler & Fowler, 1964) and involves all elements weaving together to create the work situation.

The manner in which the administrators regard the caregivers in their program, consult them about the planning, and organize their time affects the working context. One can not always be conscious of the subtle messages one receives from a working situation. The women in this study did not have a complete awareness of the messages within their contexts, since they were embedded in them. As an outsider, I could identify particular elements in their situations which stood out for me as troublesome or helpful.

I concur with Wien (1995) who writes of the scripts which are set in place and are usually "inherited", not chosen, by teachers/caregivers where they work. Scripts once inherited are often accepted (Wien, 1995). A community, however small, develops strategies over time to deal with all its issues. These strategies are usually unquestioned, and their usefulness often outgrown. As I listened to caregivers, I noticed myself also influenced by the settings. As Langer (1989) writes, "The way we behave in any situation has a lot to do with the context" (p. 35).

Time was a primary intangible factor in each context. We do not always relate to time as an element we organize and control. We let ourselves be determined by schedules and routines, instead of perceiving such routines as tools for possible order. The caregivers' contexts either supported needs for time spent in reflection and building relationships, or neither acknowledged nor honored this need.

Other factors contributed to feeling supported in the job, such as having experienced and educated colleagues. Sheryl had worked in several different

infant centres before working in the school-based program which has a shorter day. She said:

> This place is lucky, because their ratios are lower and there are less [fewer] children. They're not trying to skimp on money by trying to hire newer people from the field so they can pay them less. They are all high quality caregivers. If you go to another centre, it's like okay; all these people just come out of school and you have one person that's experienced. But that one person can't carry all the other new people.

Three of the four centres were determined to have experienced and qualified staff and to keep the ratio at one caregiver for three babies. Just the effort of attempting to exceed the licensing standards and aim for quality care for children, gives staff the feeling that this caring is important and valued work. In the fourth centre the caregiver said, "It's been challenging, because I've always worked in centres where they have gone beyond the standards of minimum requirements for infant/toddler needs. I've never worked in a centre where I haven't been surrounded by other infant/toddler workers. So it makes a huge difference."

The centre where Lynn worked had only one under-three trained caregiver, except for the supervisor. Their ratio was one caregiver for four babies. When I was there, the woman relieving the caregivers at lunch was in the last year of her training to be an elementary school teacher. She had not been in the room before, and did not know the names of the infants. With this lack of coherence among the caregivers, Lynn acknowledged that it would be good to have "more time to discuss things. You have programming time at staff meetings, but that is once a month. You can't wait for once a month if you have something that needs to be discussed now, especially if there are things that aren't being done and need to be done." If staff are not experienced or knowledgeable about working with infants and toddlers taking time to meet and organize would promote teamwork and learning on the job.

Not every staff can meet with the regularity of the school-based program, but some do find time. Mary said:

> We have a staff meeting every two weeks and we always make a point of discussing the children and families. We also have a daily

> communications book. We check it in the morning when we come in. People can write down important things that come up or how they're feeling. We check in with each other during the day, but we don't have a lot of time during the day for social chat. We're also on different shifts and schedules, so there's no real time where we can all sit down during the day, so we do need the communications book where we can keep on top of things. And you watch each other, you can tell if someone is getting a little stressed out, and maybe help out with that, help with a person's child.

It did seem to make a difference when staff had good training, when ratios were smaller, when group size was small and when staff met more regularly. This is affirmed by other research, including that of Sullivan, Bose and Levesque (1999). Primary caregiving also made a positive difference: each of the three centres with lower ratios also used a primary caregiving system. The fourth centre used primary caregiving in a somewhat inconsistent way. Lynn said:

> We try to keep some consistency from home to daycare. If the parent needs to be contacted throughout the day the primary caregiver would do that. We don't do it in the way that some centres do it. I'm not the only one that diapers my four children, I'm not the only one that will feed my four children.

In the other centres, the caregiver had three children whom they fed, diapered, and put to sleep. Focusing on the same three children over time allows caregivers more meaningful relationships with both children and their parents. Lower ratios, staff meetings, and primary caregiving allowed staff more time to do thoughtful work.

Through primary caregiving, a caregiver develops a deep relationship with the baby and sometimes with the parents. Working as part of a team, balancing relationships with children and families, taking care of themselves, caregivers are in a web of connection. In order to handle this complexity of connections sometimes programs try to simplify babies and people into policies and tasks. Changing a child becomes "diapers" and the day becomes ruled by the routine. This is a questionable solution as the focus becomes the tasks instead of the individual baby. The job can become one of paying attention to the rules instead of engaging in a reflective practice. Parents taking time to enjoy their child in a morning when they don't need to be at work early are turned away at the door

because a program does not accept parents after ten o'clock. Rules and schedules can simplify life, but if they lead to mindless repetition of tasks, if tasks become an end in themselves, they interfere with a caregiver's focus and attention on what is actually developing within their relationships (Langer, 1989).

Feeling valued, having time for reflection, and having support to develop meaningful empathic relationships contributes to caregivers developing thoughtful practice. While observing in the fourth centre, I found myself beginning to see the children as a group or herd. The context had exerted a strong influence on me. After being there, I wrote:

> November 10, 1999, The babies are outside crying and they want to come in. Three are allowed inside, but there are a couple more outside looking in. I feel they are managing numbers here and that the children are more like a herd. Perhaps it is not possible any other way? There is one child crying at the window. Why don't they pick him up? Now there are two children crying at the window. Could one come in with the caregiver fixing the lunches? Two faces pressed to the window. "He likes to be picked up and we can't do that right now," I am told.

Of the centres I observed, only at this *institution-based program* did the children not stand out as individuals. Perhaps this reflected that the children had simply become tasks. Lynn was calm and worked diligently to speak gently to the children. The other caregivers at the institutional-based centre also were kind and worked hard, but the organizational context worked against them. Their jobs were clearly focused on routines and getting tasks completed.

In speaking of the methods of attempting to connect with parents, Lynn said:

> We started to take photos and put them on the bulletin board. We seemed to change the photos every second month. We take snapshots of their children during the day, doing different things and we'll put them up. If we get a double set of prints, the second ones go home with the parents. That's one thing we have started to do and the parents like it. We have a bulletin board of the families, the children and their parents. It's just outside the door and you see the children pointing up to the picture of their mom and their faces just light up.

The staff paid for this from their own pockets although Lynn acknowledged that if one remembered to bring in the receipt, one could get paid back. The staff had brought forward this idea and then enjoyed the reactions of parents and children, yet the administration had not responded enthusiastically to their efforts. This was an opportunity to acknowledge their efforts which would have given the staff the message that their initiatives were valued and would be supported.

From my observations and conversations with Lynn, the *institution- based program* employees demonstrated a lack of common vision. Lynn indicated that staff members did not share the same philosophy of infant / toddler care. The administration did not share a common vision with staff. Staff members worked to enhance and deepen their work and its good effects with little support from administration. Not enough communication happened amongst or between staff members and there was not sufficient dialogue with administrative staff.

Within a supportive context staff can make meaning of the work they do and find an approach which supports their own development as unique human beings within a shared working situation. The work is based on relationship in which each person brings experience, values and knowledge. If staff do not have a way of debriefing and understanding the work's tensions and complexities, they may internalize the struggle, or simply give up. Institutions may try to limit the complexities of the job by defining a series of tasks and routines, and by controlling the parents with rules and policies, but they eradicate the opportunity for staff to grow and develop through creating their own relationships with the work.

Support can come from an administrative environment which values the caregivers, and from supervisors who speak up for their staff members, providing support and offering other perspectives on given situations. Mary mentions it is "Just nice to know that she's [the supervisor] there to back you up if you have any problems, things like that." Caregivers engaged in good practice, supported by their co-workers and supervisors and administrations, gather knowledge, experience and wisdom which enhance their work.

What Was Not Said

Much has been offered by the participant caregivers. Our discussions covered many of the issues which face them in building and maintaining relationships, handling the tensions inherent in those relationships, and in developing necessary relational skills. There were also words left unspoken. There were subjects the women found difficult to articulate and there were areas also of omission and opaqueness.

Complex Feelings

While reflective and open to discussing their work, these caregivers also found places in their practice that were difficult to address. In each discussion there were moments where one said something like, “It’s hard to put in words”, “I just can’t get it out”, ”I feel I’m being murky right now”, “I don’t know what I’m trying to say”. Most of these comments were made when trying to describe the complexity of feelings with which they were dealing. Saying good bye to a child was painful when the child had been with a caregiver for a long while. The caregiver was aware that it was time for the child to move on, yet experienced sadness at the emptiness left by the child’s departure; pleasure at the child’s growing up was tinged with the sadness of loss.

Child Development

Although most Early Childhood Education and Care programs teach the principles of caring for young children through a developmental lens, the caregivers did not often mention child development principles in our conversations. Their focus was primarily on the relationships they were building and maintaining. Rachel, who was currently in school, did mention child development theories and focused on attachment as the theory of most interest to her. Yet even Rachel stated that of most importance to her is “the real key relationship you have with them [the babies], the humourous relationship you have with them, when you can stay with them and work through that [relationship] with them its always such a nice feeling for me.”

Because a relationship goes both ways, self-knowledge is as important as knowledge of the babies’ personalities and developmental levels. Within

relationship, both personal and developmental knowledge and skills are learned and tested. Sheryl says she "gathers things as I go; gather methods, gather ideas as I go, I think that is how I have done it."

Intuition

Intuition was a further notion which emerged as escaping precise, understanding and description. Jade said, "I think intuition is a big part of it. I wasn't as tuned into my intuition then as I am now, or didn't believe in it as much. I don't think it's mind; I think the mind almost comes after." Others alluded to this type of knowing which is neither linear nor based on rationale. Mel says, "It's kind of a sense of everything that's going on around you, I think. Just knowing what's going on everywhere and where people are at and who might need something, and you have a sense."

I understood what they were trying to say regarding "intuition". Years ago Hector was having trouble going to sleep at nap time. I felt certain he was tired, very tired. I knew his "tired signals", as I knew those of the others in my small group of six two year olds. At nap time, the children who had come in early in the day had no trouble falling asleep. He had come early and he was exhausted. While the others dropped off easily, he was still struggling against sleep, even holding his eyelids open. Finally I gathered him in my arms, wrapped in a blanket, and said softly, "I'm right here. You can shut your eyes; if you see something scary just open your eyes and I will be here. Shut your eyes. I'll be here." I said this several times and he gave a great sigh and a shudder, closed his eyes, and slept. Later, over tea in the staff room, I mentioned to the social worker that he had seemed afraid to shut his eyes. "Oh," she said, "he went to see *"The Exorcist"* for his third birthday."

I can not wholly articulate how I knew how to respond to Hector. With hindsight I might attempt to explain myself, but I am uncertain to this day what was actually at work. Vivian Paley (1979) has a similar story in her book *White Teacher*, about how the correct soothing words came to her as she spoke with a young brown girl in her class at the beginning of Paley's teaching career. Responding to the child's wish to look like the blond, pink-cheeked girl in a story book, Paley spoke:

> Michelle, I know how you feel. When I was little I also would have liked to look like this little girl. She doesn't look like anyone in my family, so I couldn't have looked like her. Sometimes, I wish I had smooth brown skin like yours. Then I could always be dark and pretty." Michelle looked down at her skin. So did everyone else. I don't know what she was thinking. but I knew the feelings I had expressed were true, though I did not know it until I spoke. (p. 13)

Jade said, "I can probably tap into my intuition based on accumulated experience more than I could have at one time. Like without a thought process, I could probably have been in a situation before and it comes out and I'll go with it." Intuition, the knowledge of when to rock and cuddle, or when to put a feeling or thought into words, may come with practice or may come into play from a nonverbal, noncognitive dimension. Benner and Wrubel (1989) would call this intuitive knowledge the knowledge of an expert practitioner. They say of the practice of expert nurses: "we cannot generalize by isolating effective actions and transferring the same interventions to another situation" (p. 4). These intuitive acts may contribute the magic of caregiving.

Societal Silence

There is a silence surrounding the work of child care within society, and a lack of interest and understanding regarding the job and all it entails. Despite society's professed honouring of young children, there is a significant inadequacy of support for families and their young children. Absence of regard is evidenced in the wages and status given to the work connected with babies. Doherty (1999b) observes, "There is no Canada-wide consensus about the goals for child care… there is no society-wide perspective on the characteristics of quality child care" (p 70). Caregivers articulated their awareness of the powerful silence they observe in the larger society. Sheryl said, "Because you tell people you are a daycare worker and they don't say it, but they think, 'oh, just daycare'." Lynn lamented, "We have such a responsibility and I think that is so overlooked." Mary said, "The average person who walks in and has a look, they're thinking, 'Well, how nice to just sit and play with babies all day. How nice.' They have no idea."

As Doherty, et al. in the You Bet I Care! study (2000) reported, "the perception of not being valued or respected contributes to poor staff morale and

turnover, and may impede recruitment of new workers into the field" (p. 179). The common conception is that it is not difficult and not demanding to look after babies. Previously babies most often have been looked after at home or with relatives. In a sense, babies have been relegated to the private world of the family. In our society, both homemaking and raising and caring for the family have themselves been undervalued. Ways of nurturing and interacting with young children have been left out of the mainstream discussion. As Grumet (1988) says, "other people's children are abstract" (p. 173). For our own children we seek caregivers who offer quality caregiving, responsiveness, and who see the children as individuals. Several years ago I met with the supervisor of a university student working with our program. I offered to show him the baby program. He waved aside my offer with, "When you've seen one baby, you've seen them all." I hope his comment was meant as a joke.

The women in this study have powerful skills, and they deliberately and carefully reflect on their work. Society's assumptions that their work is easy, undemanding, or simple, devalues and diminishes the knowledge and expertise caregivers bring to their job. While they infrequently mentioned this invisibility directly, each one acknowledged some difficulty with the dismissal of the value of their work. Rachel said:

> Many people often feel lost when they work with infants. Like their identity as a worker is lost. I guess for me, when people talk about that, I always think, well, do they not see the value of what the infant is doing? Do they not feel they are doing anything valued as worker because they can't see the value of the infant? Because they are not acting, they are not doing?

As well, distressing comments made by parents perhaps intended as compliments, are noted. Mary said, "I have parents come and say, 'Well, you have a good day.' And it could be really loud in the room and crying and screaming. 'I don't know how you do it. I could never do your job.' I don't think people really understand how demanding it is." While a remark such as this appears empathetic and sometimes it is, it is often heard as dismissive. No one asks how the caregivers do the job, much less stops and listens.

Dismissal and lack of recognition create invisibility. The complexity and intricacy of the job is not seen widely in society, as evidenced by the fact that in New Brunswick, the Northwest Territories, and the Yukon no training is even required to look after children (Childcare Resource and Research Unit, 1997). The caregivers in this study were aware of the difficulties and complex issues to be balanced and negotiated, but their work remains largely unseen. Not only is the job invisible to the public, but also the caregivers are part of children's lives at a time when memory is nonverbal. Parents will remember the caregivers and the children may remember the connection on a nonverbal level, but it is likely to be an unconscious remembering. Thus the invisibility happens on many levels.

Though some participants of the study mentioned the lack of public recognition, they did not mention the low wages and minimal benefits for caregivers. This is an acknowledged problem in the field (Beach et al., 1998; Doherty et al., 2000). Perhaps it was not mentioned because I did not specifically ask about wages and benefits, but we were conversing widely and no one raised the topic. It should also be pointed out that these centres paid wages that were, on the whole, better than the average wage for an early childcare worker. Each centre was well-established and also had its own cachet for which it was known and respected. The *college-based program* had the prestige of the college behind it. The *work site centre* was seen as a proponent of the RIE method and had been started by a woman well-respected in the field.

When I went back to the caregivers to address the themes emerging from our discussions, I asked each woman about these areas of silence. Their reactions were in accord with what I have described above. Several suggested that the silence about wages and status meant that people liked their jobs enough to make wages and status a non-issue. Only one person addressing wages and benefits with me spoke of deploring the situation of childcare workers.

A Word from the Peer Reviewers

Each discussion with a caregiver was unique, yet each conversation had strands found in other conversations. Checking with my two peer reviewers, I

asked for responses to what I have discerned through my discussions with the caregivers.

Both peer reviewers felt that the complexities of the work were "captured." Emma felt my text would be a "great ignitor of discussion", and would be useful for caregivers and policy-makers to read. Audra agreed and felt there were implications for educators of ECCE students: in the words of the caregivers, "the whole reflection aspect is so critical in terms of evaluating what you do, what you believe, how you change--skills that are so critical."

The categories I developed to contain and describe the issues raised by the caregivers were clear to the peer reviewers. Both were impressed by the caregivers and by their insights. Emma particularly liked "how they talked about the infants, as if each one was new and they had have to get to know them and to learn from them. To me that is so important." This comment is from a woman who set up an infant program and then worked with the babies herself.

Emma knew how seldom these women would have been asked about their feelings regarding the value of their practice. She felt that the interviews were "beneficial for them too. It is not often that you stop and, from their comments, it sounds like they understood some things too after talking to you. Things that they hadn't even put into words yet." I hope they treasured our talks as deeply as I did.

Conclusion

Caring for infants and toddlers requires a multitude of skills. Each of the caregivers had her own story to tell and each story presented a unique perspective on the practice of caregiving reflective of that woman. Each story illustrated a different facet of the job. Taken as a whole, the stories told a larger story of the webs of relationships.

The caregivers' relationships with the babies in their care took balancing, as did maintaining the relationships with parents, co-workers, and one's self. Building and maintaining relationships took empathy, trust, and reflection. Inevitably there were tensions which disturbed the delicate balance of relationship. Juggling three babies, understanding a parent's concerns,

negotiating time with co-workers, saying good-bye to a baby you have cared for over the year, took a considerable amount of a caregiver's time and energy. Understanding those tensions and paying attention to the relational aspects of the work helped caregivers negotiate their place in the web.

Caregivers may feel that their work was invisible and unrecognized, but all realized their involvement in the lives of children was important and fulfilling, filling both a societal need and their own personal needs for being engaged in valuable work. I believe it is through their reflection and thoughtfulness that these caregivers have come to situated beliefs which sustain good practice. When their work context supported their beliefs, their potential for excellent practice was maximized. They believe, as Mary Catherine Bateson (2000), an anthropologist interested in children, says:

> Human infants survive only if they receive loving care. The memory of that care remains as a basis for the ability to give and receive care, while trauma in childhood may produce adults with limited abilities not only to give and receive love but also to learn. (p. 187)

CHAPTER 5: THOUGHTS AND SUGGESTIONS

Introduction

Dawn, Jade, Mel, Sheryl, Lynn, Rachel, and Mary have spoken thoughtfully, carefully, and at length about the work of caregiving. Their stories have given us a picture of the work from their perspectives. As Ryan, Oscher, and Genishi (2001) state, caregivers are "involved in a complicated web of social relationships that create possibilities as well as constraints" (p. 55). Including their voices in the discourse concerning care for infants and toddlers mandates consideration of this caring work from another, broader perspective.

These women all know their work is a good deal more than "baby-sitting". They would agree with Pence and Benner (2000) that "there are no simple answers" (p. 152) in this practice of caring for babies. Articulating the interwoven relational, emotional and intellectual threads of caregiving is often difficult, as the practice of caring is often assumed rather than named. From the narratives of the caregivers the shape and substance of their practice emerges, as Smith (1987) would say "the forms of thought and images" (p. 35) begin to appear.

While the caregivers in this study have spoken of the richness and complexity they experience in their practice, generally, the shared feeling among caregivers is that their work is not valued or noticed. In the recent study *You Bet I Care!*, Doherty, et al. (2000), report that there is "a substantial increase in the extent to which teaching staff and directors feel that their work is not valued by the general public" (p. 179). My hope is that this study has been able to bring a clearer focus to the practice of the caregivers.

Some Questions Answered

When I started this journey, I could not have articulated so clearly the centrality of relationships. As a caregiver and an instructor in the field of ECEC, I have experienced the enormous intellectual, emotional, and spiritual demands of this field. On a personal level, I knew that considerable skills were needed to be fully engaged with this work. This study adds the voices of caregivers to the discussion of infant and toddler caregiving. Valuing the work of caregivers,

listening to their words, and taking guidance from these narratives will help in our struggle to understand what is good care for infants and how to provide it.

These narratives provide guidance in several areas. The richness of the thought and the depth of the reflection may be able to provide inspiration and direction to other caregivers in the work of caring for infants and toddlers. Using the narratives of the caregivers I have found the perspective of relationship a useful lens through which to view the practice. Relationship provided rewards for the caregivers. It was the joy they felt being with the babies and toddlers which drew them into the practice and kept them there. This has several implications for practice, administration, and ECEC training.

Primary caregiving supported the building and maintaining of relationships with babies. The principles of this system honored the baby's need for consistent, sensitive and responsive care by mainly one person. From the caregivers interviewed here this manner of caring for children seemed to simplify the daily organization. Changing a child's diaper when it was needed and focusing on that child seemed a preferable method to changing all the diapers at ten o'clock.

Relationship with a baby is difficult, but adding the other relationships increases the challenges and complexities. Balancing the relationships and keeping the relationships dynamic using empathy and thoughtfulness takes skill and engagement.

Engagement means to begin and carry on an enterprise, to participate (Fowler & Fowler, 1964). Caregivers who are engaged with their practice will invest the time, energy and reflection to stay sensitive to the babies and families in their care. A baby needs a caregiver who is engaged with him or her and his or her family. The caregivers I interviewed were all engaged in their practice and saw their relationship to their practice as dynamic, challenging, and worthy of reflection.

Peer reviewer, Emma, commented, these narratives are "a great ignitor of discussion." This has been true as I have had a chance to share some of their stories with others. People in similar caring fields (e. g., counselors, teachers) have recognized some of the similar tensions and skills within their own work.

These stories have served to spark discussions which have gone beyond the work of caring for babies. I wrote in my journal:

> A year ago I was asked to come and speak at a local community project about my research. At the time I was in the midst of my reading about caring and caregiving. Sharing with the group some of the different ideas on this topic I brought up my interest in the complexity of working with families and children.
>
> The people in the group were primarily working with families and children ranging in age from babies to teenagers. I had hit a nerve. Everyone responded.
>
> I was a bit startled by the response, as it was immediate. People were eager to talk and the comments they made were familiar. They were emotionally involved with their clients; they cared for and about them. Managing relationships with the families they worked with was not a cut and dried affair.
>
> The response which caught me off guard was the man who worked with children, pre-teens as well as teenagers. He had worked with children in a camp for children with cancer and other life-threatening diseases. Whenever a child had to go to the hospital that child was sent with a woman even if he had had the main relationship with the youngster. “I think the assumption was that women are better at caring.” He confessed that he even wondered if women were better at caring. I hope the potential for caring for and about others is a human possibility.

These issues are relevant to other fields where people work in relationship. It is clear that there is much more to be discussed publicly about the nature of caring, what it means and *who* can do it.

Articulating Practice

When I worked with Hector at the Infant Care Unit in New York City (see Chapter 1), I was a new teacher with a new M.A. in Early Childhood Education. After a few months, a keen student from Bank Street College of Education came to do a practicum with me. As she was my first practicum student, I was tentative about what to do with her. At the start of her practicum, she spent time simply observing. At the end of the day, she would ask me why I had done this or that, and at times I would feel irritated with her. I had done “it” because “it”

worked, could she not see that? I began to realize that while I had created a world which worked for me and for these children, articulating the "what" and "why" was difficult.

Articulating one's practice is a deeply personal process requiring close attention, mindfulness, and time for reflection. Rachel, for example, returned to college to further define her practice. The caregivers in the *school-based program* had a practice of meeting regularly to discuss the program, their own practices, and their evolving directions. Mary, though working in the program where she had begun her career as a young woman fresh out of school, had grown into herself with the support of, and opportunities offered by, more experienced staff. Lynn sought support for her process of making meaning and gaining understanding through her work. Her particular workplace did not offer much opportunity for discussion or shared thoughts, and her local professional organization did not offer this support either. Each of the caregivers I spoke with had found or tried to find support and community for further exploration and articulation of their practice.

By articulating the practice of caring, the webs of connectedness become clearer. By becoming more aware of what happens in the process of caring for babies and toddlers we can deepen and enrich our practice.

Caregiving as Relationship

One conclusion from this study is that relationship is central to the work of caregiving. The caregivers in this study enjoy their work with babies in great part because of the intimacy and closeness of relationship. Often challenged by the relationships with parents and often supported by the relationships they have with their colleagues, relationship itself contributes rewards and frustrations to the caregiver's practice.

By nature, relationships are complex, dynamic and uncertain. As these women have described, relationship is an on-going and developing process. Babies grow and change, families grow and adjust, while caregivers respond to these changes and make changes of their own. Jade said, "I just do the best with who I am and with who they are. It is quite a combination—parent, child, your

other staff. There are so many factors." The web of relationships is not static, it moves, shifts, and changes shape.

Several studies show similar findings, indicating that caregivers cite relationship as their motivation for engaging in the work. These complex relationships involved in caregiving emerged as the factor that "keeps them in the job" (Doherty et al., 2000, p. 172). Doherty's respondents indicated that it was the "nature of the work" which was positive and this included "love from the children, a varied and stimulating job, and a people-oriented job" (p. xx). The Canadian Child Care Federation / Canadian Day Care Advocacy Centre's (1992) study of Canadian child care providers reported caregivers as being most satisfied with and liking those aspects of work which involved contact with children. Goelman and Pence (1987) noted that for licensed family day care providers, satisfaction was connected to the pleasure of being with children. Beach et al. (1998) also found that early childhood educators felt a relational commitment to the children and the profession.

The caregivers with whom I spoke enjoyed both the children and the relationships they developed. After she read the findings in Chapter 4, Emma, one of my peer reviewers and no longer working directly with children, remarked that the caregivers had described "what I miss most about caregiving—the relationships." As relationship is central, caregiving is dynamic and evolving rather than static. It is a fluid, complex process, rather than a static set of routines, with moments of uncertainty and times of tension. Caregivers come to the relationships as individuals with unique histories and beliefs, thus these women spoke of the requirements for empathy and thoughtfulness in understanding the babies in their care and their families.

The Dynamic Process of Caregiving

The caregivers' discussions described the evolving nature of the work. Rich with thought and meaning, their conversations included such words and phrases as "flow", "dance", "keep learning", and "self knowledge". As relationship itself is dynamic, their descriptions and words were dynamic, not static. Initiating, forming, and balancing relationships is an active process. Jade acknowledged

that she works to "not get stuck in judgment of what I should do, although I will always have thoughts about what might work better."

Building relationships takes time. Intimacy and familiarity with another person evolves with time. Relationships change, adults change, and babies change. Each of the caregivers acknowledged that being in relationships was active and dynamic, varying from day to day.

Relationships are bi-directional, with energy flowing in both directions, affecting all who are engaged. Being a "special person" to a baby or a family is rewarding, and also involves vulnerability to those particular people. Saying 'good bye' to a friend is sad; having a parent angry at you is frustrating; helping an emotionally distant parent acknowledge her child is overwhelming. Working in relationship means finding ways to connect despite anger, frustration or overwhelming feelings. Saying 'good bye' fully, solving angry situations, naming overwhelming emotions can be unexpected satisfactions.

Relationships can unlock difficult and devastating emotions. When caring for and about someone their reactions or their situations can affect us deeply. Caregivers had to learn to deal with these emotions. Support of co-workers and a supervisor helped as well as a willingness to look inside one's self.

What might work well one day can be a problem the next day. Part of the dynamics of caregiving is shifting priorities and perspectives which make the solution to one child's temper tantrum not the same for the next child's. Working within the relationship, caregivers understand what is possible for this child and family.

The Tensions and Uncertainties of Caregiving

Balancing, negotiating, and accommodating the tensions embedded in practice constitute much of caregiving's dynamics. The caregivers I spoke with were all aware of the tensions possible in their working relationships. None spoke of obvious, easy answers, or of techniques which were foolproof. They met with each other, they tried to understand the different values and beliefs of families, and they tried different strategies for different babies. They held to their

own beliefs while endeavouring to understand and include another's point of view.

Making decisions to fit both the individual and the context takes reflection and experience. Sheryl said, "You want to provide the best care that you can in the best time. So you are always thinking about other ways you could have done it that would be better." Tension exists between the ideal situation and the real world of babies, time, and circumstances.

In this process there is no certainty, and caregivers in this study spoke of living in ambiguity at times, wondering how to soothe an unhappy baby, soothe a parent's ruffled feathers, or help a frustrated toddler. Teaching students who have little experience in ECE, I am aware of how intensely some look for the 'correct method' to control a group of rowdy children or to catch the interest of the wandering child. Finding the best words or stance takes time and practice, and one is never completely sure that the "right" answer was found.

Tensions can keep practice alive but also can be overwhelming. Lynn struggled with too many tensions that immobilized her. Struggling with a work situation which did not support her values for good care, she was left with feelings of frustration. She could not actualize her ideals, and wished she could communicate with her associates in order "to get us through the day without headaches. That is something which can be very frustrating."

The Skills for Caregiving

From the interviews, it emerges that empathy and thoughtfulness are skills that caregivers use to build and maintain their relationships. Using these skills results in an *attentive presence*. *Attentive* means heedful, observant, courteous. *Presence* means the condition of being present. While sitting with the babies, while diapering, or when greeting them in the morning, caregivers paid attention to being observant of the individual and the process.

To the caregivers in this study, being attentive meant noticing how they were feeling and noticing the nonverbal messages they were receiving. For example, Dawn acknowledged that she noticed the physical presence of the babies and connected physically with mothers and babies. She observed the

babies' movements and appreciated their sensual explorations of the world. Mel felt the "trust lines" which connected her, and she "learned to read the cues" of her co-workers. Sheryl and Dawn use "dance" language to describe aspects of their job.

The words *to attend* and *tension* have a common root, *tendere*, to stretch (Fowler & Fowler, 1964). When attentive, one is aware of tensions while stretching to be aware of the nuances in a person or situation. There are invariably challenging tensions within relationships as caregivers try to understand, respond, and balance the different bids for their attention. These tensions keep the process dynamic. Caregivers in this study maintained relationships through an attentive presence. Through empathy and reflection they negotiated their connections to the children and families in their programs. They saw themselves as actively taking up the perspective and position of babies, parents, other staff members.

Supporting the Process of Relationship

Involved in relational processes, caregivers are caught in a dilemma when their practice of building and maintaining their connections with families and children is not supported. Recent research acknowledges the primary importance of a caring relationship for babies in day care. Clarke-Stewart (2001), a member of the National Institute of Child Health and Human Development's Early Child Care Research Network, quotes Sandra Scarr in a discussion of recognizing quality care by the "warm supportive interactions with adults in a safe, healthy, and stimulating environment, where early education and trusting relationships combine" (p. 41). The *Neurons to Neighborhoods* report echoes with "quality of care ultimately boils down to the quality of the relationship between the child care provider… and the child" (Shonkoff & Phillips, 2000, p. 314). A warm and caring connection is vital for young children and equally important and vital for the caregivers with whom I spoke in this study. Because relationships are bi-directional, it follows that supporting these connections benefits both babies and their caregivers.

Until recently, attention in the field has been focused on the structural components: group size, adult-child ratio, and physical setting. In determining program quality, these are the aspects of care easiest to define and control. Each factor has an impact on caregiver's relationship (e.g., if the group size is small it is easier to form relationships). Working in a pleasant, well-organized environment contributes to one's effectiveness in establishing relationships. Presently, researchers in the field are turning their attention to "observing the child's actual experiences in the care arrangement, rather than just counting up courses or children" (Clarke-Stewart, 2001, p. 42). Caregivers in this study stress that quality of relationship matters to them, even as they struggle to allow the dynamics to flow smoothly. While maintaining themselves in the relationships, the women with whom I spoke tried to avoid ever experiencing childcare as "alienated emotional labor" (Leavitt, 1994, p. 51).

It was also clear from these caregivers that the primary caregiving system, philosophically and organizationally, supports relationship between caregivers and babies. It also supports caregivers to develop relationships with the parents of the children for whom they care. I did not start out to particularly advocate one system of caregiving. From my interviews with these caregivers it was clear that the way the primary caregiving system was actualized in three of the centres seemed to facilitate caring for babies.

Process vs. Product

Through attention to building and maintaining relationships within caregiving, the basis for policy and practice guidelines shifts. One cannot legislate how a caregiver will feel about the babies in her care, or how the caregiver will interact with parents or staff. Well-attuned caregivers will not treat each child in the same manner, as each child is different. Each family and situation must be approached with a responsiveness unique to that circumstance. Working in this way requires going beyond rules and regulations, and necessitates creativity, sensitivity, and willingness to tolerate ambiguity.

Articulating the difference between valuing the work as relationship, and valuing the work as product may focus the discussion about good practice. While

reasonable ratios and group size are important as basic factors in relationship-based caregiving, they can not indicate the quality of the relationship and focusing on them can divert attention from developing and supporting the relationships in the practice. The rules and regulations of licensing or funding create a template which do not fit each circumstance. Care is then seen as a product which is regulated rather than a process which changes with children, families, and caregivers. By focusing on the relationship the process is highlighted and appreciated.

The structure of licensing does encourage centres to maintain some of the factors which could allow them to build positive connections. As we have seen, the *institution-based* program was within the guidelines of licensing and they followed the ratios and group sizes recommended by research to provide quality care. At this centre there was a focus on product. The children became routines to be managed rather than individuals to be cared for and appreciated. Lynn struggled with the differences between what she had learned and the way care was managed in her centre. She acknowledged that having the infant/toddler training enables her "to look at things in a different way." Within the culture of the centre, it was difficult for her to feel she was in relationships with the families and children with whom she worked.

Licensing sets the minimum standard below which centres can not fall. Care for infants and toddlers is expensive and centres must have the budget to pay good staff and to hire enough staff. There must be money to provide adequate time for a supervisor to provide the guidance and support necessary to her staff.

The other programs in this study were well within the guidelines of licensing, and went beyond to institute practices that supported developing relationships. These programs had even lower adult-child ratios, staff members with under-age three certificates were chosen, time was set aside for meetings, and relief staff were available and often were qualified. The value caregivers placed on the process of relating with babies, families, and co-workers was shared and supported by the workplace.

Supporting the Caregiver

Valuing the process of relationships within a program can focus the supervisor's efforts and the administrative direction of the program. Time for meeting to discuss ideas and to hear co-workers' perspectives was valued by caregivers in this and other studies. When Jorde-Bloom (1988) looked at the influential elements in a group of centres highly rated for their organizational climate, she noted that one element was "innovativeness" which meant diverse opinions were encouraged, problem solving was valued, and there was a willingness to be adaptive. This can only occur in an atmosphere of trust, where time is set aside for discussion. When adults are problem-solvers they encourage problem solving in children. Another key element in Jorde-Bloom's study was goal consensus: the staff shared a common vision. Jade said that, "we do share a common philosophy" which made collaboration easier in her centre.

Though I did not ask directly about supervision, it became clear from comments caregivers offered at points in our discussions that a supervisor could be very helpful regarding practice and perspective. As well, supervisors support and assist when staff debriefs, and supervisors are the liaisons between staff and administrative boards or funding bodies. As Jorde-Bloom (1988) notes, "facilitative and supportive administrators" help create a positive climate for child care workers. A good supervisor allows opportunities for staff to build relationships, helps them negotiate tensions they may discover within those relationships, and supports them in deepening their own self-knowledge. Deeply involved in their relationships caregivers benefit from the supervisor's perspective.

Education for Relationship-based Practice

Accepting Shonkoff and Phillips' (2000) premise that "children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration" (p. 389), means paying attention to the caregivers' narratives of practice and honoring their perspectives. If relationship is the most important aspect of care, the reward and focus for caregivers, then it is crucial that aspects

of the education for infant/toddler caregivers be reconsidered. The study of relationship dynamics, specific training in relationship skills, and practice in reflective thinking would be a useful additions to the curriculum for infant and toddler caregivers.

The women in this study had chosen to be infant/toddler caregivers, taking the courses and doing the practicum. All said they had learned from the job and from their experiences. Dawn stressed that in the ECEC program "you learn all the lingo and all the developmental stuff, but you don't learn the attachment, the caring, the love, the emotional connections, the relationship building. You don't learn that stuff." Others agreed with her. The "caring, the love, the emotional connections" are key elements in caring for babies, but what is a curriculum for care and love?

While Rachel felt that her education, or courses, had offered her a chance to reflect and renew her practice, she stressed the relationships she built with babies and parents. In particular, she spoke of a university-level course which focused on understanding her own history of relationships as they impacted on her practice. Rachel said, "I think there is a certain amount of skills and technique that you use, but if you go back to the philosophy, respecting the person that you are and not being anyone else. It totally freed me." Learning to be yourself involves self-knowledge.

These caregivers stress a knowledge which is more than ages and stages of child development, more than health, safety , and nutrition, though these are important areas. These women worked with a trust in their abilities, in their team; they created trust in the relationships they built. They used empathy to guide them in their practice. They practiced reflective thinking as a method of understanding their practice and themselves more deeply.

While there is no easy answer for teaching these skills it is important to begin the discussion of how these skills can be brought into the training of ECEC practitioners, most particularly infant/toddler educators. Certainly as instructors of ECEC we can model this approach with our students.

Developmentally Appropriate Practice

As discussed in Chapter 2, Developmentally Appropriate Practice (DAP) has come under considerable criticism lately (Cannella, 1997; Cannella, 1998; Kessler, 1991; Swadener & Lubeck, 1995). The concepts embedded in and elucidated by DAP were welcomed in the field as a clear statement of the principles of ECEC, yet later were to come under attack for being culturally-bound and representative of the dominant discourse. Our society values independence and the individual. We encourage our children to be independent individuals. "When asked who they are, they are expected to respond with individual identification (name and age) rather than with relational information (name and parents' names) as do the Mayan children with whom I worked" writes Rogoff (1990, p. 209).

Developmentally Appropriate Practice acknowledges the importance of responsive caregiving and supports the idea of one consistent, warm caregiver as important for a child's early development. If caregiving should be responsive, then it is crucial to uncover what "responsive" implies. Different cultures may have different understandings on what it means to respond to an infant. Responsive also implies that there is a relationship between the infant and caregiver.

Focusing on the relationship the caregivers will use their relationship to try to understand the meaning of 'responsive' for each family with whom they work. The interviews in this study illustrated, to care for a baby warmly and thoughtfully weaves the caregiver into a web of relationships, engaging her on many levels. With her own values, beliefs, and personal history she enters into a unique relationship with each baby and family. She is influenced and affected, so is the baby in their relationship together. Shifting the focus from the 'developmental appropriateness' of responsive caregiving to the relationship with the baby and the other supporting relationships may make sense.

Jade acknowledged that she has moved beyond what she once deemed was "professional". She said, "if I have an emotional reaction, I allow it. Even expressing anger, whereas before I would have held back and said 'no, that is not professional. Now I don't always block that.'" Jade's expertise comes in

knowing her emotions and deciding if it is possible and appropriate to express them. Expressing anger could be an unwise choice leaving a caregiver vulnerable to rejection, hostility, or anger. Yet it could also open doors to a deeper, new intimacy. Undertaking to make the choice, and having the experience and knowledge of the relationship, takes expertise and discernment.

The discussion of good practice for caring for infants and toddlers must be expanded beyond principles and practices based solely on theories of child development. The discourse must address those elements of relationship with children and families which call for a balancing of diverse needs, perspectives, and values. Helping to train and prepare students for this work, and supporting caregivers in their roles, must become an ongoing, evolving discourse. Katz (1996) reminds us, "the art of practice is not merely a means to an end or a search for solutions; rather it weaves means and ends, and the goal is to transform through understanding" (p. 146).

The Role of the ECEC Educator

Educating and training students in an infant-toddler ECEC program is also based on relationships. Teacher and student each affect and are affected by their relationships with one another. Perhaps it is within these relationships we can have the most impact. Several years ago, while working at a community college, I struggled with course outlines. The mandate was to convey the precise nature of the goals of the course, and to convey what observable behaviours by the students would result in a specific course grade. I felt this would be appropriate for a math course or physics course, but I was teaching Art for Preschoolers. How would I evaluate students' experience with the materials and ideas? While some students came with confidence in this area, others lived with a memory of a kindergarten teacher who had quashed their enthusiasm. I believed that enjoyment of the materials and the process itself were key to students' learning how to engage in creative work with the children. Some students had longer learning journeys than others; grading them focused on their performance as product rather than process.

I was concerned about the students' relationship to art materials and their own memories of participating in art. I felt I had to model my own joy in the process, and to encourage each student to explore her own relationship to art. Encouraging their genuine involvement with the materials would lead them into a more dynamic process with the children when exploring art materials. Yonemura (1994) says of teaching new teachers:

> All children need teachers who reject sentimentality and attend to their emotions, young children especially because they are particularly vulnerable during these early years when they must cope with a complex world at a time of great dependency in their development. Teachers need support in recognizing and coping with their own feelings if they are to accomplish such demanding work. I believe that I must attend to my students' feelings if I am to be effective at my work. (p. 170)

Just as students should look at each child as unique and full of possibilities so we must connect with each student to help her realize her capacity. Ayers (1993) says,

> The dizzying diversity of human experience and capacity alone demands that teachers look deeply at our students, that we see them as creatures like ourselves, and yet unique in important ways. This is a central challenge of teaching, and it is essentially a moral challenge; it cannot be resolved by referring to fact or to empirical data alone. There is no single, provable answer. (p. 21)

It is not always possible to know the journey a student is on, any more than we can know what is in store for a baby or toddler, but we can connect with each student and honor the possibilities. We can model in our relationship with them the qualities we hope they will take to their connections with children and families, respect, responsiveness, and caring.

I have learned from my discussions with the caregivers, and found my own teaching affected. I have tried to remain responsive to the moment. A few months ago, after I finished my interviews, I wrote this about a new group of ECEC students:

> "Those theorists," says one of the Early Childhood Education students I am teaching, "seems to me what they're saying is just common sense."

> I have been trying to start a discussion about the theories and ideas on which Early Childhood Education is built. No one is very interested.
>
> Instead, the conversation switches to a question in the course work: What would different theorists advise parents to do whose child would not sleep through the night in her own crib?
>
> "I just couldn't get my head around this question at all," says another student. " My son sleeps with me and my sister's son sleeps with her. I asked my mother and my auntie and they didn't know."
>
> Other students in this small class of eight have chimed in.
>
> We have moved from the tenuous ground of the theorists to the knowledge of known people, people one has a relationship with and who have authority in these women's lives. Stories begin to be told about what happens in each family. There is an unspoken consensus that they would advise taking the baby to the parents' bed. They are uncertain about what advice they would give for sleeping in the crib.
>
> In an attempt to return the conversation to the theorists I try to explain the work of theorists. "Those fellows have made up stories to explain what they have seen or experienced in their lives." That seemed to make them seem more approachable and we moved back to Piaget, Vygotsky and Erikson and left the question of the crib.

These women trusted the people they had relationships with for answers about childcare. The theorists seemed distant to them. Relationship is a powerful force. Like the caregivers I like the relationships that are part of teaching. It is filled with a web of connections—theory, practice, students, children, babies, practicum supervisors.

My teaching is about relationship, connection to students, connection to material, connection to children, connection to ideas. Entering into relationship with students I feel I am on a journey which forges its own course and demands its own time. Opportunities to understand a student's reality and perceptions allow me to respond in a congruent manner: congruent to the material, and congruent, I hope, with a student's perspective. This journey always includes

dead ends, false starts, unexpected surprises, uphill climbs, and breathtaking views.

The journey does takes time: I must wait for the right moment, and must match my pace to the student's pace. Within a safe relationship built over time, children and adults will take risks in thought and action--and so will teachers. The research relationship meant honoring the connections my participants had with their practice, my own connections with the practice and my connections with each of these women. Through careful attention our relationships emerged and grew in unexpected ways and directions. Thinking of ourselves as in relationship encourages us to be careful and caring. Mary Catherine Bateson (2000) says, "the gift of personhood is potentially present in every human interaction, every time we touch or speak or call one another by name, yet denial can be very subtle too, inflicted in the failure to listen, to empathize, to attend"(p. 62).

Tensions in Concepts of Time

From the interviews, a tension emerges in the way that time is conceptualized. The management of time is an issue: not having enough time to meet, or enough time for reflection. Caregivers indicated that they need time to debrief, to think aloud, and to reflect with their co-workers. To build a relationship takes time to best understand the position and perspective of a family, a child, or a co-worker. The routines of the day must be organized.

The management of time was approached differently. Conceiving of time as linear and dividable into chunks seemed to simplify the day and give a sense of efficiency. Time conceived of as multi-dimensional with an awareness of the baby's pace while varying the caregiver's pace to meet the situations seemed more complicated and yet seemed to fit with the notion of being responsive and relational. On the surface, the latter concept seemed less clear, as Sheryl noted that no two days were the same. Wien (1995) has studied the issue of time extensively and suggests that, "teachers' work is conflicted, contradictory, muddied, and torn by myriad demands of a dynamic lived life in which each teacher must negotiate her way, shaping small moments as she is shaped by the

very things she takes most for granted--especially conceptions of use of time" (p. 144). Caregivers' work seems to be no different.

Questions Unanswered

While the seven caregivers in this study have spoken deeply of their work, it would be valuable to conduct interviews with other caregivers. I would be particularly interested to speak with infant and toddler caregivers who have chosen not to engage in relationships with their babies or families. Why have they made that choice? Does one always perceive having a choice? Caregivers who do not have specific infant and toddler training would perhaps shed light on other aspects of caregiving. Interviews with additional caregivers working in other contexts, such as, family daycare homes or special needs nurseries, even intensive care nurseries in the hospital. would offer another perspective of caregiving relationships with children and their families.

The caregivers in this study spoke of the facets of their environments which supported them. The time needed for meetings was needed for caregivers to debrief and plan. How time was organized and viewed spoke to the role of the caregiver. How routines were handled focused attention on the child or on the routine. These observations call for further investigation.

Goelman, Doherty, Lero, LaGrange, and Tougas (2000) in their study *You Bet I Care!* recommended:

> Centre directors and staff must make the creation of a supportive work environment a high priority.
>
> Governments and centre operators must encourage and enable centre directors to take specialized training in leadership and administration (p. xvi).

There is a great deal more to learn about supervision. The supervisor is in a position which can support caregivers in their multiple relationships by providing a balancing perspective. A closer look at this role would illuminate what aspects of supervision support or block caregiving. It would be interesting to ask caregivers how they experience supervision.

Again, in *You Bet I Care!*, Goelman, et al. (2000) recommended,

> ECCE educational programs must assist students to recognize the importance of their feelings, and impress upon them the need for personal reflection and interpersonal communication with other staff and the centre director. (p. xvi)

Further thought and research should be focused on the type of preparation infant and toddler caregivers need before embarking on this work. Working in relationship was central to the practice as they described it. Given time, experience and support these caregivers had developed or were developing skills of empathy and thoughtfulness. Perhaps students could be introduced to these skills and begin to incorporate them into their practice.

Parents' perspectives could be an addition to this study. What is their perception of the relationship they have with caregivers and infant/toddler centres? What are important elements in their connections with the caregivers of their babies? Hearing from different groups of parents has the possibility of sensitizing the discussion to the variety of parenting experiences and situations.

There are many possible directions for further research. I hope others will join in this discussion and add their thoughts and perspectives.

Thoughts on Methodology

Doing research as an insider was rewarding and difficult. Knowing the field and having experienced work with children and families, I felt very comfortable in speaking with caregivers and observing in daycare centres. I enjoyed watching babies and toddlers in action. The caregivers are all people with whom I enjoyed talking. But it was also difficult, as I knew most of them.

Aware of the potential harm of this research I tried to be careful in my relationships with the caregivers. I had asked women who were deeply involved in their work and who were experienced and because I knew they would help me uncover the complex work of caregiving. It was not my intention to hurt caregivers and yet I did not want to turn away from troublesome issues. I tried to walk carefully and maintain a balance; at times I took risks. If a difficult situation arose my "bottom line" was to protect the caregiver. Nothing really difficult did arise.

Embedded in this community as someone who promotes good care for children and having been the teacher of some of the caregivers I was aware that caregivers might be reluctant to bring forth some issues which were troublesome or cast them in a poor light. As I was working in relationship, I would trust to that relationship and allow it to draw forth what it would. That seems to me the nature of relationship.

The peer reviewers were aware that I might need them for advice if a difficult situation arose. They had agreed to listen to my ideas and read some of the findings and also help me to debrief any problems which might arise. They helped in my thinking about contexts as they were both familiar with the situations. The job of researcher is lonely and both of these women helped to lessen the isolation. My peer review committee was an excellent sounding board. Knowing the community and the work of caregiving as well as being a step removed from the work of caregiving, they were in an excellent position to confer with and advise.

Struggling with issues of methodology I found my own practice as an early childhood educator highlighted in a different light. When faced with research decisions I used the ethic and philosophy I have developed as an early childhood educator. After it was all over, I realized I had tried to stay in relationship with the particular caregivers, with the material, with the practice and with myself—my own web of connections. Maintaining my balance and direction was at times difficult. In practice the babies and the toddlers inspire me while in the research the words of the caregivers gave me inspiration. In the end the research reflected the practice.

Using methods reflective of the practice of caregiving made it easier for me to adopt the role of researcher. The conversations I had were familiar, yet went deeper. The process of responding to the caregivers' narratives with my own narratives allowed me insights and understandings that were exciting. This work emerges from the interplay of the interviews, observations, and my own experiences.

This approach to research was particularly rewarding as I tried to remain congruent with my own values as a practitioner. Asking questions and thinking

about the answers is possible for other practitioners. Others in the field may find a resonance with the voices of the caregivers and the manner in which they are presented and feel encouraged to participate. My hope is that others will look at their practice and begin the journey of reflecting on theory and practice. Sharing our stories and gathering a multitude of perspectives will help us develop a full picture of the work of caring.

As I have said above my chief concern about doing this research in a small community with women I have worked with or taught was an ethical one. At one point in the process I wrote in my journal:

> Walking the slippery slopes of ethics is making me uneasy! Involved as I am in narrative, autobiography, and my own questions, I try to be aware of the effect of my words and my actions. I can get so wrapped up in my own ideas that they get in the way of seeing and hearing what may be right before me. My interactions with others affect my research; they affect how I do the research and how I write the research. My interactions and writing in turn affects others.
>
> I am asking women who work with infants in daycare settings how they understand the emotional side of the job. I have also cared for babies; my own stories are part of this process. I have worked side by side with some of the women I am interviewing while others are new to me. I am familiar with the centres in which I am observing. I am not disinterested.
>
> I have passed the ethics' review committee's hurdles. A tedious process, but their existence reminds us of our responsibility to act ethically. Their stamp of approval left me somewhat unsettled. I felt that the most ethically dangerous time was ahead of me. They wouldn't be there as I began to ask questions and ventured into other people's lives and space. Where were the guidelines and rules for my interactions with these women who look after babies?
>
> Whenever we interact with others we have a responsibility to act ethically. Philip Hallie (1997) says that "ethics is nothing more or less than the sporadic human effort to see and to treat all human lives as equally precious" (p. 6). Levinas (1987) calls it "being-for-the-other" (p. 4).

> To be responsible means I am answerable; to be answerable I must be appropriately responsive. The difficulty is that each situation and each person requires a different answer. I must be attentive and present to the situation and the person.
>
> Working with babies has taught me something about being present. With babies I learned to pay attention to the undercurrents of emotion, my own and the baby's, and to observe what was in front of me. Magda Gerber (1979) says that for babies, "'being who they are' is the curriculum" (p. 37). We must pay close attention to what is in front of us at that moment. This attentive presence seems to me an important part of working ethically. Because I am responsible for my presence and my responses; if I pay attention I am less liable to make a mistake --- but no guarantees.
>
> During this research process of interviewing and writing, my questions and conversations with this group of women and others have been most useful. The rules are slippery, changing with the situations and the people. Discussions, hearing the points of view of others keeps my own from becoming too narrow and self-absorbed. The conversations far from offering answers, acknowledge the complexities of life and explore possibilities of a delicate balance.

While this research has its own unique character there are elements which may be useful to others. Staying in relationship with myself as practitioner helped me make decisions about the research.

Conclusion

All the caregivers took a thoughtful and respectful approach to the infants in their care. They used mindfulness, empathy, and relationships with others to inform their practice. Although they had in common an ECEC course focused on infants and toddlers, these caregivers took their experiences and distilled them through their own belief systems and personal histories before evolving a personal style which became reflected in their relationships with the babies and parents.

Although they participate in a society which often thinks of caregivers' work as "baby-sitting", where caregivers' work is characterized by low wages and status, the women in this study still believe in the importance of what they

do. Jade, Rachel, Sheryl, and Lynn continue to work with babies. Dawn and Mary have taken time away from work to look after their own children. Mel is working with toddlers while waiting for acceptance into a nursing program.

All of these caregivers offered their narratives generously. While each caregiver is in the midst of her own history of connection and community, a baby is at the beginning of her / his own story of connection within community. How caregivers of infants and toddlers handle their connections with young children and their families has an impact. Bateson (1994) says, "personhood arises from a long process of welcoming closeness and continues to grow and require nourishment over a lifetime of participation" (p. 62).

I have been hesitant to offer strong recommendations, not because I do not feel strongly, but because I would prefer to offer these stories and voices for discussion and for thought. This has been a process of uncovering the thoughts of the caregivers, as well as my own. The value is found within the process and I urge others to embark upon it.

REFERENCES

Abram, D. (1996). The spell of the sensuous: Perception and language in a more-than-human world. New York: Pantheon Books.

Ainsworth, M. D. (1962). Infancy in Uganda: Infant care and the growth of love. Baltimore: John Hopkins University Press.

Ainsworth, M. D. (1964). Patterns of attachment behavior shown by the infant in interaction with his mother. Merrill-Palmer Quarterly, 10(1), 51-58.

Ainsworth, M. D. S., Bell, S. M., & Stayton, D. J. (1972). Individual differences in the development of some attachment behaviors. Merrill-Palmer Quarterly, 18, 123-143.

Ainsworth, M. D. S., & Bell, S. (1977). Infant crying and maternal responsiveness: A rejoinder to Gewirtz and Boyd. Child Development, 48, 1208-1216.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillside, NJ: Erlbaum.

Ames, E. (1997). The development of Romanian orphanage children adopted in Canada (Final report). Burnaby, BC: Simon Fraser University.

Attridge, C., & Callahan, M. (1987). Women in women's work: Nurses' perspective of quality work environments (Research Report #1). Victoria, BC: University of Victoria.

Ayers, W. (1991). Teaching and being: Connecting teachers' accounts of their lives with classroom practice. In L. Weis, P. G. Altbach, G. P. Kelly, & H. G. Petrie (Eds.), Critical perspectives on early childhood education, (pp. 45-62). Albany: State University of New York Press.

Ayers, W. (1993). To teach: The journey of a teacher. New York: Teachers College Press.

Barone, T. E. (1990). Using the narrative text as an occasion for conspiracy. In E. W. Eisner & A. Peshkin (Eds.), Qualitative inquiry in education: The continuing debate, (pp. 305-326). New York: Teachers College Press.

Bateson, M. C. (1984). With a daughter's eye: A memoir of Margaret Mead and Gregory Bateson. New York: Washington Square Press.

Bateson, M. C. (1989). Composing a life. New York: Penguin Books.

Bateson, M. C. (1994). Peripheral visions: Learning along the way. New York: Harper Collins.

Bateson, M. C. (2000). Full circles, overlapping lives: Culture and generation in transition. New York: Ballantine Books.

Beach, J., Bertrand, J., & Cleveland, G. (1998). Our child care workforce: From recognition to remuneration, more than a labour of love. Ottawa: Human Resource Development Canada.

Behar, R. (1996). The vulnerable observer: Anthropology that breaks your heart. Boston: Beacon Press.

Belenky, M. F., Bond, L. A., & Weinstock, J. S. (1997). A tradition that has no name: Nurturing the development of people, families, and communities. New York: Basic Books.

Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). Women's ways of knowing: The development of self, voice, and mind. New York: Basic Books.

Belsky, J., Rovine, M., & Taylor, D. G. (1984). The Pennsylvania Infant and Family Development Project, III: The origins of individual differences in infant-mother attachment: Maternal and infant considerations. Child Development, 55, 718-728.

Benner, A. (1999). Quality child care and community development: What is the connection? In S. Sullivan, K. Bose, & L. Levesque (Eds.), Research connections Canada: Supporting children and families, (pp. 82-105). Ottawa: Canadian Child Care Federation.

Benner, P., & Gordon, S. (1996). Caring practice. In P. Benner & N. Noddings (Eds.), Caregiving, readings in knowledge, practice, ethics and politics, (pp. 40-55). Philadelphia: University of Pennsylvania Press.

Benner, P., & Wrubel, J. (1989). The primacy of caring, stress and coping in health and illness. San Francisco: Addison Wesley.

Bernhardt, J. L. (2000). A primary caregiving system for infants and toddlers: Best for everyone involved. Young Children, 55(2), 74-80.

Bowden, P. (1997). Caring: Gender-sensitive ethics. New York: Routledge.

Bowlby, J. (1953). Child care and the growth of love. London: Pelican Books.

Bowlby, J. (1973). Separation: Anxiety and anger. (Vol. 2). Harmondsworth, England: Penguin Books Ltd.

Bowlby, J. (1978). Attachment. (2nd ed.). (Vol. 1). London: Penguin Books.

Bowlby, J. (1991). The making and breaking of affectional bonds. New York: Routledge.

Bowman, B. (1994). Thoughts on educating teachers. In S. G. Goffin & D. E. Day (Eds.), New perspectives in early childhood teacher education: Bringing practitioners into the debate, (pp. 210-214). New York: Teachers College Press.

Bowman, B., & Stott, F. (1996). Child development knowledge: A slippery base for practice. Early Childhood Research Quarterly, 11, 169-183.

Brazelton, T. B. (1983). Infants and mothers. (2nd ed.). New York: Dell Publishing.

Brazelton, T. B., Koslowski, B., & Main, M. (1974). The origin of reciprocity: The early mother-infant interaction. In M. Lewis & L. A. Rosenblum (Eds.), The effect of the infant on its caregiver, (pp. 49-76). New York: John Wiley & Sons.

Brazelton, T.B., & Cramer, B. (1990). The earliest relationship: Parents, infants, and the drama of early attachment. Reading, MA: Addison-Wesley Publishing Company, Inc.

Bredekamp, S. (Ed.). (1987). Developmentally appropriate practice in early childhood programs serving children from birth to age 8. Washington, DC: NAEYC.

Bredekamp, S., & Copple, C. (Eds.). (1997). Developmentally appropriate practice in early childhood programs. Washington, DC: NAEYC.

Brandt, R. (1999). Educators need to know about the human brain. Phi Delta Kappan, 81(3), 235-238.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. American Psychologist, 32(7), 513-531.

Bruer, J. T. (1999). The myth of the first three years. New York: Free Press.

Calhoun, C. (1992). Emotional work. In E. B. Cole & S. Coultrap-McQuin (Eds.), Explorations in feminist ethics, (pp. 117-122). Bloomington IN: Indiana University Press.

Canadian Child Care Federation / Canadian Child Care Advocacy Association. (1992). Caring for a living. Ottawa: Canadian Child Care Federation.

Cannella, G. S. (1997). Deconstructing early childhood education: Social justice and revolution. (Vol. 2). New York: Peter Lang.

Cannella, G. S. (1998). Early childhood education: A call for the construction of revolutionary images. In W. Pinar (Ed.), Curriculum toward new identities, (pp. 157-184). New York: Garland Publishing, Inc.

Casper, V. (1996). Making familiar unfamiliar and unfamiliar familiar. Zero to Three, 16(3), 14-20.

Chess, S., Thomas, A., & Birch, H. G. (1965). Your child is a person: A psychological approach to parenthood without guilt. New York: Viking Press.

Childcare Resource and Research Unit. (1997). Child care in Canada: Provinces and territories, 1995. Toronto: University of Toronto.

Chisolm, K. (1995). Orientation talk to prospective parents of international adoptees. Paper presented at the Attachment: Implications for infant / toddler caregivers conference, Victoria, BC.

Chisholm, K., Carter, M. C., Ames, E. W., & Morrison, S. J. (1995). Attachment security and indiscriminately friendly behavior in children adopted from Romanian orphanages. Development and Psychopathology, 7, 283-294.

Clarke-Stewart, A. (1992). Consequences of child care for children's development. In A. Booth (Ed.), Child care in the 1990's: Trends and consequences, (pp. 63-82). Hillsdale, NJ: Lawrence Erlbaum Associates.

Clarke-Stewart, A. (1993). Daycare. Cambridge, MA: Harvard University Press.

Clarke-Stewart, A. (2001). A new guide for evaluating child care quality. Zero to Three, 21(5), 40-47.

Cleveland, G., & Krashinsky, M. (1998). The benefits and costs of good child care: The economic rationale for public investment in young children . Toronto:

Childcare Resource and Research Unit, Centre for Urban & Community Studies, University of Toronto.

Clifford, J. (1986). Introduction: Partial truths. In J. Clifford & G. Marcus (Eds.), Writing culture: the poetics and politics of ethnography, (pp. 1-26). Berkeley, CA: University of California Press.

Clinchy, B. M. (1996). Connected and separate knowing: Toward a marriage of two minds. In N. Goldberger, J. Tarule, B. M. Clinchy, & M. Belenky (Eds.), Knowledge, difference, and power: Essays inspired by Women's Ways of Knowing, (pp. 205-247). New York: Basic Books.

Cole, E. B., & Coultrap-McQuin, S. (Eds.). (1992). Explorations in feminist ethics: Theory and practice. Bloomington, IN: Indiana University Press.

Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. Educational Researcher, 19(5), 2-14.

Corsaro, W. (1997). The sociology of childhood. Thousand Oaks, CA.: Pine Forge Press.

Cuffaro, H. K. (1995). Experimenting with the world: John Dewey and the early childhood classroom. New York: Teachers College Press.

Culkin, M. L. (Ed.). (2000). Managing quality in young children's programs: The leader's role. New York: Teachers College Press.

Dahlberg, G., Moss, P., & Pence, A. (1999). Beyond quality in early childhood education and care. London: Falmer Press.

Dalai Lama & Cutler, H. C. (1998). The art of happiness: A handbook for living. New York: Riverhead Books.

Delpit, L. (1995). Other people's children: Cultural conflict in the classroom. New York: The New Press.

Doherty, G. (1999a). Elements of quality. In S. Sullivan, K. Bose, & L. Levesque (Eds.), Research connections Canada: Supporting children and families, (pp. 5-56). Ottawa: Canadian Child Care Federation.

Doherty, G. (1999b). Multiple stakeholders: multiple perspectives. In S. Sullivan, K. Bose, & L. Levesque (Eds.), Research connections Canada: Supporting children and families, (pp. 57-81). Ottawa: Canadian Child Care Federation.

Doherty, G. (2001). Human resource challenges: You Bet I Care! Interaction, 15(3), 22-24.

Doherty, G., Lero, D. S., Goelman, H., LaGrange, A., & Tougas, J. (2000). You bet I care! A Canada wide study on wages, working conditions, and practices in child care centres. Guelph, ON: Centre for Families, Work, and Well-Being.

Donawa, M. W. (1999). A rebel band of friends: Understanding through women's narratives of friendship, identity, and moral agency. Unpublished doctoral dissertation. University of Victoria, Victoria, BC.

Dreyfus, H., & Dreyfus, S. (1985). Mind over machine: The power of human intuition and expertise in the era of the computer. New York: Free Press.

Dunst, C. J., Trivette, C. M., & Deal, A. G. (1994). Resource-based family-centered intervention practices. In C. J. Dunst, C. M. Trivette, & A. G. Deal (Eds.), Supporting and strengthening families, (Vol. 1, pp. 2-11). Cambridge, MA: Brookline Books.

Elliot, E. (Ed.). (1995). An introduction to attachment theory. Victoria, BC: Girls Alternative Program.

Elliot, E. (2001). The sensual side of caregving. The First Years: New Zealand Journal of Infant and Toddler Education, 3(1), 32-34.

Erikson, E. H. (1950). Childhood and society. New York: W.W. Norton & Co.

Eyer, D. (1992). Mother-infant bonding: A scientific fiction. New Haven: Yale University Press.

Eyer, D. (1996). Motherguilt: How our culture blames mothers for what's wrong. New York: Times Books.

Fancourt, R. (2000). Brain development and learning. The First Years: New Zealand Journal of Infant and Toddler Education, 2(2), 22-26.

Farquhar, S.-E. (2000). Re-valuing physical contact with young children. The First Years: New Zealand Journal of Infant and Toddler Education, 2(2), 5-9.

Fein, G. G. (1995). Infants in group care: Patterns of despair and detachment. Early Childhood Research Quarterly, 10, 261-275.

Fein, G. G., Garibaldi, A., & Boni, R. (1993). The adjustment of infants and toddlers to group care: the first 6 months. Early Childhood Research Quarterly, 8, 1-14.

Fitzgerald, F. S. (1963). The crackup. In A. Mizener (Ed.), The Fitzgerald reader, (pp. 405-410). New York: Charles Scribner's Sons.

Fowler, H. W., & Fowler, F. G. (Eds.). (1964). The concise Oxford dictionary (5th ed.). Oxford: Clarendon Press.

Gerber, M. (Ed.). (1979). Manual for parents and professionals. Los Angeles: Resources for Infant Educarers.

Gerber, M., & Johnson, A. (1998). Your self-confident baby: How to encourage your child's natural abilities—from the very start. New York: John Wiley & Sons.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

Gilligan, C. (1983) Do the social sciences have an adequate theory of moral development. In N. Haan, R. N. Bellah, P. Rabinow, & W. M. Sullivan (Eds.), Social science as moral inquiry, (pp. 33-51). New York: Columbia University Press.

Gilligan, C., & Wiggins, G. (1988). The origins of morality in early childhood relationships. In C. Gilligan, J. V. Ward, & J. M. Taylor (Eds.), Mapping the moral domain: A contribution of women's thinking to psychological theory and education, (pp. 111-140). Cambridge, MA: Harvard University Press.

Gladwell, M. (1997, Feb. 24). Damaged. The New Yorker, 132-147.

Goelman, H., & Pence, A. (1987). Effects of child care, family, and individual characteristics on children's language development: The Victoria day care research project. In D. Philips (Ed.), Quality in child care: What does research tell us?, (pp. 89-104). Washington, DC: National Association of Young Children.

Goffin, S. G., & Day, D. E. (Eds.). (1994). New perspectives in early childhood teacher education: Bringing practitioners into the debate. New York: Teachers College Press.

Goldberger, N., Tarule, J., Clinchy, B., & Belenky, M. (Eds.). (1996). Knowledge, difference, and power: Essays inspired by Women's Ways of Knowing. New York: Basic Books.

Goldstein, L. (1997). Teaching with love: A feminist approach to early childhood education. (Vol. 1). New York: Peter Lang.

Goleman, D. (1998). Working with emotional intelligence. New York: Bantam.

Goodwin, W. L., & Goodwin, L. D. (1996). Understanding quantitative and qualitative research in early childhood education. New York: Teacher's College Press.

Gonzalez-Mena, J. (2001). Multicultural issues in child care (3rd ed.). Mountain View, CA: Mayfield Publishing Co.

Gonzalez-Mena, J., & Eyer, D. W. (2001). Infants, toddlers, and caregivers (5th ed.). Mountain View, CA: Mayfield Publishing Co.

Gordon, A. M., & Browne, K. W. (2000). Beginnings and beyond. (5th ed.). Albany, NY: Delmar.

Gordon, S. (1996). Ella. In S. Gordon, P. Benner, & N. Noddings (Eds.), Caregiving: Readings in knowledge, practice, ethics and politics, (pp. 173-188). Philadelphia: University of Pennsylvania Press.

Greene, M. (1990). The tensions and passions of caring. In M. M. Leininger & J. Watson (Eds.), The caring imperative in education, (pp. 29-43). New York: NLN.

Greenough, W. T. (1990). Brain storage of information from cutaneous and other modalities in development and adulthood. In K. E. Barnard & T. B. Brazelton (Eds.), Touch: The foundation of experience, (pp. 97-128). Madison, WI: International Universities Press, Inc.

Grumet, M. (1988). Bitter milk: Women and teaching. Amherst, MA: University of Massachusetts Press.

Grumet, M. R. (1991). The politics of personal knowledge. In C. Witherell & N. Noddings (Eds.), Stories lives tell: Narrative and dialogue in education, (pp. 67-77). New York: Teachers College Press.

Gunnar, M. R., Brodersen, L., Krueger, K., & Rigatuso, R. (1996). Dampening of behavioral and adrenocortical reactivity during early infancy: Normative changes and individual differences. Child Development, 67(3), 877-889.

Hallie, P. (1997). Tales of good and evil, help and harm. New York: Harper Collins Publishers.

Hamilton, C. (1994). Moving beyond an initial level of competence as an infant teacher. In S. Goffin & D. Day (Eds.), New perspectives in early childhood teacher education: Bringing practitioners into the debate, (pp. 75-85). New York: Teachers College Press.

Hatch, J. A. (1995). Studying childhood as a cultural invention: A rationale and framework. In J. A. Hatch (Ed.), Qualitative research in early childhood settings, (pp. 117-135). Westport, CT: Praeger.

Hauser, M., & Jipson, J. A. (Eds.). (1998). Intersections: Feminisms and early childhoods. (Vol. 3). New York: Peter Lang.

Hertzman, C. (2000, Autumn). The case for an early childhood development strategy. Isuma, 1(2), 11-18.

Hochschild, A. (1983). The managed heart: Commercialization of human feeling. Berkeley: University of California Press.

Hofferth, S. L. (1992). Demand for and supply of child care in the 1990's. In A. Booth (Ed.), Child care in the 1990's: Trends and consequences, (pp. 3-25). Hillsdale, NJ: Lawrence Erlbaum Associates.

Honig, A. S., & Lally, J. R. (1990). Behavior profiles of experienced teachers of infants and toddlers. In A. S. Honig (Ed.), Optimizing early child care and education, (pp. 181-199). New York: Gordon and Breach Science Publishers.

Hopkins, J. (1990). Facilitating the development of intimacy between nurses and infants in day nurseries. In A. S. Honig (Ed.), Optimizing early child care and education, (pp. 99-111). New York: Gordon and Breach Science Publishers.

Howe, N., & Jacobs, E. (1995). Child care research: A case for Canadian national standards. Canadian Psychology, 36(2), 131-148.

Howes, C., & Hamilton, C. (1993a). Child care for young children. In B. Spodek (Ed.), Handbook of research on the education of young children, (pp. 322-336). New York: Macmillan.

Howes, C., & Hamilton, C. E. (1993b). The changing experience of child care: Changes in teachers and in teacher-child relationships and children's social competence with peers. Early Childhood Research Quarterly, 8, 15-32.

Howes, C., Phillips, D. A., & Whitebrook, M. (1992). Thresholds of quality: Implications for the social development of children in center-based child care. Child Development, 63, 449-460.

Howes, C., & Smith, E. W. (1995). Relations among child care quality, teacher behavior, children's play activities, emotional security, and cognitive activity in child care. Early Childhood Research Quarterly, 10(3), 381-404.

Hrdy, S. B. (1999). Mother nature: A history of mothers, infants and natural selection. New York: Pantheon Books.

Huebner, D. E. (1999). Spirituality and knowing. In V. Hillis (Ed.), The lure of the transcendent: Collected essays by Dwayne E. Huebner, (pp. 340-352). Mahwah, NJ: Lawrence Erlbaum, Publishers.

Hunter, T., & Gage, S. (1998). The self-assessment workbook: An evaluation tool kit for child care providers. Vancouver, BC: Early Childhood Educators of British Columbia.

Jayapal, P. (2000). Pilgrimage: One woman's return to a changing India. Seattle: Seal Press.

Jipson, J., Munro, P., Victor, S., Jones, K. F., & Freed-Rowland, G. (1995). Repositioning feminism and education: Perspectives on educating for social change. Westport, CT: Bergin & Garvey.

Jones, E., & Reynolds, G. (1992). The play's the thing: Teachers' roles in children's play. New York: Teachers College Press.

Jordan, J., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). Women's growth in connection: Writings from the Stone Center. New York: Guildford Press.

Jorde-Bloom, P. (1988). A great place to work: Improving conditions for staff in young children's programs. Washington, DC: National Association for the Education of Young Children.

Josselson, R. (1995). Imagining the real: Empathy, narrative and the dialogic self. In A. Lieblich (Ed.), Interpreting experience: The narrative study of lives, (pp. 27-58). Thousand Oaks, CA: Sage Publications.

Kagan, J. (1978). Infancy: Its place in human development. Cambridge, MA: Harvard University Press.

Kagan, J. (1984). The nature of the child. New York: Basic Books.

Kaplan, L. (1995). No voice is ever wholly lost. New York: Simon and Schuster.

Karen, R. (1994). Becoming attached. New York: Warner Books.

Katz, L. G. (1996). Child development knowledge and teacher preparation: Confronting assumptions. Early Childhood Research Quarterly, 11, 135-146.

Keating, D. P. & Mustard, J. F. (1996). Growing up in Canada: National longitudinal survey of children and youth. (StatsCan Report #89-550-MPE96001). Ottawa: Statistics Canada.

Kegan, R. (1982). The evolving self: Problem and process in human development. Cambridge, MA: Harvard University Press.

Kessler, S. A. (1991). Alternative perspectives on early childhood education. Early Childhood Research Quarterly, 6, 183-197.

Kohlberg, L. (1971). Stages of moral development as a basis for moral education. In C. Beck, B. S. Crittenden, & E. V. Sullivan (Eds.), Moral education: Interdisciplinary approaches, (pp. 23-92). Toronto: University of Toronto Press.

Kohlberg, L. (1981). The philosophy of moral development. San Francisco: Harper and Row.

Kottler, J. A. (1993). On being a therapist. San Francisco: Jossey-Bass.

Lagerway, M. (1998). Reading Auschwitz. Walnut Creek, CA: Altamira Press.

Lally, J. R. (1995). The impact of child care policies and practices on infant toddler identity formation. Young Children, 51(1), 58-66.

Lally, J. R. (Executive Producer), & Gilford, S. (Director). (1996). Protective urges: Working with the feelings of parents and caregivers [Video]. Sacramento, CA: West Ed: The Program for Infant Toddler Caregivers.

Lally, J. R., Griffin, A., Fenichel, E., Segal, M., Szanton, E., & Weissbourd, B. (1995). Caring for infants and toddlers in groups: Developmentally appropriate practice. Washington, DC: Zero to Three.

Lally, J. R., & Keith, H. (1997). Early head start: The first two years. Zero to Three, 18(2), 3-8.

Langer, E. (1989). Mindfulness. Reading, MA: Addison-Wesley.

Leavitt, R. L. (1994). Power and emotion in the infant-toddler day care. Albany: State University of New York Press.

Leavitt, R. L. (1995). The emotional culture of infant-toddler day care. In J. A. Hatch (Ed.), Qualitative research in early childhood settings, (pp. 1-19). Westport, CT: Praeger.

Leavitt, R. L., & Power, M. B. (1997). Civilizing bodies: Children in day care. In J. Tobin (Ed.), Making a place for pleasure in early childhood education, (pp. 39-75). New Haven: Yale University Press.

Lee, D. (2000). Myths or realities? Some thoughts about settling infants into early childhood centres. The First Years: New Zealand Journal of Infant and Toddler Education, 2(1), 13-15.

Lero, D. S., Pence, A. R., Shields, M., Brockman, L. M., & Goelman, H. (1992). Canadian national child care study: Introductory report. Ottawa: Statistics Canada and Health and Welfare Canada.

Levinas, E. (1987). Collected philosophical papers (Alphonso Lingis, Trans.). Dordrecht: Martinus Nijhoff.

Lieberman, A. F. (1993). The emotional life of the toddler. New York: The Free Press.

Lieberman, A. F. (1994). Early day care from an infant mental health perspective. In S. S. Chehrazi (Ed.), Psychosocial issues in day care, (pp. 69-174). Washington DC: American Psychiatric Press, Inc.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Newberry Park, CA: Sage Publications Inc.

Lubeck, S. (1985). Sandbox society: Early education in black and white America. London: The Falmer Press.

Lubeck, S. (1996). Deconstructing "child development knowledge" and "teacher preparation". Early Childhood Research Quarterly, 11, 147-167.

Lyons, N. P. (1988). Two perspectives: On self, relationships, and morality. In C. Gilligan, J. V. Ward, & J. M. Taylor (Eds.), Mapping the moral domain: A contribution of women's thinking to psychological theory and education, (pp. 21-48). Cambridge, MA: Harvard University Press.

Mahoney, M. (1996). Connected knowing in constructive psychotherapy. In N. Goldberger, J. Tarule, B. Clinchy, & M. Belenky (Eds.), Knowledge, difference, and power: Essays inspired by Women's Ways of Knowing, (pp. 126-147). New York: Basic Books.

Main, M., & Weston, D. R. (1981). The quality of the toddler's relationship to mother and father: related to conflict behavior and the readiness to establish new relationship. Child Development, 52, 932-940

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds.), Growing points in attachment theory and research, (Vol. 50, pp. 66-104): Monographs of the Society for Research in Child Development.

Mann, T. (1997). Promoting the mental health of infants and toddlers in early Head Start. Zero to Three, 18(2), 37-40.

Manning, R. (1992). Just caring. In E. B. Cole & S. Coultrap-McQuin (Eds.), Explorations in feminist ethics, (pp. 45-54). Bloomington and Indianapolis: Indiana University Press.

Marcus, G. F., Vijayan, S., Rao, S. B., & Vishton, P. M. (1999). Rule learning by seven-month-old infants. Science, 283, 77-80.

Mayfield, M. I. (2001). Early childhood education and care in Canada: Contexts, dimensions, and issues. Toronto: Prentice Hall.

McClelland, S. (2001, 17 September). Child poverty. Macleans, 114, 18-23.

Meloy, J. (1994). Writing the qualitative dissertation: Understanding by doing. Hillsdale, NJ: Lawrence Erlbaum Associates.

Merriam, S. B. (1998). Qualitative research and case study applications in education. San Francisco: Jossey-Bass Publishers.

Montagu, A. (1971). Touching: The human significance of the skin. New York: Harper and Row.

Muir, E. E., & Thorlaksdottir, E. (1992). Psychotherapeutic intervention with mothers and children in day care. American Journal of Orthopsychiatry, 64(1), 60-67.

Munro, P. (1998). Subject to fiction: Women teachers' life history narratives and the cultural politics of resistance. Philadelphia: Open University Press.

Myers, R. (1992). The twelve who survive: Strengthening programmes of early childhood development in the Third World. London: Routledge.

Nelson, M. K. (1990). Mothering others' children: The experiences of family day-care providers. Sign: Journal of Women in Culture and Society, 15(3), 586-605.

New, S. R. (1994). Culture, child development, and developmentally appropriate practices: Teachers as collaborative researchers. In B. L. Mallory & R. S. New (Eds.), Diversity and developmentally appropriate practices: Challenges for early childhood education, (pp. 65-83). New York: Teachers College Press.

Newberger, J. J. (1997). New brain development research— a wonderful window of opportunity to build public support for early childhood education. Young Children, 52(4), 4-9.

Noddings, N. (1984). Caring: A feminine approach to ethics and moral education. Berkeley: University of California Press.

Noddings, N. (1986). Fidelity in teaching, teacher education, and research for teaching. Harvard Educational Review, 56(4), 496-510.

Noddings, N. (1994). An ethic of caring and its implications for instructional arrangements. In L. Stone (Ed.), The education feminism reader, (pp. 171-183). New York: Routledge.

Noddings, N. (1996). The cared-for. In S. Gordon, P. Benner, & N. Noddings (Eds.), Caregiving: Readings in knowledge, practice, ethics, and politics, (pp. 21-39). Philadelphia: University of Pennsylvania Press.

Nouwen, H. J. M. (1975). Reaching out: The three movements of the spiritual life. New York: Doubleday.

Oxenhandler, N. (2001). The eros of parenthood: Explorations in light and dark. New York: St. Martin's Press.

Palacio-Quintin, E. (2000). The impact of day care on child development. Isuma, 1(2), 17-22.

Paley, V. G. (1979). White teacher. Cambridge, MA: Harvard University Press.

Paley, V. G. (1986). Boys and girls: Superheroes in the doll corner. Chicago: University of Chicago Press.

Paley, V. G. (1990). The boy who would be helicopter. Cambridge, MA: Harvard University Press.

Paley, V. G. (1992). You can't say you can't play. Cambridge, MA: Harvard University Press.

Paley, V. G. (1995). Kwanzaa and me: A teacher's story. Cambridge, MA: Harvard University Press.

Paley, V. G. (1997). The girl with the brown crayon. Cambridge, MA: Harvard University Press.

Palmer, P. (1983). To know as we are known: A spirituality of education. San Francisco: Harper.

Pawl, J., & St. John, M. (1998). How you are is as important as what you do... in making a positive difference for infants, toddlers, and their families. Washington, DC: Zero to Three.

Pence, A. R., & Benner, A. (2000). Child care research in Canada, 1965-99. In L. Prochner & N. Howe (Eds.), Early childhood care and education in Canada, (pp. 133-162). Vancouver, BC: UBC Press.

Penn, H. (1999). How should we care for babies and toddlers? An analysis of practice in out-of-home care for children under three (Occasional Paper 10). Toronto: Childcare Resource and Research Unit, Centre for Urban & Community Studies, University of Toronto.

Perry, B. (1993). Neurodevelopment and the neurophysiology of trauma. The APSAC Advisor, 6(1 & 2).

Phillips, D. A. (Ed.). (1987). Quality in child care: What does research tell us? (Vol. 1). Washington, DC: National Association for Young Children.

Pikler, E. (1979a). Forms of hospitalism in our days. In M. Gerber (Ed.), A manual for parents and professionals: Resources for infant educarers, (pp. 95-102). Los Angeles: Resources for Infant Educarers.

Pikler, E. (1979b). A quarter of a century of observing infants in a residential center. In M. Gerber (Ed.), A manual for parents and professionals: Resources for infant educarers, (pp. 90-92). Los Angeles: Resources for Infant Educarers.

Polanyi, M. (1958). Personal knowledge: Towards a post-critical philosophy. Chicago: University of Chicago Press.

Polkinghorne, D. E. (1988). Narrative knowing and the human sciences. New York: State University of New York Press.

Prochner, L. (1996). Quality of care in historical perspective. Early Childhood Research Quarterly, 11, 5-17.

Prochner, L. (2000). A history of early education and child care in Canada, 1820-1966. In L. Prochner & N. Howe (Eds.), Early childhood care and education in Canada, (pp. 11-65). Vancouver, BC: UBC Press.

Provence, S. (1974). A program of group day care for young children. Psychosocial Process Issues In Child Mental Health, 3(3), 7-13.

Ragack, S. (1998). Looking white people in the eye. Toronto: University of Toronto Press.

Raymond, J. G. (1986). A vision of female friendship. In J. G. Raymond (Ed.), A passion for friends: Toward a philosophy of female affection, (pp. 205-241). Boston: Beacon Press.

Registered Nurses Association of British Columbia, British Columbia Council of Licensed Practical Nurses, & Registered Psychiatric Nurse Association of British Columbia. (n.d.) Nurse-client relationships: A discussion paper on preventing abuse of clients and expectations for professional behavior. Vancouver, BC: Author.

Reite, M. (1990). Touch, attachment, and health: Is there a relationship? In K. E. Barnard & T. B. Brazelton (Eds.), Touch: The foundation of experience, (pp. 195-228). Madison, WI: International Universities Press, Inc.

Resch, R. C., Lillesov, R. K., Schur, H. M., & Mihalov, T. (1977). Infant day care as a treatment intervention. Child Psychiatry and Human Development, 7(3), 147-155.

Riessman, C. K. (1993). Narrative analysis. Newbury Park, CA: Sage Publications.

Rogoff, B. (1990). Apprenticeship in thinking: Cognitive development in social context. New York: Oxford University Press.

Roiphe, A. (1996). Fruitful: Living the contradictions: A memoir of modern motherhood. New York: Penguin.

Rose, E. (1999). A mother's job: The history of day care, 1890-1960. New York: Oxford University Press.

Rowe, D., Early, B., & Loubier, D. (1994). Facilitating the distinctive role of infant and toddler teachers. In S. Goffin & D. Day (Eds.), New perspectives in early childhood teacher education: Bringing practitioners into the debate, (pp. 17-28). New York: Teachers College Press.

Ruddick, S. (1983). Maternal thinking. In J. Trebilcot (Ed.), Mothering: Essays in feminist theory, (pp. 213-230). Totowa, NJ: Rowman and Allanheld.

Ruddick, S. (1989). Maternal thinking: Towards a politics of peace. New York: Ballantine Books.

Ryan, S. M., Oschner, C., & Genishi, C. (2001). Miss Nelson is missing! Teacher sightings in research on teaching. In S. Grieshaber & C. Cannella (Eds.), Embracing identities in early childhood education: Diversity and possibilities, (pp. 45-59). New York: Teachers College Press.

Scheper-Hughes, N. (Ed.). (1987). Child survival: Anthropological perspectives on the treatment and maltreatment of children. Dordrecht, Netherlands: D. Reidel Publishing Company.

Scheper-Hughes, N. (1992). Death without weeping: The violence of everyday life in Brazil. Berkeley, CA: University of California Press.

Schon, D. A. (1987). Educating the reflective practitioner. San Francisco: Jossey-Bass.

Schon, D. A. (Ed.). (1991). The reflective turn: Case studies in and on educational practice. New York: Teachers College Press.

Schultz, T. (1994). Listening to teachers to improve the profession. In S. Goffin & D. Day (Eds.), New perspectives in early childhood teacher education: Bringing practitioners into the debate, (pp. 66-71). New York: Teachers College Press.

Shamas, S. (1997). A trilogy of performances. Toronto: The Mercury Press.

Shepherd, R., Jones, J., & Robinson, H. T. (Eds.). (1996). Thinking about children: D. W. Winnicott. Reading, MA: Addison-Wesley.

Shonkoff, J., & Phillips, D. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. Washington, DC: National Academy Press.

Silin, J. G. (1997). The pervert in the classroom. In J. Tobin (Ed.), Making a place for pleasure in early childhood education, (pp. 214-234). New Haven: Yale University Press.

Smith, Dorothy E. (1987). The everyday world as problematic: A feminist sociology. Toronto: University of Toronto Press.

Smolak, L. (1986). Infancy. Englewood Cliffs, NJ: Prentice-Hall.

Spradley, J. P. (1980). Participant observation. Fort Worth, TX: Holt, Rinehart and Winston.

Steinhauer, P. (1999). How a child's early experiences affect development. Interaction, 13(1), 15-22.

Sullivan, S., Bose, K., & Levesque, L. (Eds.). (1999). Research connections Canada: Supporting children and families. Ottawa: Canadian Child Care Federation.

Suransky, V. P. (1983). The erosion of childhood. Chicago: University of Chicago Press.

Swadener, B. B., & Lubeck, S. (Eds.). (1995). Children and families "at promise": Deconstructing the discourse of risk. Albany: State University of New York Press.

Thompson, A. (1998). Not the color purple: Black feminist lessons for educational caring. Harvard Educational Review, 68(4), 522-554.

Tobin, J. (Ed.). (1997). Making a place for pleasure in early childhood education. New Haven: Yale University Press.

Tobin, J., & Davidson, D. (1990). The ethics of polyvocal ethnography: Empowering vs. textualizing children and teachers. Qualitative Studies in Education, 3(3), 271-283.

Tobin, J., Wu, D., & Davidson, D. (1989). Preschool in three cultures: Japan, China, and the United States. New Haven: Yale University Press.

Ulrich, L. T. (1990). A midwife's tale: The life of Martha Ballard based on her diary, 1785-1812. New York: Vintage Books.

Vanier, J. (1998). Becoming human. Toronto: Anansi.

Vanier Institute of the Family. (2000). Profiling Canada's families II . Ottawa: Author.

Waerness, K. (1996). The rationality of caring. In S. Gordon, P. Benner, & N. Noddings (Eds.), Caregiving: Readings in knowledge, practice, ethics, and politics, (pp. 231-253). Philadelphia: University of Pennsylvania Press.

Walker, M. U. (1992). Moral understandings: Alternative epistemology for a feminist ethics. In E. B. Cole & S. Coultrap-McQuin (Eds.), Explorations in feminist ethics: Theory and practice, (pp. 165-175). Bloomington: Indiana University Press.

Walsh, D. J., Tobin, J. J., & Graue, M. E. (1993). The interpretive voice: Qualitative research in early childhood education. In B. Spodek (Ed.), Handbook of research on the education of young children, (pp. 464-476). New York: Macmillan.

Watson, J. (1928). Psychological care of infant and child. New York: W. W. Norton & Co.

Webster's Seventh New Collegiate Dictionary. (1965). Springfield, MA: G. & C. Merriam Company.

Werner, E. E. (1987). Vulnerability and resiliency: A longitudinal study of Asian Americans from birth to age 30. Paper presented at the International Society for the Study of Behavioural Development, Tokyo, Japan.

Werner, E. E., & Smith, R. S. (1982). Vulnerable but invincible: A longitudinal study of resilient children and youth. New York: McGraw-Hill.

Whaley, K., & Rubenstein, T. S. (1994). How toddlers do friendship: A descriptive analysis of naturally occurring friendships in a group child care setting. Journal of Social and Personal Relationships, 11, 383-400.

Whitebrook, M., Howes, C., & Phillips, D. A. (1990). Who cares? Child care teachers and the quality of care in America. The National child care staffing study. Oakland, CA: Child Care Employee Project.

Whiting, B. B., & Edwards, C. P. (1988). Children of different worlds: The formation of social behavior. Cambridge, MA: Harvard University Press.

Wien, C. A. (1995). Developmentally appropriate practice in “real life": Stories of teacher practical knowledge. New York: Teachers College Press.

Wien, C. A. (1996). Time, work, and developmentally appropriate practice. Early Childhood Research Quarterly, 11, 377-403.

Williams, L. R., & Fromberg, D. P. (Eds.). (1992). Encyclopedia of early childhood education. New York: Garland Publishing.

Winnicott, D. W. (1987). The child, the family, and the outside world. Reading, MA: Addison-Wesley.

Wright, S. (2001). Closing our eyes very tightly: Attachment theory in the lives of children and other people. The First Years: New Zealand Journal of Infant and Toddler Education, 3(2), 14-18.

Yelland, N. J. (Ed.). (2000). Promoting meaningful learning: Innovations in educating early childhood professionals. Washington, DC: National Association for Young Children.

Yonemura, M. V. (1994). Accomplishing my work as a teacher educator: Hopes, practices, supports, and constraints. In S. Goffin & D. Day (Eds.), New perspectives in early childhood teacher education: Bringing practitioners into the debate., (pp. 167-181). New York City: Teachers College Press.

Young-Bruehl, E., & Bethelard, F. (2000). Cherishment: A psychology of the heart. New York: The Free Press.

Zeanah, C. H., Mammen, O. K., & Lieberman, A. F. (1993). Disorders of attachment. In C. H. Zeanah (Ed.), Handbook of infant mental health, (pp. 332-349). New York: The Guilford Press.

Zimmerman, L., & McDonald, L. (1995). Emotional availability in infants' relationships with multiple caregivers. American Journal of Orthopsychiatry, 65(1), 147-152.

APPENDIX A

Attachment: A Journal Dialogue[8]

Note: This journal dialogue was used among staff in a centre where I was a co-supervisor. We used this as a means of getting deeper into the difficult issues which were happening around issues of attachment. (It has been edited slightly).

Enid: Is there unhealthy attachment? What do people think?

I certainly think there is, but how do we define it?

Can we let children control the attachment?

Attachment has the ability to be freeing for a child or to be suffocating.

Perhaps when the child controls the attachment- he asks for you, he decides you are the person he'll rely on primarily- is that better?

In old days grandmas and aunties would be looking after children and I'm sure children attached to them. Is it any different? Or is it our feeling of blood vs. water and we are not in their lives permanently? Aunties and grandmas also dropped out of children's lives to raise their own families or to die or whatever.

I think all of us respond with our own needs, but that is normal. When are adult needs over the line of normal? When the child becomes an object whose sole purpose is to fulfill our needs. (Is the child seen as whole?) When the adult constantly initiates the closeness. When the adult treats the child inappropriately.

Is it scary to feel so attached to a child? Are we more attached to one child than another and worried about fairness? We must watch our interactions with all the children.

To me, professionalism is the awareness of the dynamics occurring and it not affecting the program and other children. The lovely feeling of closeness with a baby/toddler is a gift which brings new realms of feelings, but does not get in the way of our caregiving or our relations with parents or support of the parent-child bond.

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[8] See Chapter 1 for a fuller explanation of this journal. In 1991, staff at the school-based program used a journal dialogue to explore some of the emotional issues of attachment. These notes circulated among the staff for about two-three weeks with everyone reading it, discussing it and when someone was moved to do so taking it home to write in it.

Children this age need this kind of attachment. It is different with 3-5 year olds. This difference may be a problem when people are used to 3-5 year olds. Babies do know who their parents are, but need caregivers too. In at-risk situations a child may need to develop a fiercer attachment to a caregiver but they know the difference as long as you do. The difference is that the child will 18 years with the parent and really the whole life with that person as their parent and 1-2 years with you. You relish the closeness with the child and relish a closeness with the mom (auntie role!).

What about our own fear of detaching?

Child's own healthy instincts to attach?

A friend is leaving and gives you the cold shoulder before she leaves. Does it make your detachment easier? I would prefer to remain close and cry and hug it feels cleaner.

We must think of the close attachments we've had. Some have been long term, others have been short term but they have all enriched our lives.

Does separation bring up our feelings around separation?

What thoughts does everyone have?

W: Just reading this clarifies some issues for me. I agree that an attachment to a primary caregiver is vital, but I never realized how strong the emotional pull would be. It can be a little scary and I worry about the lines between healthy and unhealthy attaching. I guess after our meeting and reading a few things I'm looking at it a little differently. Perhaps the emotional needs of a child under stress might be more intense and so my role as primary caregiver is to meet those needs or at least try and 'be there' for the baby. They will be with the parents forever so the cliché 'better to have loved and lost than never loved at all' is key. I would have at least given the baby a chance to feel trust, security, attachment and love at daycare. I think that this is a much taller order than I realized, but how vital!! I've been trying to 'really give' during caregiving routines so that maybe the babies will 'fill up' and be more content during 'play(?)'—the theory that some full attention versus most 1/2 time 'thereness' is more satisfying.

I'm very aware and always remembering that they are not 'my kids' and that their mothers are the prime caregivers and that I try to support and encourage that bond but I do feel sad and frustrated when it doesn't seem to be working. This (negatively?) could / can / does cause me to be 'extra there'- is that so good (?) (judgments on my behalf- I know).

Anybody else-?

Enid: You talk about being 'extra there' and it may indeed come from a feeling of that baby having a more stressful relationship with his mother but is there a situation where the baby in the stressful situation encourages you to be 'extra there'?

I like the concept [we had discussed Lilian Katz's idea of parents have optimal closeness and caregivers have optimal distance] of 'optimal closeness' and 'optimal distance'— how should we put it into words? I'll make a chart and others add to it as you think of things. We will try to translate two phrases into practical, concrete situations / actions.

Optimal Closeness	Optimal Distance
'my baby' (this is from you, W.)	naming the baby-careful to never be possessive
holding to satisfy own bonding need	holding when baby asks
doing everything for baby, or rather feeling one should	allowing others to do feeding, diapering, when baby feels OK / allowing baby to separate when crawling- allow distance to happen
leave baby at daycare and be concerned if there is need	going home and not worrying about baby
to see only your baby	to see the baby as part of the group
kissing the baby	leaving that as 'special' between mom and baby
using snugli	is this too close to have baby Maybe useful at certain times

I love the idea of everyone trying W's idea—totally focusing during routines (what we aim at, but do we really do it?) and be unaware of others just the baby. Then allow the baby space to do what she is able to do. We must also really tune into babies- are they really tired or hungry? If we spend too long getting them to sleep we've not been accurate in our reading.

When we talk of attachments—do we attach more to some babies than others? If we do, what do we do about it?

S: 'Hi', well I just want to make some general statements on 'attachment.' I am starting to feel strongly that with young infants it is very important to practice attachment (healthy) attachment behaviors. I would sacrifice my own emotional well-being to be able to offer this to a child. I used to think attaching to a child and then leaving it is dishonest and unfair to the child. Because of my experiences and observations at this daycare, I feel stronger than ever with regards to healthy attachment. I try and look at the future benefits for the child in the long run, it will show. I'm happy to say that it is not a struggle for me anymore because I have looked within and I know what I believe in and how I want to help make the future a better one. I just have to be strong and believe!

Jade: I'm finding reading and talking about others' views on attachment, detachment extremely helpful. I realize it's not as simple as the isolated incidents of caregiving in this center. We all come with our own attachments, detachment behaviors of our past! Health—unhealthy? it's what we come with and is such an emotional issues that I find it isn't clear. You feel so deeply and then begin to question just what is healthy or not in these feelings. Letting the child take the lead seems to me to be the key for judging healthy. This calls for a constant awareness from us, the adults in the situation. Not always easy, but then growth and awareness aren't always an easy path.

I haven't found the subject one that many people discuss and I realize how isolated I've felt in the past when dealing with it. I really appreciate the team of individuals I work with that strive as a team to work on common goals for the healthiest way to work with children. The closeness of working in a team sure

helps me to resolve issues that might take me much longer on my own. I appreciate the sensitivity of everyone when I broke down in my own individual struggle with this. To see a team effort of problem solving a struggle we all deal with is extremely beneficial. I feel that the thin line between healthy and unhealthy is becoming clearer as we all work to define it. What a team!

W: Here, here, Jade! This dialogue has been invaluable and so beneficial. It sure is easier, more comforting , honest and real here thanks to all of you. I feel like I'm coming through a learning 'uh-huh' right now with regards to attachment. I think because I'm feeling better about it, it is better. The under-3 course and all its readings have also helped to discover the intricacies and necessities of attaching. I think I just got overwhelmed by it for awhile and worried that is was crossing over to the unhealthy. What it has done has made me really check with myself and become more aware of practicing the 'let the baby lead the dance.' I've been finding it interesting that since we've been really talking about primary caregiving and attachment that the children appear very comfortable with all of us. They still prefer their primary caregivers for needy times like getting hurt or sleepy but they are allowing all of us to interact in the other functions. I still think it's important to have one person who is really tuned into you, and ready to try and meet your needs, but how nice to know there's a whole group of people who care.

Enid: S, I'm reading yours now and think I'll respond as I go along, first to you and then Jade and then W... as I see things which trigger thoughts with me. I know the thought of being willing to sacrifice one's own emotional well-being, but it's not a good idea to do that or really even say that. It's important to keep one's emotional well being healthy, and that doesn't always mean happy! You really care for the children and want the best for them but to give them the best we must keep ourselves well-balanced. You are right that our beliefs keep us strong because they give us direction and purpose. I think this is an important component in a job- to feel one is acting in accordance with one's beliefs. It is important to continually look at and discuss what one is doing to see if it, indeed,

matches our beliefs. Jade, you are so right about the need for the team to work on this attachment issue and through the team work we problem solve in a more through, beneficial and quicker way. Other people can give us perspectives on our own thoughts and open new lines of thinking. We all do bring our own feelings on attachment and separation and ways of dealing with these issues. They are both basically quite emotional and we go through lots of separations in our life which affect us. W, what an interesting perception about how our discussion parallels the kids relaxing a bit. We can speculate that the adults have relaxed and the kids have picked up on it. Here are some other things which have happened: the small group has remained in constant contact for a couple of months. The kids do attach to each other and the group has gotten lots of security from each other. They also attach to the environment. It is also nice how the babies enjoy everyone and that there's a feeling of extended family. I think the kids pick up on the feel of the team commitment to each other and the good feelings people feel towards other team members.

APPENDIX B

Letters of Introduction and Permission

Daycare Centre for Infants
Address
date

Dear Daycare Supervisor,

I am an Early Childhood Education doctoral student at University of Victoria. I am conducting research into the nature of the emotional work involved in working with infants. I am hoping to interview caregivers about their work and how they manage the emotional tensions which are part of the job.

I will be interviewing four caregivers from four different centres. I will then observe in each centre for a total of five to six days. After the first interview and the observations I will give each caregiver a feedback paper about what I have seen and heard and get their reactions and corrections to what I have written.

The whole process will be entirely confidential and voluntary. I will lock up the interviews and only I will have access to the data. Your name will not be attached to any published results and anonymity will be protected by using code number to identify results obtained from individual subjects.

The interviews will be audio-taped and will be destroyed at the end of the project. I will use running records while in the centre. These will be coded and only I will know the codes.

I am hoping that you will have a caregiver who has her under-three license and at least one year of experience who would be interested in participating. I am willing to share any insights or feedback I have concerning the centre with you. At any point you may ask for feedback.

The intent of this project is to understand from the caregivers' point of view and to understand the different situations that caregivers work in. If there are any concerns at any time I am available at 386-9326 and my supervisor is Dr. Margie Mayfield, Faculty of Education.

I will follow up this letter with a phone call to see if you are interested and if you can recommend a caregiver from your staff.

Thank you

Enid Elliot, M.A.

Consent form for participation in the study called "The Emotional Work of Infant Caregivers"

This study is looking into the nature of the emotional work involved in working with infants. You will be asked about your practice and how you manage the emotional tensions which are part of the job. There will be a preliminary interview. After that I will observe in your centre for at least six days. I am interested in how your theory is put into practice. There will be follow-up interviews where I will make sure that I misunderstanding your ideas and your situation.

Your participation is completely voluntary and you may withdraw at any time, without explanation. You have the right to refuse to answer any questions you do not wish to answer.

Any data collected in the study will remain confidential; interview results will be kept in a locked filing cabinet in a locked office. Only the researcher will have access to the results. Your name will not be attached to any published results, and anonymity will be protected by using code number to identify results obtained from individual participants.

Your interviews will be audio-taped and erased after the study has been written up.

If you have any questions or concerns you may always call me at home.

Enid Elliot
386-9326

APPENDIX C

Community Care Facility Act

COMMUNITY CARE FACILITY ACT

[RSBC 1996] CHAPTER 60

[Updated to September 6, 2000]

Contents

Definitions

1 In this Act:

"board" means the Community Care Facility Appeal Board continued under section 15;

"community care facility" means any facility that

(a) provides care, supervision, social or educational training or physical or mental rehabilitative therapy, with or without charge, to 3 or more persons not related by blood or marriage to an operator of the facility,

(b) provides food and lodging

(i) with or without charge to 3 or more pregnant women during any portion of their pregnancy, or during the 3 months immediately following delivery, or

(ii) to 15 or more persons to or for each of whom income assistance is provided under the BC Benefits (Income Assistance) Act, a youth allowance is provided under the BC Benefits (Youth Works) Act or a disability allowance is provided under the Disability Benefits Program Act, or

(c) is designated by the Lieutenant Governor in Council as a community care facility,

but does not include any of the following:

(d) a school under the School Act;

(d.1) a francophone school as defined in the School Act;

(e) any portion of a facility licensed under the Hospital Act;

(f) a home approved as a foster home under the Child, Family and Community Service Act;

(g) a home designated as a youth custody centre under the Correction Act;

(h) a school primarily providing, in the opinion of the director, educational training for children 6 years of age or more;

(i) an approved home under the Mental Health Act;

(j) a facility designated by order, or a class of facility designated by regulation, of the Lieutenant Governor in Council not to be a community care facility;

(k) a home providing day care for a sibling group only;

"director" means the director of licensing designated under section 2;

"medical health officer" has the same meaning as in the Health Act;

"minister" includes a person designated in writing by the minister;

"municipality" includes a village municipality and a regional district;

"resident" means a person who resides in a community care facility;

"sibling group" means a group of 3 or more children

(a) who reside in the same household if they are in the care of a person who is with respect to each child

(i) a parent of the child,

(ii) a person with whom the child is placed under the Child, Family and Community Service Act,

(iii) a person who has custody or guardianship of the child under an order of a court, or

(iv) the spouse of a person referred to in subparagraph (i) or (iii) if that person resides in the household, or

(b) who are recognized by the director as a sibling group.

Director of licensing

2 (1) The minister must designate a person in the ministry who is employed under the Public Service Act to be the director of licensing.

(2) The director may delegate, in writing, any power or duty of the director under this Act or the regulations to

(a) any person employed in the ministry under the Public Service Act, or

(b) a medical health officer.

Operating or advertising without licence

3 A person must not

(a) operate, advertise or otherwise hold himself or herself out as operating, a community care facility,

(b) provide, or hold himself or herself out as providing, any of the services provided in a community care facility, or

(c) accommodate, or hold himself or herself out as accommodating, any person who, in the opinion of a medical health officer, requires any of the services provided in a community care facility,

unless the person holds a valid and subsisting licence or interim permit issued under this Act that authorizes the person to provide those services offered at the facility.

Powers of medical health officer

4 (1) Subject to this Act and the regulations, a medical health officer may issue to an applicant a licence to operate a community care facility if the medical health officer is of the opinion that

(a) the applicant,

(i) if a person other than a corporation, is of good character and has the training, experience and other qualifications required under the regulations, and the personality, ability and temperament necessary to operate a community care facility in a manner that will maintain the spirit, dignity and individuality of the person being cared for, or

(ii) if a corporation,

(A) has a director permanently resident in British Columbia,

(B) has appointed as manager of the community care facility a person who meets the requirements under subparagraph (i), and

(C) has delegated to that manager full authority to operate the community care facility in accordance with the requirements of this Act and the regulations,

(b) the building or structure to be used by the community care facility will be used

(i) to provide day care for no more than 8 persons, or

(ii) as a residence for no more than 10 persons, not more than 6 of whom are persons in care,

who can either be safely removed from the building or structure by the staff or can make their way from the building or structure unaided in the event of fire, and that the building or structure

(iii) complies with this Act and the regulations, and

(iv) complies with all Provincial and municipal enactments relating to fire and health that are applicable to a dwelling house in use as a private family home, and

(v) [Repealed 1999-12-1.]

(c) the building or structure to be used by the community care facility, if it is not a dwelling house under paragraph

(b), complies with this Act and the regulations and all applicable Provincial and municipal enactments relating to fire and health.

(2) If a medical health officer is of the opinion that an applicant has complied with all of the requirements of subsection (1) that may significantly affect health or safety and is in the process of complying with the other requirements of subsection (1), the medical health officer may issue to the applicant, on terms and conditions the medical health officer considers necessary or appropriate, one or more interim permits to operate a community care facility for a period not exceeding a total of one year.

(3) A medical health officer may specify on a licence or interim permit the type of service that the person may provide in the community care facility.

Variance committee

5 (1) There is to be a variance committee chaired by the director and composed of the director and other employees employed under the Public

Service Act who are designated by the minister.

(2) The director may establish one or more panels composed of

(a) the director alone, or

(b) the director and the members of the variance committee that the director selects.

(3) A panel may grant an exemption from a requirement of this Act or the regulations if

(a) a licensee or applicant for a licence requests the exemption, and

(b) the panel members in attendance at the consideration of the request all agree that complying with the requirement would cause undue hardship to the licensee or applicant and that granting an exemption would not increase the risk to the health or safety of persons receiving care in a facility of the licensee or applicant.

(4) In granting an exemption under subsection (3), a panel may substitute another requirement in order that the health and safety of the clients in the facility of the licensee or applicant are safeguarded.

Suspension or cancellation of licence or permit

6 If the director determines following a hearing that a licensee or permit holder has contravened an enactment of British Columbia or of Canada or a term or condition of the licence or interim permit, the director may attach terms or conditions to, suspend or cancel the licence or interim permit.

Summary action

7 (1) The director may, without notice or a hearing, attach terms or conditions to or suspend a licence or interim permit until the commencement or completion of a hearing under section 6 if the director has reasonable grounds to believe that the health or safety of persons cared for at the community care facility is at risk if the terms or conditions are not attached or the suspension is not imposed.

(2) If the director has acted under subsection (1), the director must commence a hearing as soon as practicable if a hearing is not already in progress.

Standards to be maintained

8 A licensee or interim permit holder must do all of the following:

(a) only employ at a community care facility persons of good character who meet the standards for employees specified in the regulations;

(b) operate the community care facility in a manner that will maintain the spirit, dignity and individuality of the persons being cared for;

(c) operate the community care facility in a manner that will promote the health and safety of persons in care.

Early childhood educator certificate

9 (1) The director may issue a certificate to a person stating that the person has the training, experience and other qualifications required by the regulations to act as an early childhood educator or as an early childhood educator of a particular class or otherwise to act as specified in the certificate.

(2) The director may, following a hearing at which he or she determines that cause exists, attach terms or conditions to or suspend or cancel a certificate issued under subsection (1).

Appointment of an administrator

10 (1) The minister may appoint an administrator to operate a community care facility for a period specified by the minister if the minister has reasonable grounds to believe that the health or safety of persons cared for at the community care facility is at risk because of

(a) an act or omission of the licensee or permit holder or of the staff, or

(b) the condition of the facility.

(2) The minister must serve a notice of appointment of an administrator on the licensee or permit holder.

(3) The administrator may exercise all powers necessary to continue the operation of the community care facility and, without limiting that power, may

(a) hire staff and pay their remuneration,

(b) order the clients to pay any fees or charges directly to the administrator, and

(c) notify the Minister of Finance and Corporate Relations of the appointment.

(4) After the Minister of Finance and Corporate Relations is notified of the administrator's appointment, all payments by the government for services rendered to persons cared for at the community care facility must be made directly to the administrator.

(5) The administrator must render an accounting of the operation to the minister at the end of the period of the appointment, and any excess of revenue over expenditure must, after deduction of the administrator's fees, be paid to the licensee or permit holder.

(6) The minister must determine the fees to be paid to the administrator, but, if there is insufficient money to pay those fees under subsection (5), the minister must pay the difference.

Display and expiry of licence

11 (1) A person who has been issued a licence or an interim permit under this Act must display the licence or interim permit in a conspicuous place in the community care facility.

(2) Subsection (1) does not apply if the community care facility is a dwelling house under section 4 (1) (b).

(3) If a person who has been issued a licence or interim permit under this Act ceases to operate the community care facility for which it is issued

(a) the licence or interim permit expires, and

(b) the person must surrender the licence or interim permit to the director.

Certain laws not to apply

12 If a licence or interim permit has been issued for a building or structure referred to in section 4 (1) (b) of this Act or in section 5 (a) (iii) of the Community Care Facility Act, R.S.B.C. 1979, c. 57, as it was before or after July 17, 1989, a provision in an enactment of British Columbia, other than this Act, or of a municipality does not apply to the building, structure or community care facility if that provision would

(a) limit the number or type of persons who may be cared for at that building, structure or community care facility, or

(b) apply to the building, structure or community care facility only because

(i) it is not being used as a single family dwelling house, or

(ii) it operates as a community care facility, a charitable enterprise or a commercial venture.

Arbitration in case of conflicting regulations

13 (1) If the building or structure, for which an application for a licence as a community care facility is made under this Act, does not comply with the applicable municipal enactments referred to in section 4 (1) (b) or (c), but is otherwise in compliance with that section, and if the municipality, on application for a variation of the enactment or for an exemption from it, refuses the application, the applicant for a licence may notify the minister and the municipality in writing that the applicant requires the matter to be determined by arbitration.

(2) On receiving the notification, the minister and the municipality may each appoint one arbitrator, and the 2 arbitrators must, within 10 days of the date of the last appointment, appoint a third arbitrator.

(3) If the 2 arbitrators fail to appoint a third arbitrator within the time limited by subsection (2), the applicant or the minister or the municipality

may apply to the Supreme Court, after notice to the other parties as required by the Rules of Court, for the appointment of a third arbitrator.

(4) On their appointment as provided in this section, the arbitrators, after considering the public interest, may

(a) dismiss the application, or

(b) order that the applicant be exempted from the enactment.

(5) An order made under subsection (4) is final and binding on the applicant and the municipality, and if the building or structure is exempted under subsection (4) (b), the subsequent owners of the building or structure continue, subject to compliance with this Act, to be exempted from the enactment so long as the building or structure is licensed as a community care facility under this Act.

(6) Except as otherwise provided in this section, the Commercial Arbitration Act applies to an arbitration under this Act, but the applicant for a licence must pay all the costs of the arbitration.

Duties of medical health officer

14 The medical health officer appointed under the Health Act for an area of British Columbia must do the following:

(a) investigate every application for a licence to operate a community care facility within that area and report to the director respecting the application, or any other matter relevant to it requested by the director;

(b) investigate every complaint that an unlicensed community care facility is being operated within that area, or that a community care facility being operated within that area under a licence or interim permit does not fully comply with this Act or the regulations, and report the result of the investigation and make a recommendation to the director;

(c) carry out inspections, whenever the medical health officer considers it necessary, of every community care facility that is being operated within that area under a licence or interim permit and report the results of the inspections to the director;

(d) perform additional duties in the administration of this Act that the Lieutenant Governor in Council may direct by regulation.

Appeals to the board

15 (1) The Community Care Facility Appeal Board is continued consisting of the members the Lieutenant Governor in Council appoints.

(2) An applicant for a licence, interim permit or certificate or a licensee, a permittee or a certificate holder may appeal to the board under this section if

(a) the minister has appointed an administrator under section 10,

(b) the director has

(i) refused to issue a certificate under section 9 (1), or

(ii) attached terms or conditions to, suspended or cancelled a licence or an interim permit under section 6 or 7 or a certificate under section 9 (2),

(c) a medical health officer has refused to issue a licence or interim permit under section 4, or

(d) a panel has refused to grant an exemption under section 5.

(3) A person may appeal to the board under this section if

(a) a panel has granted an exemption under section 5, and

(b) the exemption may reasonably be expected to cause an increase in the risk to the health or safety of a person in the facility for which the exemption is granted.

(4) If an appeal is brought under subsection (3), the person who was granted the exemption that is the subject of the appeal is a party to the appeal.

(5) If an appeal to the board is brought under this section, the person or panel that made the decision or order under appeal may stay its decision or order until the outcome of the appeal if the stay does not entail risk to the health or safety of clients in a facility.

(6) Sections 1, 3 (1) (b) and (c) and (2) to (4), 4, 5, 7, 8, 19 and 21 of the Commercial Appeals Commission Act apply to an appeal under this section as though

(a) the board was the commission,

(b) members of the board were members of the commission, and

(c) the minister, the director, a medical health officer or panel was the officer

under that Act.

Inspection of community care facilities

16 (1) A community care facility must be open at all times to visitation and inspection by the director or a medical health officer, who may

(a) examine any part of the facility,

(b) call for and inspect the financial and other records of the community care facility, and

(c) inquire into all matters concerning the community care facility, its employees and guests, including any treatment or rehabilitation program

being carried out in the community care facility.

(2) If the director or a medical health officer has cause to believe that a building or structure is being used as a community care facility, he or she may

(a) enter and inspect the building or structure and every part of it, and

(b) request full information from the owner or occupant respecting the purpose for which the building or structure is being used.

(3) If requested by the director or a medical health officer under subsection (2), the owner or occupant referred to in that subsection must give access to the building or structure, and disclose full information respecting its use.

Certain advertisements or inducements prohibited

17 (1) In this section, "personal representative" includes the following:

(a) an executor within the meaning of the Wills Act;

(b) an administrator within the meaning of the Estate Administration Act;

(c) a trustee of an estate or part of an estate under administration.

(2) A licensee or an employee of a community care facility must not do any of the following:

(a) endeavour to persuade a pregnant woman to enter a community care facility by offering to arrange for the adoption of her child after birth;

(b) bring, cause to be brought, advertise for or in any way encourage the entry into British Columbia of any adult person to become a resident in a community care facility;

(c) bring, cause to be brought, advertise for or in any way encourage the entry into British Columbia of any child to become a resident in a community care facility without first obtaining the written approval of the director of adoption designated under the Adoption Act;

(d) persuade or induce, or attempt to persuade or induce, a resident to make or alter his or her will, or to make a gift, to provide a benefit for the operator or employee or spouse or relative of either of them under the will or by gift, or influence the resident in the conduct of his or her financial affairs for the benefit of the operator or employee or relative or spouse of either of them, and every provision conferring such a benefit in a will and every gift so made, or agreed to be made, is void and of no effect, unless the Public Guardian and Trustee consents in writing to the gift being made or to the disposition under the will being completed and carried out;

(e) require that an applicant for admission to a community care facility, as a condition of admission, make any payment or donation other than the agreed rates;

(f) act under the authority of a power of attorney granted to the licensee or employee by a resident of a community care facility operated by the licensee or in which the employee is employed, and the power of attorney and a disposition made under the power of attorney are void, unless

(i) the licensee or employee is a child, parent or spouse of the resident, or

(ii) the Public Guardian and Trustee consents in writing to the power of attorney or the disposition;

(g) act as a personal representative or committee of the estate of a resident or former resident of a community care facility operated by the licensee or in which the employee is employed, unless the licensee or employee is a child, parent or spouse of the resident or former resident;

(h) act as representative under an agreement made under the Representation Agreement Act by a resident or former resident of a community care facility operated by the licensee or in which the employee is employed, unless the licensee or employee is a child, parent or spouse of the resident or former resident.

Repayment agreements

18 If a person prepays any part of the cost of services provided by a class of community care facility designated by the Lieutenant Governor in Council, the licensee or manager of the facility must, at the time of the prepayment, deliver to the person a written statement setting out the terms and conditions on which a refund of all or any of the prepayment will be made.

Immunity for acts or omissions in good faith

19 (1) An action for damages does not lie and must not be instituted against the director, a medical health officer or a member of the board or a panel or a person acting on behalf or under the direction of any of them because of anything done or omitted in good faith in the performance or intended performance of any duty or the exercise or intended exercise of any power under this Act or the regulations.

(2) Subsection (1) does not absolve the government or an employer from vicarious liability for an act or omission for which it would be vicariously liable if this section were not in force.

Power to make regulations

20 (1) The Lieutenant Governor in Council may make regulations referred to in section 41 of the Interpretation Act.

(2) Without limiting subsection (1), the Lieutenant Governor in Council may make regulations as follows:

(a) prescribing how an application for a licence to operate a community care facility must be made to the director, and the form and content of the

application;

(b) prescribing the fees to be paid to the government for an application, licence, certificate or permit;

(c) prescribing standards of construction for, and the facilities, equipment and furnishings that must be contained in, different classes of community care facilities before an applicant can obtain an interim permit or licence under this Act;

(d) prescribing the duties and responsibilities of a licensee and a licensee's employees;

(e) prescribing the training, experience and other qualifications required for operators and employees of different classes of community care facilities;

(f) prescribing the records required to be kept by an operator of a community care facility and the reports of the operation of the facility required to be submitted to the director;

(g) prescribing the number or proportion of persons

(i) to whom income assistance is provided under the BC Benefits (Income Assistance) Act, a youth allowance is provided under the BC Benefits (Youth Works) Act or a disability allowance is provided under the Disability Benefits Program Act, and

(ii) who are to be provided with food and lodging in a community care facility;

(g.1) prescribing the rates payable for the persons referred to in paragraph (g);

(h) prescribing the treatment, rehabilitative and recreational programs that the operator of a community care facility must provide for the benefit of the residents in it;

(i) prescribing the extent of physical, mental or emotional disability that a licensee may accept, accommodate or care for in a community care facility;

(j) prescribing the minimum and maximum age, and the maximum number, of persons who may be accepted or accommodated in different classes of community care facilities;

(k) prescribing the maximum number of hours per day that a person may be accepted or accommodated in or cared for in different classes of community care facilities;

(l) prescribing the types of care supervision, social or educational training or physical or mental rehabilitative therapy that may be provided in different classes of community care facilities and prescribing standards for each type;

(m) limiting the conditions of admission that a licensee may require of an applicant for admission to a community care facility and the restrictions that a licensee may impose on a person cared for in a community care facility;

(n) prescribing the circumstances in which the director may

(i) issue a letter of permission authorizing a licensee to employ a person as an early childhood educator, or a particular class of early childhood educator, even though the person does not have the training, experience and other qualifications required by the regulations for a certificate for that position, and

(ii) withdraw a letter of permission.

(3) In making regulations under this section, the Lieutenant Governor in Council may make different provision for one or more classes of community care facilities.

Offence and penalty

21 (1) A person who contravenes this Act or the regulations commits an offence.

(2) If an offence under subsection (1) is of a continuing nature, each day that the offence continues constitutes a separate offence.

VITA

Surname: Elliot Given Names: Enid Frances

Place of Birth: Salem, Massachusetts, USA

Educational Institutions Attended:

Smith College (Northampton, Mass.) 1965-67
Saint Andrews University, (Scotland) 1967-68
University of California, Berkeley, 1969
University of California, Berkeley, 1972

Degrees Awarded

B.A., History and Art	University of California, Berkeley	1969
M.A., Early Childhood Education	University of California, Berkeley	1972

Publications

Elliot, E. (Ed.). (1996). Attachment: Implications for infant/toddler caregivers. Victoria, BC: Victoria Society for Educational Alternatives.

Elliot, E. (2001). Caregiving and so much more... The Early Childhood Educator, 16(4), 18.

Elliot, E. (2001). The challenge of infant/toddler care. The Early Childhood Educator, 16(4), 17.

Elliot, E. (2001). The sensual side of caregiving. The First Years: New Zealand Journal of Infant and Toddler Education, 3(1), 32-34.

Elliot, E. (2002). Stories of caregiving. Interaction, in press.

Elliot, E. (2002). Once in a while, a false sense of security creeps over me.... Young Children, accepted for publication.

Elliot, E., & Kay, H. (1991). Designing daycare with OPTIONS. Video and teachers handbook [video and guide]. Victoria, BC: Girls Alternative Program and the BC Ministry of Children and Families.

Conference Presentations

Stories from Infant/Toddler Caregivers, delivered to **ECEBC Annual Conference**, Vancouver, 2001.

Postmodernism for the practitioner, delivered to **Reconceptualizing Early Childhood Education**, University of Brisbane, Queensland, 2000.

Tensions and possibilities, delivered to the **Learning Love Conference**, University of British Columbia, Vancouver, 2000.

Ethics and autobiography, delivered to **Faculty of Education Symposium**, University of Victoria, 1999.

Conference Organized

Organized Conference on **ATTACHMENT: its implications for infant/toddler caregivers,** at the University of Victoria, sponsored in part by the School of Child and Youth Care. Also edit and produce proceedings volume for ATTACHMENT conference, 1995.

Organized workshop with Janet Gonzalez-Mena on **Multicultural care for infants and toddlers**, with the Faculty of Education, University of Victoria, 1992.

Organized conference **Working with women in silence** with Dr. Mary Belenky, held at Dunsmuir Lodge. Co-sponsored by Faculty of Education, University of Victoria, 1991.

Organized **I'm Keeping My Baby: the challenge of infant/toddler care and the parenting teen** conference held at the University of Victoria, 1990.

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Title of Dissertation:

A web of relationships: Caregivers' perspectives on the complexity of working with infants and toddlers

Author _____

Enid Frances Elliot

May 1, 2002