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Nurseries and emotional well-being: evaluating an emotionally containing model of professional development

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Despite official endorsement of attachment principles in nursery work, these are often not translated into nursery practice. One possible reason for this is that staff training does not sufficiently address the personal implications and anxieties that children's attachments may entail for practitioners. Working from a psychoanalytic perspective on organisational functioning and group learning, this paper describes action research with a group of nursery heads who participated in a professional development programme designed specifically to explore emotional experience in professional work. The positive evaluations of the programme by heads and their staff are described including examples of experiential learning and of increased staff awareness about, and responsiveness to, the emotional experience of children. However, the research also concluded that sustained effectiveness of the model is likely to be dependent on an ongoing culture of attention to the emotional experience of nursery staff within nursery umbrella organisations.

Keywords: *Nursery; Emotion; Personal feelings; Professional development*

Introduction

The increase (in both age range and hours of attendance) in nursery provision for young children has been accompanied by increasing concern about their emotional well-being. Children's emotional well-being is facilitated when interactions with adults are consistent, responsive and sensitive (Rutter, 1995; Mooney and Munton, 1997; Brooks-Gunn *et al.*, 2003; Melhuish, 2004; Stanley *et al.*, 2006). To facilitate this, official guidance has emphasised the key-person approach, where one or two staff are responsible for most of the daily care of a small group of children (DfES, 2002; DfES, 2006; DfES/DWP, 2006).

Whilst official reference to key-person approaches is relatively recent, concern about inconsistent adult attention to children has been evident for much longer (Bain & Barnett, 1986; Garland & White, 1980; Marshall, 1982; Goldschmied &

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Jackson, 1994). Further, even in nurseries nominally committed to the keyperson approach, there is a failure of implementation (Goldschmied & Jackson, 1994; Smith & Vernon, 1994; Elfer *et al.*, 2003). Why might this be?

First, it is difficult for many nursery staff, particularly those in the private sector, to easily access continuing professional development (CPD). Many practitioners have not had the training opportunities to help them understand the rationale for the keyperson approach.

Second, the terms 'key worker' and 'key person' appear to be confused and used interchangeably. In social care provision, 'key worker' normally refers to a coordinating and liaison role in multiple agency and multidisciplinary work. By contrast, the term 'key person' refers to a role involving a direct relationship with a particular child.

Third, for reasons of child protection, practitioners may be reluctant to allow close relationships to form with children, particularly involving physical contact.

Finally, there may be a culture in nurseries where status derives from *not* being with the children but in attending to more administrative or organisational tasks. Direct work with children, particular babies and very young children, may be seen as lower status, particular as it involves much physical care such as nappy changing.

The significance and interrelationship of these factors, in undermining consistency and intimacy in interactions with children, requires further investigation. However, the intention of this paper is to draw attention to underlying aspects of the functioning of social care organisations (for example hospitals or residential homes as well as nurseries) that have been identified in psychoanalytic studies of such organisations.

This paper introduces 'social defence system' as a theoretical construct, illustrated by reference to two case studies involving a hospital and the nurseries of a local authority. It then reports on an action research study of the use of a model of CPD with heads of nurseries and their staff, designed to be specifically conscious of and sensitive to social defence systems. It describes the process of the CPD, the evaluations of the participants and some implications for its wider application.

A psychoanalytic approach to group learning as a model for continuing professional development

Our attention was first drawn to the possible wider issues involved in the provision of consistent intimate care in professional social care organisations by the work of Menzies-Lyth (1988). Psychoanalytic theory includes the key concepts of 'projection' and 'containment'. The application of these concepts in the context of early years practice has been introduced elsewhere (Elfer, 2007) but, in brief, 'projection' describes the capacity to split off painful feelings:

> Locating feelings in others rather than oneself. Thus the child attributes slyness to the fox or jealousy to the bad sister…. (Halton, 1994, p. 13)

'Containment', the process of managing a projected emotion, has been illustrated by Hobson:

… an adult who has the mental space to pick up and be sensitive to the infant's state, so that the infant feels responded to and somehow encompassed within the adult's attentive care … when things go well, the infant can feel her joy received, her upset soothed, her rage contained. (Hobson, 2002, p. 125)

These descriptions refer to children but containment occurs between adults too. It is more than sympathetic listening. It is a process of enabling people to think about and talk through threatening or anxiety-provoking ideas with someone who can listen and think about them, returning them reframed in an emotionally more manageable way (Elfer, 2007).

Menzies-Lyth has used the concepts of 'projection' and 'containment' as central analytic tools in exploring the functioning of social care organisations. In the analysis of the organisation of a large teaching hospital, the senior staff were increasingly concerned about the conflict between the tasks of patient care and nurse training (Menzies-Lyth, 1988).

In initial investigatory work interviewing nurses, Menzies-Lyth noted their *high level of tension, distress and anxiety* (1988, p. 45). She describes the reality of the work that nurses must undertake, caring for patients 24 hours a day every day of the year, many getting better or improving but some of whom will not and may die. Daily work includes tasks that may be distressing or distasteful, evoking anxiety and stress. Nurses will also have to support patients' anxious relatives and have to respond to their projected feelings, such as dependency, high expectation and maybe rejection, disappointment and anger.

Menzies-Lyth acknowledges the exceptional emotional demands of such work but argued that this alone did not explain the levels of stress experienced by nurses. An equally powerful contributing factor to their stress was the response of the hospital management, in particular referring to the development of particular attitudes and working practices intended to support nurses in managing the stress of the work. Examples of these include promoting the sense of a 'good nurse' as one who does not get involved with her (or his) patients, does not get too upset or distressed and is able to well control her feelings. Working practices promoted and demanded nurses' flexible deployment between different wards and different types of nursing work so tasks were broken down and sustained contact with patients was minimised. Over time, these attitudes and practices become institutionalised into the ethos, culture and procedures of the hospital and it is these that Menzies-Lyth describes as social defence systems. Although well intentioned, such systems did not actually contain nurses' stress and anxiety in the way described by Hobson. Rather, stress and anxiety are pushed underground, maybe because nurses fear being seen as unprofessional or not coping or just that there is no opportunity for difficult feelings to be considered (contained). Nurses may be only partially aware of this repression for example, using extensive activity as a mechanism to avoid them thinking about how they really feel but leaving them with a general sense of stress.

The context of an ordinary nursery is very different but nursery practitioners are also subject to the intense projection of feelings, in this case from young children. Distress in children is stressful and many practitioners may feel anxious about

children being separated from their families for long periods. This may make practitioners feel inadequate as alternative parental figures. They may also feel the desire to provide physical holding and comfort to particular children but be reluctant to offer it for fear of forming a closer attachment to children than they might have with their own parents. This dilemma may be resolved by invoking 'child protection procedures' as grounds for minimising physical contact with children (in this case a 'social defence system' rather than genuinely directed at child protection). This may be a more manageable psychological 'position' for practitioners to adopt but risks leaving children to manage their own feelings that arise from the absence of sufficient holding and comforting. The children may also experience this as an inability of the practitioners to help the children with their distress or other states of mind.

Hopkins, in a six-month training intervention, showed the existence of such responses from nursery practitioners including their fear that individual attachments would result in different degrees of closeness, breaching the principle that children should be treated equally, and that some children might be ignored and become jealous whilst others were spoiled. They also feared that to experience different responses to different children (some appealing whilst others annoying) was reprehensible and that parents might be jealous if they witnessed a close relationship developing between a practitioner and their child (Hopkins, 1988, pp. 103–104).

Menzies-Lyth and Hopkins draw on psychoanalytic insights into organisational and group processes, to illustrate how the emotionally containing practices of organisations and training interventions with staff can assist them to respond to the emotional demands of their work and not to have to resort to distancing behaviours and the creation of social defences systems.

The features identified by Hopkins as important included the perception by nursery practitioners that they were not criticised for the 'unprofessional feelings' they described, the provision of a regular and consistent place in which the training discussions could take place and the individual interest shown in them and their work. Although differing models of CPD have been evaluated in the literature (see for example Munton *et al.*, 1996; Blenkin & Hutchin, 1998; Kennedy, 2005), no further research has yet been published building on Hopkins's work in a nursery context. Nevertheless, there is an extensive literature on the process of consultation to organisations in which the elements of an 'emotionally containing approach' have been elaborated (see for example Obholtzer & Roberts, 1994; Trowell & Bower, 1995; Hinshelwood & Skogstad, 2000; French, 2005). Drawing on this literature, we have added to the elements identified by Hopkins to construct an emotionally containing model of CPD for nursery staff, characterised by:

- the provision of a reliable and consistent meeting place with clear time limits;
- close attention to the meaning of detailed interactions in group behaviours and the relationship between what is said and how the group behaves;
- sensitive exploration, with careful attention to timing, of anxieties, emotional conflicts and disagreements expressed by staff;
- encouragement of learning by experience and shared reflection within the group rather than by direct teaching;

- paying particular attention to discussing 'negatives' (absences, disappointments, frustrations and conflicts).

Our hypothesis was that such a model of CPD would assist staff to reflect and process their own feelings, thus enabling them to be more thoughtful about themselves and the children. The staff might then be more empathic to children's conflicts and losses, more ready to engage in emotionally close and sustained interaction and less distanced from painful experiences.

This paper reports on an action research study in which we worked with a group of nursery heads in one local authority using this model. The aim was to explore the heads' experience of the CPD and compare it with other models of CPD they had experienced.

Methodology

Research design

The model of CPD explored in this paper is seeking to engage practitioners in a thoughtful and participatory exchange on the tensions in managing personal responsiveness to children within professional parameters. Following recent discussion about power differentials in training and CPD (Colley, 2006; Manning-Morton, 2006; Osgood, 2006), the model adopts action research principles, which have their roots in both the systematic gathering of information (research) and the use and control of this information by practitioners to inform and change their own practice (action) (Robson, 1993; Cohen *et al.*, 2000; Noffke & Somekh, 2005).

Practitioners have significant personal power in how they choose to respond to children, despite the constraints of organisational factors. Our aim was to establish a CPD process encouraging participants to speak openly about the difficulties of emotionally close professional work with children. We pursued this through building group feelings of safety and trust, but enabling the heads to recognise the degree of control they held over their interactions with children and their openness in discussing them. In keeping with this aim of getting close to the real dynamics of the heads' daily interactions, analysis of all the data was undertaken using grounded theory (Strauss & Corbin, 1988). Heads' written evaluations were anonymous and seen only by us.

Whose questions?

The questions we wished to explore with the heads were:

1. What are the necessary elements to facilitate an emotionally containing CPD process?
2. How would such a process be experienced by participants?
3. How would participants experience the effectiveness of this model in strengthening practice?

We were mindful however, that within an action research method, research questions and findings are in a continuous state of evolution:

> … the cyclical process of action research does not come to a natural conclusion although at some point it is necessary to bring it to a close and publish the outcomes in some form. (Noffke & Somekh, 2005, p. 89)

CPD design

The CPD was structured in two phases. Phase One was conducted withnursery heads, over four full days, held at monthly intervals from September to December 2005, each comprising two sessions of two and a half hours and one hour for lunch. Each day included two taught topics concerning children's emotional well-being, an open discussion concerning the heads' thinking since the last session and a discussion of holistic child observations (Rustin, 1989; Elfer, 2005) undertaken by the heads.

Phase Two was conducted from February to May 2006 with the heads working in pairs with their own staff groups using the same CPD model. Three half-day support meetings and one half-day evaluation meeting were held for the heads.

Trainers and participants

Our professional backgrounds (an early years lecturer and a child psychoanalytic psychotherapist) ensured a combination of knowledge of nursery practice and of group process skills. We were supervised by an experienced consultant in group processes between each of the Phase One sessions and continuing less frequently for the duration of Phase Two.

Twelve heads (10 LEA and two voluntary sector) were invited by the senior early years development officer of the local authority on the basis of their interest and availability to participate.

Evaluation strategy

The evaluation strategy included five elements:

1. A contemporaneous detailed record was made of the discussions and interpretations of process and group dynamics during each session including comments and ideas from the heads.
2. The heads had dedicated time at the end of each day to discuss their views on the day's process and content without interruption from us. The heads also completed an anonymous written feedback form.
3. During Phase Two we met with the heads to offer support and to hear their interim evaluations of implementing the CPD with their own staff.
4. The heads' own staff teams also completed evaluation forms.
5. Taped discussions were conducted with a random sample of four heads, four months after completion of Phase Two.

Process and evaluation data from Phase One

On the first day, our anxiety to deliver the planned content of the day (introduction to working and thinking together and transition to nursery) meant that we did not allow enough time for the group to meet and settle. Equally, the group seemed protectively cautious, talking largely about their external managerial roles. When we did try to explore what they said we were told we were being philosophical and that it was too early in the morning for that! The message seemed to be that our timing was premature, the group viewing exploration as potentially critical and not as a way of developing ideas together.

Next, an observation of a child at the end of his day in nursery was presented. The child is tired, other children are departing and he becomes distressed but receives little attention. The heads' initial response was to be critical of the style of the observation—'this is not how we were taught to observe'—possibly another reference to the sense of unfamiliar territory. They were also adamant that this absence of attention would not happen in their own nurseries. Again, they seemed defensively critical, seeming to preclude reflection on why distressed children may go unnoticed in nursery. We were also worried by a sub-group of three heads, who were silent and non-participating.

In the taught topic (transitions to nursery), we invited the heads to experiment with a variety of unfamiliar sensory experiences. This seemed to enable them to experience how powerful the impact of new situations might be, for example what might it be like for a baby to bury her head in a heavily scented neck? One head recalled her experience of having water in a plastic cup 'shoved down my neck as a child'. It seemed as if the group was, in part, speaking to the disjuncture between our and the group's agenda: we could not force them to take in what was on offer.

A prominent theme of this first day was of defensiveness. For us, the anxiety concerned whether this model would be seen as effective by the heads. The anxiety expressed itself in the form of preoccupation with roles and too much planning, contradictory given our endeavours to be process focussed. For the participants, we felt the anxiety expressed itself in caution about what they were prepared to consider and contribute to discussions. However, the evaluative discussion and written feedback was uniformly positive. They spoke of 'permission to act and respond instinctively' and of the greater effectiveness of this type of discussion.

The second day was started by one head, saying 'we all feel…' without reference to others. This seemed to preclude the possibilities of different viewpoints. This absence of difference also emerged when a head told us she 'mucked in' with her staff, seeming to avoid issues of seniority and authority.

However later, another head, faced with a complaint about workloads, described how she had sought to impose a fairer distribution of tasks including nappies being changed by one person at one time. This had resolved the complaint, but was not necessarily in the children's interests and the head was self-critical. Here, in their discussion of this dilemma, the group did seem to be able to accommodate different views without anyone necessarily holding a 'right' solution.

The discussions on the third taught topic (the scope of social and emotional development in official guidance) turned to the dangers of children 'not being noticed'. This renewed in our minds a concern about the three non-participating heads perhaps feeling 'not noticed'. It raised the dilemma too of the tensions in group priorities, to pursue the concrete 'taught' agenda or the more tenuous thread of what might be passing 'unnoticed'.

During the fourth taught topic (personality development), the discussion revolved around feeding experiences. As the session ended one head told us that as part of her training she was taught to swaddle and force-feed babies and there was a sense of shock in the group. Our dilemma was about overrunning time. To continue could give the group the message that this was too serious to stop. If we stopped then it could be felt as if this was something we did not want to hear and a painful disclosure might not be processed.

The struggle with allowing differences to emerge and the disclosures about force feeding seemed to represent a struggle with how things are 'taken in'. Challenges had emerged for us too, holding different views of the balance between teaching and attention to group process. Further, should time boundaries be maintained when some painful difficulty arises?

The heads' evaluations were again all positive but included comments such as 'this is different and sometimes more difficult than just being taught'. Others noted the emerging links between staff experience and interactions with children.

On day three, the group commented on how much more attentive they felt towards particular children who often seemed overlooked and towards the non-verbal behaviours of staff and children. Following the fifth teaching topic (team work), the group returned later than agreed after coffee and we asked about this. With humour they insisted that the clocks in the canteen were slow although most wore wrist watches. At one level, this could be understood as ordinary latitude about adhering to agreed times. Underneath this, however, it seemed representative of the gap between decisions teams make and how these are then implemented or avoided. Their slight lateness was an opportunity to think about this gap in action and the reality of staff agency.

Discussion (arising from the sixth topic, attachments and key-person relationships) concerned a staff member who was so afraid of children's dislike or anger that she could not easily be firm or help a child manage separation, leading to some disturbed and anxious behaviour. Her team wanted the head to intervene but the head said she felt she would be criticised whatever she did, by the staff who wanted her to act, or the staff member who could not bear separation. The group considered how the head seemed paralysed by the same anxiety as the staff member, unable to face angry reactions. In the end, separation occurred as the child had to move to the next age-group room and the personal and professional dilemma was avoided, presumably only to emerge again with another child.

The head's evaluations were again positive with indications of a new depth of reflection:

> This is really making me think about what is happening in the nursery

Although these evaluations were anonymous, no negative comments were forth-coming, yet three quiet staff continued to concern us.

On day four, with three heads absent, discussion (concerning children's behaviour in nursery and family context) turned to a child who had taken against her key person, who had felt hurt and rejected. The head felt that it was best to allocate another key person. We discussed the risk that a child may understand the change as happening because her feelings of dislike are experienced as unmanageable. Another head described a child who always turned self-assuredly away from her when she entered the room. She suggested that she could bear the discomfort of being rejected by the child because she was experienced and secure within herself. Yet it seemed very difficult to discuss the possible rejection of the group by the absentees.

The evaluations were again positive with comments valuing how the group had become more willing to share experiences and how the CPD had illuminated how their experiences and beliefs affected the way they managed their nurseries. Sadness about the end of Phase One and anxiety about Phase Two were also expressed.

Process and evaluation data from Phase Two

Support meetings were held with the heads as they worked with their own staff groups during Phase Two. Data included our notes of these discussions and individual written anonymous evaluations from the heads and the staff they were working with. These data partly concerned their further reflections on Phase One, including some initially negative feelings leading to uncertainty and anxiety about the value and purpose of the model. However, the positive experiences from Phase One (relief at being listened to; their personal and professional identities being supported; and the validation of social and emotional development as an important integral aspect of children's experience) were sustained. There was a new pleasure and satisfaction too at being able to deploy group facilitation skills and seeing the growing confidence of their own staff.

These have been valuable in triangulating the positive evaluations given by the heads at the end of each of the individual Phase One sessions. The positives have remained consistent even when the heads' evaluation of the model was being 'tested' by their own direct use of it.

Turning to the views of the staff trained by the heads during Phase 2, 90% ($N=67$) of their evaluations rated this CPD more likely to have a greater impact on their work than previous training experience. However, our hypothesis was that an emotionally containing CPD process would lead to greater emotional responsiveness of staff to children. What the staff actually reported as most helpful was positive shifts in team interactions, building team relationships and the process of beginning to exchange ideas and to discover differences (75%). References to having a clearer focus on the child's perspective were present (20%) but much less frequent. This does not negate the hypothesis but suggests that the process of bringing about significant change for children is at least a two-stage process rather than a direct one, in which staff first strengthen their own professional relationships together. The critical question then becomes whether these do translate into positive changes in

staff interactions with children. The heads' final evaluations (see below), offered some provisional affirmative evidence.

What staff found difficult was having to sit still for a long time (36%) and the 'intensity of thinking' involved, beginning to think about childhood experiences (their own and colleagues'), and the possible influence of these on working interactions with children (24%). They also referred to the challenge of speaking in groups (20%).

The first of these has obvious implications for the duration of CPD for a practitioner group used to continual activity. However, further work is needed to explore how much it is 'staying with' difficult ideas and experiences rather than 'staying still' in itself that is most difficult.

At follow-up with the heads four months after completion of Phase Two, the positive assessment of the CPD remained stable. The heads' retrospective reflections referred again to participation in Phase One (the heads' group) as an essential learning experience in order to be able to facilitate Phase Two. It also referred to the discomfort involved in thinking about their own childhood experiences and those of colleagues and possible links with their work with children. Here, the trust in the heads' group itself was both brought about by and facilitated the sharing of painful experiences, although a minority had either declined to participate or contributed very little, perhaps because it was too painful.

These final evaluations added convincing illustrations of changes in interactions with children and parents, which often involved an increased capacity for 'negative' emotion:

- allowing a child to be upset when her parents departed in the morning, being alongside and not trying too quickly to distract her;
- reviewing the timing of the transition of a boy to the next age-group room with the key person from each room and his parents and recognising that, due to the arrival of a baby sister, the move should be delayed; this was linked to how disturbing this had sometimes felt for the heads when there had had to be room changes during Phase One;
- increased consciousness of the impact on children when practitioners entered and left rooms, particularly towards the end of the day when some children were anxious about being collected;
- linking experiences of oppression in practitioners' own childhoods and the use and misuse of power in nursery interactions;
- increased empathy for a mother who had been judged 'overprotective and demanding', when the staff were able to think about the impact on this mother of her child's near-fatal illness before coming to nursery.

Research questions

What are the necessary elements to facilitate an emotionally containing CPD process?

First, it would be problematic to manage with only one trainer. Two enables one to be attentive to conscious rational learning whilst the other is attentive to group

processes and the possible significance of silences and shifting group states. Most of the heads said that it took one or two sessions before they felt they acclimatised to the process. Therefore it is important not to underestimate the time needed for a group to establish itself.

There was a tendency to revert to 'delivery of training' mode, a more known and action-orientated way of functioning. Timing was important here too, allowing apparently 'not much to happen'. The maintenance of boundaries mattered as well, to help contain the group and to acknowledge personal disclosures, which are likely when the participants experience a group as 'safe'. However, full discussion of such disclosures in a professional development group may not be appropriate.

Finally, supervision for us with a more experienced group leader proved valuable in thinking about and managing our responses to the group.

How was this process experienced by the practitioners?

Drawing on all the sources of evaluation data, the main points of experience from the heads and their staff were, first, relief at the opportunity to discuss issues of the emotional well-being of very young children and a valuing of a process in which their own experience, personal and professional, was uppermost. In this respect, the sharing of some of their own early childhood experiences and how it contributed to building trusting team relationships and enabling insight into the possibilities of the children's experiences was cited.

However, these discussions were not necessarily easy and often involved discomfort and upset. The heads acknowledged that when discussion was too painful or threatening, it could be avoided in a number of ways (for example by talking only in generalities, talking for the whole group, perceiving the trainers as critical, blaming external groups, externalising issues or silence). Our formal support was important, as were the informal networks that developed during the breaks.

How did participants experience the effectiveness of this model in strengthening practice?

The mainly positive evaluations of the heads and staff were given added credibility by specific examples of the positive change in work with children and families illustrated earlier.

There remained a paradox. The course discussion showed again and again the emotional complexity of nursery work. After this action research was completed, resources were negotiated for the group to continue with new trainers.

Most of the heads were committed to ensuring the continuation of the work with their own staff groups and said they would value this ongoing support. Yet they did not take it up. This was discussed at the follow-up evaluation stage, where significant practical and emotional obstacles were cited.

These included the feeling that the group, having established a relationship with us, were reluctant to make the transition to new trainers. Institutionally, this was not a coherent group in the overall organisation of the LEA, the heads were not unanimous in their desire to continue and two heads had changed role. The CPD

had finished and there was an understandable ambivalence about continuing with what had at times been an uncomfortable experience. The heads who wanted to continue also wondered whether continuing to participate would be viewed by others as a sign of strength (openness to critical appraisal of practice) or as a sign of weakness (in need of extra help).

Conclusion

As increasing emphasis is given to the emotional well-being of children in nursery, it is important to evaluate new methods of CPD to facilitate this. The model discussed in this paper, based on psychoanalytic insights into group learning, is one such method. The discussions highlighted the emotional complexity of the work and intensity of demands on staff. The evaluations showed evidence of considerable experiential learning and reported significant shifts in interactions with children and parents. However, the research also showed how demanding such a CPD process is and that it would be difficult to manage without two trainers who have early years experience and psychoanalytic group facilitation skills. Provision for a reflective space needs to be built in as an institutional requirement, rather than an individual request. Senior management must be committed if the organisational structures are to support reflective practice in a systematic and ongoing way. It needs to be recognised that resources have to be allocated for the time and facilitation for staff to think about and process the individual feelings evoked by their emotional work with the children. This involves an attitudinal shift too, seeing reflective practice as an entitlement of staff, both legitimate and necessary, if changes in professional practice are to be facilitated and sustained.

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